

Borders NHS Board**STATUTORY AND OTHER COMMITTEE MINUTES****Aim**

To raise awareness of the Board on the range of matters being discussed by various statutory and other committees.

Background

The Board receives the approved minutes from a range of governance and partnership committees.

Summary

Committee minutes attached are:-

- Clinical Governance Committee: 20.05.15
- Public Governance Committee: 11.02.15
- Public Governance Committee: 07.05.15
- Health & Social Care Integration Joint Board: 09.03.15
- Health & Social Care Integration Joint Board: 27.04.15
- Area Clinical Forum: 16.02.15
- Critical Services Oversight Group: 23.02.15
- Community Planning Partnership Strategic Board: 05.03.15

Recommendation

The Board is asked to **note** the various committee minutes.

Policy/Strategy Implications	As detailed within the individual minutes.
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	As detailed within the individual minutes.
Compliance with Board Policy requirements on Equality and Diversity	As detailed within the individual minutes.
Resource/Staffing Implications	As detailed within the individual minutes.

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday 20 May 2015 at 2pm in the BGH Committee Room

Present: Stephen Mather (Chair) David Davidson
 Doreen Steele Karen McNicoll

In Attendance: Sheila MacDougall David Thomson
 Evelyn Rodger Dr Sheena MacDonald
 Dr Craig Wheelans Susan Manion
 Laura Jones Simon Burt
 Sam Whiting Charlie Sinclair
 Dr Alan Mordue Dr Jonathan Kirk
 Zoe Brydon (minutes)

1. Apologies and Announcements

The Chair noted that apologies had been received from Jane Davidson and Dr David Love.

2. Declarations of Interest

None received.

3. Minutes of the Previous Meeting

The minutes of the previous meeting held on 4 March 2015 were approved.

4. Matters Arising

The **CLINICAL GOVERNANCE COMMITTEE** noted the Action Tracker.

5. PATIENT SAFETY

5.1 Infection Control Report

Sam Whiting highlighted the Committee the following:

- NHS Borders is required to do a self-assessment for the Healthcare Environment Inspectorate (HEI) which is due on the 12 June 2015.
- On 13/14 May 2015 there was a HEI unannounced inspection of theatres. This is the unannounced inspection of theatres in Scotland. There was a follow-up teleconference

yesterday with Health Protection Scotland (HPS) and HEI inspectors to clarify some system, process and protocol issues. The draft report of the inspection will be sent to NHS Borders in 4 weeks for factual accuracy checking prior to it being published.

- Since the paper for the Clinical Governance Committee the Scottish Government have advised that they require a written update on the Vale of Leven actions. This will be progressed by the Infection Control Team and will be sent to the Scottish Government in line with their deadline.

The Chair highlighted on page 4 of the report it shows that breakdown of areas that have urinary catheters infections and what work was being done on this. Sam confirmed that local work is being progressed on this and a patient record on best practice has been developed. He clarified that the further data collection would require an analysis to understand the impact of the improvement measures.

David Davidson enquired about the chart on NHS Borders Cleanliness Monitoring on page 12 which shows since 2009, a downward drift. Sam Whiting advised that in conjunction with Natalie MacDonald, Acting General Services Manager, a new more rigorous approach to monitoring has been implemented and it is believed that this is what is impacting on the scores. Sam advised that NHS Scotland was adopting the new approach introduced by NHS Borders and we are watchful to understand if a similar impact will be seen across Scotland.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

5.2 Verbal Update on Work of Wound Care Group

Charlie Sinclair provided a verbal update and advised that a number of activities are ongoing to provide improvement and assurance around our systems, processes and application of wound management. Firstly, we have completed the first tranche of the education of Link Nurses and provided assurance that there is an enhanced knowledge base. Secondly, we are negotiating with NHS Grampian the provision of an outreach service to support our staff with the management of complex wound care.

Finally, he advised that we have implemented the use of bed side case studies which are initiated at the request of nursing staff and enable a collaborative conversation which agrees a plan of care for the patient.

Evelyn Rodger advised that the verbal update is helpful and requested sight the Wound Care Group Workplan and assurance of the work being progresses.

ACTION: Charlie Sinclair to present the Work plan in July 2015.

The **CLINICAL GOVERNANCE COMMITTEE** noted the verbal update.

5.3 Risk Management Report

Sheila MacDougall highlighted that one high risk in the previous report has now amalgamated into a general Board car park risk and has been managed to a lower level of risk.

She identified and discussed the new very high catering risk regarding the public labelling and identification of food allergens. Evelyn Rodger asked about whether NHS Borders is working with

NHS Scotland and what other Boards already have in place. **ACTION:** Sheila will ascertain if other Boards have action plans already in place and consider their application in NHS Borders.

The Committee sought clarification regarding the risk appetite and the desire for high and very high risks to be managed down to a lower level of risk within one year. Sheila advised that this length of time was necessary to implement the changes required as these risks are usually complicated. She clarified that this is the maximum length of time allowed and it can be done in less time. She confirmed that all action plans address each contributing part of the risk and that there are gap analyses on controls in place. The Committee feel assured that the timescales and risks are being managed appropriately.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

4.5 Quarterly Hospital Standardised Mortality Report

Laura Jones advised that the report was tabled at the meeting as the information was embargoed until today.

She advised that there are many things that influence this report, e.g. care home provision, case mix and age.

Laura advised that the analysis of the data does not raise any concerns as data points are within the control limits and demonstrate normal variation. This does not mean that we are complacent and each death is the subject of investigation at a mortality review.

One of the themes from the presentation given by Dr Cripps last year was patients admitted to hospital for the last couple of hours of their lives and work is being done on this. Susan Manion advised that anticipatory care plans are key and she had been advised by staff that the anticipatory care plans are not always being followed. Laura Jones advised that this will be fed back to the appropriate Group.

Sheena MacDonald concurred that we are not complacent around this and advised that NHS Scotland are cross referencing with Information Services Division (ISD) predicting that HMSR would increase.

ACTION: Susan Manion to bring the plan for the implementation of anticipatory care plans.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

6. PERSON CENTERED CARE

6.1 Patient Feedback Report

Laura Jones advised that this report shows there are no particular trends. There has been a slight dip in performance of complaints being issued within the 20 working days time line. This is due to a new system being implemented and the learning from this however, she provided assurance that the new system is allowing a more person centred response to complaints.

Evelyn advised the Committee that with the model of Supervisory Charge Nurses (SCN's) they are more visible and can reduce complaints in attitude and clinical care. Other Boards show this has made an impact.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7. CLINICAL EFFECTIVENESS

7.1 Clinical Board update (Borders General Hospital)

Charlie Sinclair advised that there has been a specific focus on adverse events, implementing actions, and evaluating the effectiveness of them and closing the loop in the processes.

Borders General Hospital (BGH) has started daily hospital safety briefs and anybody is welcome to attend. These are specifically looking at predicting and preventing harm and planning patient flow for the next 24 hours. The safety briefs take place every day at 8.30am in the Tryst.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.2 Clinical Board update (Mental Health)

David Thomson talked to his paper highlighting the following:

- There is reduction in incidents of aggression within wards, however, he is checking that this is a true reduction and that there have been no changes in reporting.
- Sickness absence has increased and confirmed the Policy is being adhered to.
- eKSF and PDP's for 2015/16 are being planned so that trajectory is achieved throughout the year.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.3 Clinical Board update (Primary and Community Services)

Dr Jonathan Kirk Highlighted that due to focussed action there has been a reduction in the number of events whose review was overdue. When the last report came to the Committee there were 160 events waiting being looked at and, as of today, only 14 were outstanding. The unintended consequence was a delay in final sign off which has a longer waiting time however, this is now being looked at. Dr Kirk wanted to thank everyone involved in this through the Committee.

He updated on the adverse event of the patient given incorrect shingles vaccine. Practice nurses have now been added into Patient Group Directions (PGD's) and communication of documents which are being approved.

There will be a review of anticipatory care plans in care homes to see how many residents have a plan in place.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

7.4 Clinical Board Update (Learning Disabilities)

Simon Burt advised the highest risk in his report is the lack of an assessment/treatment unit for Learning Disability Patients and that work is ongoing with NHS Lothian re the provision of a tertiary service. More work is being done around this and a paper will be created to be approved by the Board.

In relation to the Datix incident there were security issues within Newstead, but this has been resolved. There is a digital lock on the room that patient records are stored and Simon assures the Committee that the records are secure.

Care Inspectorate – Issues have been highlighted with a local care provider and this is being addressed through Scottish Borders Council (SBC). Simon assured the Committee that the patients are being looked after and there is ongoing supervision.

It was highlighted at a previous Clinical Governance Committee that there had been concerns over patient treatment for patients with learning disabilities within the BGH, a plan was put in place, and there have been no issues highlighted since then.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8. ASSURANCE

8.1 Maternity Services & Severe Morbidity Annual Update

Unfortunately, Nicky Berry was unable to present this report.

It was highlighted to the Committee that NHS Borders has a lower readmission rate which is positive.

The Chair questioned this currency of the information as it is now three years old and does not show the current position. Evelyn advised that every stillbirth has a complete mortality review.

On page three of the report it shows there is a higher obstetric consultant but a lower than average consultant anaesthetist. The chair questioned if there was any significance to this.

ACTION: Sheena and Evelyn will take this question back to Brian MacGowan for feedback.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.2 Care of Older Adults in Acute Hospitals (OPAH) Annual Update

Charlie Sinclair provided an overview of the work done in the last year in relation to self assessments, OPAH visit and engaging the workforce to normalise what we expect and review progress linking with scrutiny and improvement.

He reminded Colleagues there was a Health Care Improvement Scotland (HIS) OPAH visit on 7 May 2015 and it shared that it was noted that NHS Borders was more solution focused than previous visits had experienced. Evelyn Rodger reminded the Committee that we can expect an unannounced inspection within the next year.

Assurance was given that all sub-groups are being linked together and this will be aggregated into a wider action plan. There is local scrutiny of ward self-assessments and working with Senior Charge Nurses about what is expected every day.

Evelyn wanted to congratulate Charlie and the team over the work on this. The culture of the workplan is that this is every day business rather than preparing for an inspection.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.3 Suicide Protection Annual Update

David Thomson advised that when he talks about statistics he does not take the information lightly relating that each and every death was a sad personal event for the individuals and families involved.

The report highlighted the suicides/attempted suicides over the last 15 months. We are a rural community and statistically suicide is higher in areas of agricultural employment.

The National report shows that learning is disseminated. Datix and internal review is used and escalated as appropriately. Learning goes beyond the local NHS Boards. All NHS Boards share their learning from suicides. Sheila advised that the Health and Safety Executive (HSE) scrutinise suicides within healthcare premises.

Key issues for action includes: Continue to build partnership links, e.g. police attending suicide prevention reviews.

NHS Borders wish to reduce suicides and increase the vigilance around suicide awareness. The Mental Health department are working with the Emergency Department and increasing vigilance on triggers of potential suicide. There is a pilot for a new level of 1:1 observations of care for people who are high risk of suicide.

Evelyn wanted to know who the lead person for ensuring the strategic direction is maintained and actions are progressed in a timely manner in relation to the Scottish Borders Joint Suicide Prevention Action Plan 2014 - 2019. David advised the Group is managed by Scottish Borders Council and he sits on this Group however he will check this information and will confirm out with the meeting who the lead is.

David Thomson is leading on a focused piece of work in relation to the ligature risk assessments and this is being progressed. This includes all areas that vulnerable people have access to.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

8.4 Child Protection Annual Update 2013/14

Mandy Brotherstone spoke to the paper.

Key points to note are that there is a new independent Chair and there were 96 investigations.

The Committee has progressed work around the areas of:

- Child Protection messages are being given in schools.
- There is development of robust case audits.
- Increasing public awareness of child protection.
- Training and how this works for “getting it right for every child”.

Mandy advised that in the coming year we will be looking at strengthening links around Child and Adult Protection and work is ongoing with Mandy Brotherstone, David Thomson and Evelyn Rodger.

This report does not show the trends but the Child Protection Committee see the trends on a bi-monthly rate.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

8.5 End of Life Care Report – May 2015

David Thomson advised that from 2014 Scotland stopped using Liverpool Pathways to direct end of life care. Locally, that there is clear information on palliative care and developing services around community care palliative care.

ACTION: Updated report will be brought to the Committee by Annabel Howell in 6 months time (September).

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

9. ITEMS FOR NOTING

9.1 Minutes

The following minutes for:

- Child Protection Committee
- Adult Protection Committee x2
- Public Governance Committee
- Healthcare Governance Steering Group x2

Healthcare Governance Steering Group is being wound up and there was a final meeting to discuss where reports go.

The **CLINICAL GOVERNANCE COMMITTEE** noted the minutes.

9.2 Clinical Governance Workplan 2015/16

Laura Jones asked that comments should be directed to Zoe Brydon.

Health Scientists should be included into the Workplan. Karen McNicoll will pick this up with Laura Jones out with the meeting.

Members are to advise when deputies can come to the Committee to sit and view the Committee.

9.3 Allied Health Professionals Report

Karen McNicoll wanted to ensure that the Committee was highlighted to the Committee.

10. Any Other Business

There was none.

10. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on 29th July 2015 at 2pm in BGH Committee Room (NOTE: this will be a three hour meeting).

The meeting concluded at 16.25

**PUBLIC GOVERNANCE
COMMITTEE**



**Minutes of Public Governance Committee (PGC) Meeting Held on
Wednesday, 11th February 2015, 2.00 – 4.00 p.m.
Board Room, NHS Borders Headquarters, Newstead**

Present:

Doreen Steele (Chair),	Pat Alexander
Margaret Lawson	Karen Hamilton
Margaret Simpson	Fiona McQueen
Cllr Catriona Bhatia	Frank Connelly
Andrew Leitch	Fiona Morrison
Susan Swan	Clare Malster

In Attendance:

Susan Hogg	Laura Jones
Stephen Bermingham	Mandy Brotherstone
John McLaren	Penny Oliver

1. Welcome & Introductions

1.1 The Chair welcomed everyone to the meeting and acknowledged that Stephen Bermingham was soon to be leaving NHS Borders and thanked Stephen for his valued contribution and support to the group over the years.

2. Apologies & Announcements

Apologies were received from: Dr Sheena MacDonald, Anna Garvie, Allyson McCollam, Shelagh Martin, Nicky Hall, Dr Craig Wheelans, Dr David Love and Evelyn Rodger

3. Minutes of Previous Meeting (& Action Tracker) 11th February 2015

Karen noted that item 7.3 from the previous minute does not read correctly after discussion correct wording was agreed and amended. Also in regard to item 7.3 there is a working group looking at the Food, Fluid & Nutrition Standards to determine where we are not meeting the standards. Chair of the group Charlie Sinclair has been invited to the November meeting of the PGC to give an update.

Item 7.2 – Catriona noted that school meals are brought in from central kitchens.

4. Matters Arising from Minutes:

4.1 Item 15 & 16 – Doreen informed the group that a Best Value Tool around community engagement has been added to the next Business agenda.

4.2 Action 24 – Doreen reported that she had not received an update on the implementation of modern technology to allow all staff and other stakeholders to take part in the consultation on integration from Susan Manion.

- 4.3 Action 25 – Clare reported that further information for staff on the strategic plan is available on the internet of both SBC and NHS Borders.
- 4.4 Action 27 – Availability of adult changing facilities for wheelchair users who require the change of bed pads and at times hoisting. Mandy informed the group that a potential solution had been found by converting the disabled toilet next to the Committee Room in the hospital and a variable height changing bed had been identified. However, the cost of this work would be in the region of £30k to resite the door and install a hoist etc. Mandy agreed to find out if this request could be considered by the Endowment Committee. **Action: MB**
- 4.5 BGH Signage - Doreen informed the group that the new signage had now been erected in the BGH and if changes are required to be made the signs can be removed and replaced very easily. If anyone has any feedback they would like to give please pass on to Susan Hogg. Pat asked that in the future details of where to locate the meeting rooms could be added.
- 5. Volunteering:**
- 5.1 Stephen gave a very informative and interesting presentation on the current position with the volunteering work that is ongoing within the hospital and the community, which started in NHS Borders in 2009.
- 5.2 Pat asked if feedback volunteers could be involved in the cleanliness monitoring work in the hospital and Laura agreed to pick this up. **Action: LJ**
- 5.3 Doreen noted that the net promoter score is 1 – 10 and asked how pleased you are with the service. Laura to look into. **Action: LJ**
- 5.4 Frank asked what the expectation of the volunteer coordinator is. Stephen replied that we have not stated a number and the Scottish Health Council are working on a evaluation. There has been an increase in roles over the last 10 years the number of volunteers in 2010 was 89 and we are now up to 150. However, the focus is very much on the quality not just the role.
- 5.5 Frank commented that the criteria for recruiting will vary from role to role. The playlist for life volunteer will be involved in working with patients and families to identify songs that mean something to the patient. Technical skills will be required when using ipods, downloading music and good communication skills with this patient group. Laura reported that Amie has spent a huge amount of time with our IT dept.
- 5.6 Laura thanked Susan Swan for her support with Amie's role.
- 5.7 Laura reported Amie is working through all of the departments to find out if they would like to work with a volunteer and if so what would they require.
- 5.8 Susan and Amie have spent a lot of time discussing the recruited volunteers and various roles available for them. However, the two are not necessarily connected. How do we get the right volunteer for the right role not just numbers but quality?
- 5.9 Pat asked are there similar roles in the council and if there is could we work closer together. Clare replied that this has not been developed at present to cope the corporate policy for a volunteer is very disappointing. However, we are keen to learn from what is happening in NHS Borders but we are not at that stage yet.

5.10 It was noted that not all staff can cope with a volunteer on top of their job. Susan informed the group that Volunteer Centre Borders are running a volunteering management seminar next month and targeted at this area.

5.11 Margaret (Simpson) asked are you looking to extend this after two years. Doreen replied that this post is currently funded through the endowment scheme on a fixed term contract.

6. Health Inequalities:

6.1 Penny gave a very interesting and informative presentation to the group.

6.2 Fiona (Morrison) asked what are you doing to engage with the voluntary sector. Susan replied by saying there have been two projects involving volunteers working with the Health Living Network. A brief project based in Eyemouth with the Small Change Big Difference this was to encourage people to lead healthy life styles. The volunteers were recruited from the local community and encouraged to develop and share their knowledge and experience with others. One of the classes from Eyemouth which have come from this is how to shop more cheaply.

6.3 It was agreed to invite Health Scotland to one of the Community Planning Partnership Board meetings. **Action: DS**

7. Any Equalities Issues To Be Raised As A Consequence of the Discussion

None.

8. Any Risks Arising & What Mitigating Action is Needed

8.1 Frank commented that maybe SBC & NHS Borders could use the same pool of volunteers and share data bases and networks.

8.2 Margaret (Simpson) reported there are young people out there who would like to be involved in volunteering work. However, they do not always get the opportunity.

8.3 NHS Borders is involved in a project with the Borders College reported John involving training and developing young people to give them opportunities of work experience within the organisation.

8.4 Laura touched on the sector based academy work and the Youth Employment within NHS Borders document, a copy of which she will forward to Margaret. **Action: LJ**

9. For Noting:

9.1 Laura asked for any comments around the Annual Report to be emailed to Susan Hogg.

9.2 The group were asked to note the work plan for 2014/15 and if anyone had any ideas for areas of improvement please put them forward.

10. Any Other Business:

None.

11. Future Meeting Dates 2015

29th April 2015 – 2.00 – 4.00 pm – Boardroom, Newstead (Business Meeting)

13th July 2015 - 2.00 – 4.00 pm – Boardroom, Newstead (Topic Meeting)

11th November 2015 – 2.00 – 4.00 pm – Boardroom (Business Meeting)

8th February 2016 – 2.00 – 4.00 p.m. – BGH Committee Room (Topic Meeting)

**PUBLIC GOVERNANCE
COMMITTEE**



**Minutes of Public Governance Committee (PGC) Meeting Held on
Thursday, 7th May 2015, 9.00 – 10.00 a.m.
Committee Room, BGH**

Present:

Doreen Steele (Chair)	Margaret Lawson
Karen Hamilton	Nicky Hall
Fiona McQueen	Sheena MacDonald
Frank Connelly	Shelagh Martin

In Attendance:

Susan Hogg	Laura Jones
Mandy Brotherstone	Craig Wheelans
John McLaren	

1. Welcome & Introductions

Doreen welcomed everyone to the meeting.

2. Apologies & Announcements

Apologies were received from: Evelyn Rodger, Dr David Love, Catriona Bhatia, Clare Malster, Fiona Morrison, Susan Swan, Pat Alexander, Andrew Leitch & Jane Douglas

3. Minutes of Previous Meeting (& Action Tracker) 11th February 2015

Small amendment to item 5.4 should read 'evaluation' not 'valuation' minute was then approved.

4. Matters Arising from Minutes:

4.1 Action 27: Mandy gave an update to the group on the availability of a generic changing facility for wheelchair users from childhood through to adulthood who require the change of bed pads and at times hoisting. Adapting the facilities identified for this would mean closing off the existing door and a new door from the dining room corridor to be added. Mandy has received an update from Alasdair Pattinson and Susan Swan has made an application to the endowment committee and with the support of the infection control team looks likely to progress. John asked if there was anything as a group that we could do to keep this on track the next endowment committee meeting is in June. Mandy commented that a significant amount of work has already been done and it was agreed that Laura would speak to Alasdair Pattinson to find out the additionality which is what endowments would be able to support under charity rules? **Action: LJ**

4.2 Karen noted that item 4.5 from the previous minute 'details of meeting rooms to be added to the signage' has been omitted from the action tracker. After discussion it was agreed that a proposal to use signage in a different colour from those used

currently be displayed to guide people to the various meeting rooms within the hospital. Noting the colour of the zone on meeting requests, email invites etc would also be beneficial to the attendee. Changing the names for the meeting rooms instead of 'BGH Committee Room, Education Centre Committee Room etc were also discussed. To be added to the action tracker and fed back to Gary Arkley.

Action: SH

5. **BECS Out of Hours Service**

Craig gave an update to the group on the Primary Care Out of Hours Service journey and asked for guidance from the committee on the consultation and engagement process. He was happy during the discussion to share with the group the success of his team in securing the 2015 Innovation and Improvement Celebrating Excellence Award.

Craig explained that nationally there have been great challenges in the delivery of the type of care which BECS provides. In January the Cabinet Secretary announced a national review on the delivery of Out of Hours care and this is currently ongoing. The final report is expected towards the end of 2015. The supporting paperwork presented today has been shared with Professor Sir Lewis Ritchie and his team. Who are undertaking the review. A poster detailing the evolution of BECS is being presented at the NHS Scotland Event in June.

The poster demonstrates that performance in home visiting has been improved to in excess of 90% and has been maintained. The management team in BECS are engaging more with staff and encouraging them to put in procedures and protocols for checking and designing ways to check drugs etc. When the service was scattered over the Borders, each area had separate and non-standard ways of checking and stocking medications and supplies. GPs had to undertake the tasks of telephone advice, home visiting and seeing patients in the Community Hospitals alone. Centralisation has allowed work to be more evenly distributed and safely delivered with a better triage approach and is more person centred. Funding may be available through the government to look at the future of telecare in the service. This facility may become available to nursing homes, and we would hope to include the independent prescribers in the community pharmacies. Craig explained that he had been in discussion with a pharmacist in Duns who would be keen to take part in any pilot. Craig explained he was also in discussion with colleagues to explore opportunities for learning together between GPs, nursing staff and pharmacists.

Craig explained that the balance of GP to nursing time had changed now with more nursing hours per week of time provided to see patients than GP time. This change had given patients the added value that the Nurse Practitioners working within the service could use their skills and training to deliver both elements of care seen to be traditionally within the domain of a doctor and those of a nurse.

Craig noted the "2 minutes of your time" patient feedback data which was tabled at the meeting. Although the majority of the feedback was very positive, Craig acknowledged the comment a patient has made about the travel time of 35 minutes to be seen. With the change in working to accommodate the inability to staff peripheral centres Craig accepted that this was not ideal however gave the committee the assurance that by centralisation that a clinician would always be in attendance and able to see patients who required to be seen whereas this could not be guaranteed previously.

Frank asked how many patients approximately will have been seen over this data collection period. Craig replied around 1500 patients would be seen as the service sees around 500 patients per month at the centre, visits 500 and gives telephone advice to around 500. It would be interesting to compare with responses from other areas. Plans for the near future are to put a quality improvement board facing into the waiting room with five pieces of key information i.e. 'You Said We Did' and updated regularly. **Action: LJ**

John asked about the use of patient feedback volunteers within BECS and offering this work experience to medical students. This we agreed to look into. **Action: LJ**

Sheena noted that over the last year there has been a significant amount of correspondence from MSPs and local community councils expressing concern about the new model. The Board has acted on every piece of feedback updating and consulting with community councils.

John commented that it has been identified under the quality impact assessment the effects on poverty groups in terms of travel and distance. Mitigation is around providing home visits to patients who are unable to travel to be seen. Concerns were expressed that visiting patients where there was not a clinical necessity may take the clinicians away from patients that may need them. John asked is it not more cost effective for us to provide transport to the main unit rather than the expense of a doctor or nurse and driver travelling to see them? Craig commented that in other areas of Scotland he had heard that it had become an expectation rather than necessity and he had concerns if we were to provide transport the unit would be unable to sustain the service due to the demand.

It was agreed that we would conduct an EQIA around transport making provisions particularly for poverty groups and if any of the group members hears of a patient story to let Laura/Doreen know and we could maybe conduct a case study. **Action: CW/LJ**

Craig commented that although we cannot compare directly in terms of patient demographics and need, his feeling was that we were very patient centred in that we deliver one of the highest rates of visiting patients in their home to deliver care. About 1/3 of care is delivered by a home visit 1/3 is delivered within the centre and 1/3 by telephone. In other areas of Scotland e.g. Glasgow around 60% of the patients are seen within the centre.

Mandy commented picking up on poverty groups we need to look at how we can minimise the effect of poverty. During working hours if a patient comes into the hospital and qualifies for benefits they can claim for some contribution for fares. Is there a mechanism by which if they are on benefits they can get some of that cost back? Craig said he was not aware that they could and he would explore this by speaking to staff in the BGH admin office. **Action: CW**

Frank commented that he would write out to community councillors to gather feedback from patients who are unable to travel out of hours. It was noted that this has already been done and the outcome would be fed back to Frank and the rest of the group.

It was agreed that BECS update be added as a standing item to our business agenda.

6. Future Meeting Dates 2015

13th July 2015 - 2.00 – 4.00 pm – Boardroom, Newstead (Topic Meeting)

11th November 2015 – 2.00 – 4.00 pm – Boardroom (Business Meeting)

8th February 2016 – 2.00 – 4.00 p.m. – BGH Committee Room (Topic Meeting)



Minutes of a meeting of the **Health & Social Care Integration Shadow Board** held on Monday 9 March 2015 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:

Cllr C Bhatia	Mrs P Alexander
Cllr J Mitchell	Mr D Davidson
Cllr F Renton	Dr D Steele
Cllr D Parker	Dr S Mather

In Attendance:

Miss I Bishop	Mrs S Manion
Mrs E Torrance	Mr J Lamb
Mr D Bell	Mr D Robertson
Mrs J McDiarmid	Dr E Baijal
Mrs T Logan	Mrs C Gillie
Mr B Howarth	Mrs J Miller

1. Apologies and Announcements

Apologies had been received from Dr Jonathan Kirk, Dr Simon Watkin, Cllr Sandy Aitchison, Cllr Jim Torrance, Mrs Jane Davidson, Dr Sheena MacDonald, Mrs Evelyn Rodger, Mrs Fiona Morrison and Mr Andrew Leitch.

The Chair confirmed the meeting was quorate.

The Chair thanked Cllr Sandy Aitchison, Dr Simon Watkin, Dr Jonathan Kirk and Dr Doreen Steele for their valued expertise and support during the past year and confirmed that they would step down from the Board at the end of March.

The Chair advised that Borders NHS Board had confirmed that their membership of the Board post 1 April 2015 would be John Raine, Chairman, NHS Borders, Pat Alexander, Non Executive, David Davidson, Non Executive, Karen Hamilton, Non Executive, and Dr Stephen Mather, Non Executive.

The Chair advised that a discussion had taken place between NHS Borders and Scottish Borders Council and it had been agreed that in moving forward the Board would be known as the "Health & Social Care Integration Joint Board" post 31 March 2015.

2. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted there were none.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the H&SC Integration Shadow Board held on 9 February 2015 were amended at page 3, penultimate paragraph, to read “Cllr Bhatia suggested Councillors might like to attend a future Borders NHS Board meeting and Non Executive Directors might like to attend a Scottish Borders Council full Council meeting” and with that amendment the minutes were approved.

4. Matters Arising

- 4.1 **Minute 9: Newsletter:** Mrs Susan Manion advised that the newsletter was due to be released in March. The Board agreed to remove the item from the Action Tracker.
- 4.2 **Minute 5: Joint Staff Forum:** The Board noted that invitation letters to join the Strategic Planning Group were being produced.
- 4.3 **Minute 6: Events:** The Board agreed not to pursue additional events and that the item be removed from the Action Tracker.
- 4.4 **Contingency Planning:** Mr David Davidson enquired about contingency planning. Mrs Carol Gillie confirmed that arrangements would be set out in the Scheme of Integration.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted the action tracker.

5. Draft Strategic Commissioning Plan

Dr Eric Baijal introduced the first draft of the strategic commissioning plan. Mr Bob Howarth gave an overview of the detail within the plan. Mr James Lamb highlighted the timescales for the development and consultation periods.

Mrs Susan Manion reminded the Board that the document remained a “work in progress”.

Cllr Catriona Bhatia advised that the Community Councils would not be meeting in July and suggested a first draft be shared with them at the beginning of June.

Dr Stephen Mather suggested that the document could detail the piloting of specific outcomes to be achieved such as “taking care of the elderly” instead of “we want improved outcomes”. He suggested stating what achievements the Board wanted to make, defining those achievements and allowing the measuring of those achievements and outcomes at the year end. Dr Baijal advised that the Integrated Care Fund projects would go some way to addressing that suggestion and he advised that more reflection on that suggestion would be provided in the draft document.

Mr David Davidson commented that he welcomed the idea of an abbreviated more simplistic document. He suggested that in working up the next shorter version of the public document that elements on public transport and housing also be included.

Dr Doreen Steele welcomed the different documents for different audiences. She suggested that the draft plan in its current form was for professionals and did not focus yet on key performance indicators to measure outcomes. She suggested it be further streamlined in terms of language and approach to make it a more engaging read for people.

Cllr John Mitchell enquired if it could be called the Strategic Commissioning Plan 2016/2026 or for the 3 year period 2016/2019 as it would not be fully functioning in the 2015 period.

Dr Baijal advised that there had been a positive discussion with community planning colleagues and a benefits realization matrix was being worked up, the document would be streamlined and in moving forward the plan would be regularly reviewed as part of the commissioning cycle.

Cllr Bhatia sought assurance that the GP community would be involved and engaged with as they would be key to the delivery of the commissioning plan. Mrs Manion advised that she would be meeting with the GP Sub Committee in the first week of April. Dr Baijal also advised that the community engagement toolkit provided a logical framework in which to proceed to engage with GPs.

Mrs Tracey Logan and Mrs Jeanette McDiarmid were keen to meet with GPs in each locality area along with Mrs Manion in order to understand and explore locality issues with them.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted the report.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed to receive the final version of the Strategic Commissioning Plan in advance of publication to the public.

6. Inpatient Services Review

Cllr Catriona Bhatia introduced the Inpatient Services Review paper advising that Borders NHS Board had approved the commencement of a review of NHS Borders Inpatient services. She suggested that as the conversations with communities would take place during the same consultation period for the Strategic Commissioning Plan there was an opportunity to coordinate engagement sessions to widen discussions to cover both items. Dr Eric Baijal commented that such an approach may be helpful given that there was a lot of synergy between both documents.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted the commencement of the review of NHS Borders Inpatient services.

7. Programme Highlight Report

Mr James Lamb gave an overview of the content of the programme highlight report. He spoke of slippage in the high level milestone plan, commented that the draft Scheme of Integration consultation concluded on 13 March 2015, and public engagement sessions had taken place in the five localities. With regard to lessons learned Mr James emphasized that

these were in relation to having a greater lead in time in engagement event planning and advertising.

Mr Lamb highlighted to the Board the process being followed in terms of recruiting members to the Strategic Planning Group and the induction packs to be produced for those members to bring them up to speed and link them into networks for geographic and interest communities.

Cllr John Mitchell enquired about the provision of video conferencing facilities to enable those in the community to communicate with the centre. Mr Lamb advised that the Office Communication Server (OCS) system was being used, however connectivity was dependent on broadband provision in various parts of the Borders. Cllr Bhatia advised that there was a good provision of video conferencing facilities at the Borders General Hospital.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted the report.

8. Draft Scheme of Integration Update

Mrs Susan Manion updated the Board on the current status of the Draft Scheme of Integration and advised that she, Iris Bishop and James Lamb had met with the Chairs of the workstreams to finalise the narrative of the sections pertinent to their areas of expertise. Discussions had also taken place with the relevant Policy Unit Officer at the Scottish Government in terms of clarifying the guidance issued by Scottish Government in December 2014. Authority to approve the Scheme of Integration for submission to the Scottish Government by 31 March 2015 had been delegated from the Borders NHS Board to its Chairman and Chief Executive and likewise from Scottish Borders Council to its Leader and Chief Executive.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted the update.

9. The Disestablishment of the Scottish Borders Community Health and Care Partnership

Mrs Susan Manion gave an overview of the content of the paper and highlighted the groups that had reported at a greater or lesser extent in to the work of the Scottish Borders Community Health & Care Partnership (CH&CP). She advised that the majority of delivery within the CH&CP would sit within the remit of the Health & Social Care Integration Joint Board, however there were some elements outwith that remit such as children's services.

Mrs Jeanette McDiarmid advised of the work that had been undertaken through the Children and Young People's Leadership Group (C&YPLG) and advised that in future it would sit within the Community Planning Partnership (CPP).

Mr David Davidson asked that a diagram be produced of the current position and expected position in a year's time and the governance routes. As he and other colleagues were unsighted on the CPP he was keen to understand the linkages, accountabilities and governance route.

Further discussion highlighted the transition of young people through children's services into adult services within the same health and social care directorate; commitment of Mrs Tracey Logan and Mrs McDiarmid to work toward the C&YPLG being accountable through the CPP; impact of the Community Empowerment Bill on the CPP.

Mrs Carol Gillie highlighted that the CH&CP had been a formal Sub Committee of the Borders NHS Board, however the CPP had no direct links to the Board therefore there was a need to ensure there were appropriate governance arrangements put in place for children's services from the health perspective. She further commented that in other Health & Social Care Integration Board areas where the issue had been raised the majority of partnerships had included children's services within their scope in order to ensure appropriate governance arrangements were in place for both organisations.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** supported the proposed way forward.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed to receive a diagram on the governance routes for children's services showing the current position and the future position.

10. Clinical & Care Services/Children's Services and Housing

There were no items of business raised under this heading.

11. Monitoring of the Shadow Integrated Budget 2014/15

Mrs Carol Gillie advised that the report was a by exception report to the end of January 2015. The budgets reported were as per the original agreed scope, were on an aligned basis and financial pressures remained the responsibility of the individual organizations. As of April 2016 the responsibility for financial pressures in the Health & Social Care Integration Joint Board would be the responsibility of the Health & Social Care Integration Joint Board.

Mrs Gillie advised that the integrated shadow budget was predicting an outturn position of a £378k overspend. The overspend was linked to prescribing and in line with previous reports received by the Board. The key pressure area was GP prescribing linked to high prices of certain drugs and global supply.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** approved the reported projected position of £378k overspent at 31st January 2015.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings measures and bring forward actions to mitigate any projected overspends and that NHS Borders would manage the projected overspend on GP prescribing as part of its year end planning.

12. Integrated Care Fund Proposed Governance

Mrs Susan Manion detailed the content of the paper. She advised that further amendments had been proposed after the paper had been issued. The amendments were highlighted to the Board. She emphasised that it was important to note that an Integration Care Fund Plan had been submitted to Scottish Government and that four themes had been identified along with the work required to take those four themes forward. She further commented that it was important to ensure that the governance arrangements around the Integrated Care Fund (ICF) were appropriate and that the resources were used in the way the fund had intended. Mrs Manion confirmed that the Scottish Borders had been allocated £2.13m.

Mr David Davidson enquired about audit arrangements for the fund. Mrs Carol Gillie advised that the allocation was passed through the NHS route and would therefore certainly be subject to NHS Borders audit procedures, however when the Health & Social Care Integration Joint Board became fully functioning the provisions for internal and external audit arrangements for that Board would be required.

Mrs Pat Alexander enquired if plans for the funds had been signed off given that its status was for one year only. Mrs Manion confirmed that a plan had been signed off and the funds would be utilised to facilitate different ways of working.

Mrs Alexander enquired when the plans that had been identified for funding would receive the funding. Mrs Manion advised that there was a process in place to release the funds in April 2015.

Mrs Elaine Torrance welcomed the joining together of the strategic planning process and the ICF. She noted that project assessment criteria required further refinement and was keen to hear of feedback from service users and their carers.

Mr David Robertson echoed that the project assessment criteria required further work especially in terms of sustainability and exit planning. He was clear that there should be no on-going financial commitments beyond the life of the ICF.

Dr Eric Baijal reassured the Board that there were clear exit plans in place for each work package identified.

Cllr Catriona Bhatia shared Mrs Alexander's concerns that the fund was for a period of one year and sought assurance that it would focus on outcomes and services and not on headcount and process.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** requested that the paper be updated in terms of the wording of the narrative based on the proposed changes and with those changes approved the paper.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed that the revised paper be circulated for virtual noting.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed to receive a note on 1 April 2015 of when the Torbay model in each locality would be going live.

The **HEALTH & SOCIAL CARE INTEGRATION SHADOW BOARD** agreed to receive a six monthly report on the ICF.

13. Any Other Business

There was none.

14. Date and Time of Next Meeting

The Chair confirmed that the next meeting of the Health & Social Care Integration Joint Board would be held on Monday 27 April at 2.00pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 3.11pm.



Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 27 April 2015 at 2.00pm in the Board Room, Newstead.

Present:

Cllr C Bhatia	Mrs Pat Alexander
Cllr J Torrance	Mr D Davidson
	Mrs K Hamilton

In Attendance:

Miss I Bishop	Mrs J Davidson
Mr D Robertson	Mrs C Gillie
Mrs S Manion	Mr J Lamb
Mrs E Torrance	Mrs E Rodger
Mr D Bell	Mr J McLaren
Mrs L Gallagher	Mrs T Graham

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Dr Stephen Mather, Cllr John Mitchell, Cllr Francis Renton, Cllr David Parker, Dr Sheena MacDonald, Mrs Jeanette McDiarmid, Mrs Fiona Morrison, Mrs Jenny Miller and Mrs Tracey Logan.

Mrs Lynn Gallagher deputised for Mrs Fiona Morrison.

The Chair confirmed the meeting was not quorate. The Board agreed to discuss the items on the agenda and homologate them at the next meeting.

The Chair formally recorded that she had been asked to chair the Health & Social Care Integration Joint Board for 2015/16 and had accepted.

2. Health & Social Care Integration Joint Board Standing Orders

Miss Iris Bishop introduced the draft Standing Orders. During discussion several amendments were suggested including: re-titled to Interim Standing Orders; date and version control to be included; page 2 item 3.4 the Chair shall specifically; and page 6 item 13.1 seven days.

The Board recommended that there should be two staff representatives at the meetings (one from Scottish Borders Council and one from NHS Borders) and asked that the health professionals membership be reviewed in terms of the guidance as to whether both the Medical Director and/or the Director of Nursing & Midwifery should be non voting members.

The Chair noted that the role of Board members was an item for the Development session being held on 20 May and suggested it be broadened to include a discussion on membership of non voting members.

Cllr Jim Torrance suggested if GPs were non voting members then Community Nurses should also be invited. The Chair was keen to differentiate between the Board membership and the Strategic Planning Group membership which encompassed representatives from the GP and Community Nursing communities.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** discussed the Interim Standing Orders and suggested amendments for homologation at a future meeting.

3. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Shadow Board held on 9 March 2015 were noted and would be formally approved at the next meeting.

5. Matters Arising

5.1 Minute 5 Establishment of Strategic Planning Group: Mrs Susan Manion confirmed that letters had been issued to the relevant stakeholders inviting representation.

5.2 Minute 9 Disestablishment of the Scottish Borders Community Health & Care Partnership: Mrs Susan Manion advised that the matter would be discussed with the Programme Board in the first instance.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

6. Programme Highlight Report

Mr James Lamb presented the report. He highlighted several elements within the report advising that the Scheme of Integration had been submitted by the due date of 31 March 2015; consultation on the Strategic Plan had commenced and a series of public engagement events had been scheduled.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

7. Organisational Development Plan

Mrs Susan Manion introduced the framework that had been developed by the workforce workstream lead by Mrs Claire Hepburn and Mrs June Smyth (previously Mrs Edwina

Cameron). She commented that it was important to think about the organisation from front line staff through to Board members and in doing that the recruitment to an additional resource requirement had been identified from the monies allocated for the transitional period.

The Chair enquired if the Board members would be copied into the newsletter to staff. Mrs Manion confirmed that it would be shared with the Board members.

Mr David Robertson suggested that updates be provided for all Board members and suggested amending the text on page 3 to read “Elected members and NHS Board members”. The Board were in agreement with the text change.

Mrs Jane Davidson enquired about the term “partnership” that was being widely used and sought clarification if that was in relation to the Health & Social Care Integration Joint Board or the wider communities.

Mr David Davidson sought a shared list of key people from both organisations that Board members may need to contact for advice or information. Mrs Manion advised that an Induction pack had been put together for members of the Strategic Planning Group and suggested it be refined for Board members and shared with them at the Development session on 20 May.

Cllr Jim Torrance was keen to be assured that monitoring would take place to ensure a delay in one project would not delay other projects.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the Organisational Development Plan subject to the change being made at page 3 and recommended it be homologated at the next meeting.

8. Draft Strategic Plan – A conversation with you

Dr Eric Baijal presented the document that was being used for engagement events across May. He advised that the Strategic Plan was for a period of 3 years and was built upon the health and social care needs of the population of the Scottish Borders.

Mr John McLaren enquired about the mention of Health Visiting within the communication plan as it had previously been agreed that Health Visiting was outwith the scope. Dr Eric Baijal confirmed that Health Visiting was outwith the scope and he would update the communication plan and ensure it reflected the content of the Strategic Plan.

Mrs Evelyn Rodger sought assurance that the document had been checked for readability. Mr James Lamb confirmed that an easy read version had been commissioned.

During discussion several points were made including: ensuring the case for change was teased out to reflect better health outcomes for the population; what is the partnership and did the Integration Joint Board have a locus around that partnership; would something be commissioned to provide a better engaged workforce; as a new Integration Joint Board what would it be commissioning and to what standards would it commission.

Mrs Lynn Gallagher requested that where service users were mentioned, colleagues remembered that carers should be included.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the initial draft Strategic Plan would be used for the first phase of a joint engagement exercise in support of the production of a Borders Strategic Commissioning Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to have a Development session later in the year dedicated to Commissioning (the commissioning cycle, review of the Manchester model and lessons learned).

Elaine Torrance left the meeting.

9. Communications & Stakeholder Engagement

Ms Tracey Graham advised that the communications and stakeholder engagement plan was a working document that was constantly refreshed. The workstream had focused on the strategic plan document and its promotion. Engagement events had been set up and were being advertised through various mediums. Ms Graham confirmed that a preferred candidate had been identified for the Communications Officer post for Integration.

The Chair enquired about a communication to Elected members and staff. Ms Graham advised that a newsletter had been prepared for the staff and public and would be updated to reflect the Strategic Plan events and would then be released.

Mrs Lynn Gallagher enquired if there was a separate engagement plan. Ms Graham advised that at one point there was a communications plan and a separate engagement plan, however both had been combined into one plan and the wording required updating to reflect that status.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recommended the report for approval at the next meeting.

10. Scheme of Integration Update

Mrs Susan Manion reported that the Scheme of Integration had been submitted by 31 March 2015 and it was anticipated that feedback would be received within a period of 6 weeks.

Mr David Davidson enquired if any notifications of further guidance had been received. Mrs Manion confirmed that further topic based guidance had been received. Mrs Carol Gillie advised that further guidance had been received in relation to finance which she and Mr Robertson were reviewing.

Dr Eric Baijal suggested that a regular update bulletin be sent to Integration Joint Board members to keep them abreast of issues, as per the current practice in the Health Board. Mrs Manion agreed that a regular bulletin could be put in place.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive a regular update bulletin.

11. Annual Report 2014/15

Mrs Susan Manion thanked Iris Bishop for producing the Annual Report and advised that it detailed the work of the Health & Social Care Integration Shadow Board over the previous year.

Mrs Lynn Gallagher requested that the report be amended to reflect service users “and carers”.

Mr David Davidson commented that he liked the simplistic format of the report.

The Chair noted that the attendance record required amendment in terms of Iris Bishop’s attendance and also sought confirmation of service user representation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Annual Report for 2014/15 subject to the amendments suggested.

12. Monitoring of the Shadow Integrated Budget 2014/15

Mr David Robertson advised that the total resources under the report were £133m in the current year. The key issues were an overspend of £677k for the partnership with a projected year end position increased due to the inclusion of an overspend in the People Department of Scottish Borders Council which had not previously been reported. The overspend within NHS Borders related to GP prescribing as previously reported.

Overall the People Department were projecting a balanced position. The overspend on the elements of the integrated budget would be managed through contingency slippage and control measures previously reported to the Integration Joint Board.

Mr David Davidson enquired if at the end of the financial year the Integration Joint Board would have a zero balance. Mr Robertson confirmed that it would have zero balance as the overspends would be managed by Scottish Borders Council and NHS Borders.

Mrs Carol Gillie commented that if it was a live situation and the budgets were not being run on an aligned basis the Integration Joint Board would end the financial year with a significant overspend.

Mr Davidson enquired how the budget would be projected for the coming year given it would start from a zero position. Mr Robertson advised that part of the exercise was a due diligence process which looked at expenditure over the previous 5 years to establish the budget for year 1. He advised that such issues could be considered as part of the Development session on 20 May.

Mr Davidson suggested it would be helpful to discuss how costings would be added to proposals that would be put to the Integration Joint Board and how they could be managed

over time as he anticipated that there would be aspirations to develop services and that would come with a cost attached.

Dr Eric Baijal clarified that the Integration Joint Board was speaking of transformational change within the same financial envelope but with improved outcomes via the strategic planning process.

Mrs Jane Davidson enquired as a commissioning body what the implications were from a financial perspective. She urged the board to be clear moving forward what the differences were and what the responsibilities were as they could be limited by financial spend.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected position of £677k pressures at 28th February 2015.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that additional funding had been earmarked from elsewhere within NHS and SBC non-integrated budgets enabling a balanced breakeven position to be reported

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings measures and bring forward actions to mitigate any projected overspends and that NHS Borders would manage the projected overspend on GP prescribing as part of its year end planning and that Scottish Borders Council would continue to deliver its action plan to further reduce the projected Adult Services pressures during March.

13. Integrated Budget 2015/16

Mrs Carol Gillie introduced the paper advising that it set out the Integrated Budget for 2015/16. It was based on services agreed in 2014/15 and included other services taking into account the national consultation exercise and services that must be included. It was therefore a slightly different scope to the previous year and where it had not been possible to disaggregate adult services the full budget had been includes ie GP prescribing for the whole population.

Mrs Jane Davidson suggested including efficiency savings within the budget element of the Development session. Mr David Davidson welcomed the suggestion and commented that it should include both how the Board, Scottish Borders Council and NHS Borders will manage their efficiency savings.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the scope and associated financial resources of the integrated base budget for 2015/16 totalling £135.2m prepared on an aligned basis as set out in appendix 1.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that an Integrated Joint Board development session was planned for 20th May 2015 to discuss in more detail the budgets as set out in appendix 1.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the draft Partnership Strategic Plan would be developed based on the integrated budget and would include information on the set aside budget as set out in the consultation papers.

14. Integrated Care Fund Update

Mrs Susan Manion reported that the Integrated Care Fund would continue for a further 2 years (2015/16, 2016/17, 2017/18). She advised that the Programme Board would be meeting to outline the specific actions that would be taken forward as a priority for service development and progress would be shared with the Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

15. Any Other Business

15.1 Resilience: Mr David Davidson advised that he was the Chair of the NHS Borders Resilience Committee. He was keen to explore telecommunications coverage in the Scottish Borders and eluded to the Scottish Borders Council paper entitled "Our Borderlines our Future Final Report". He suggested that NHS Borders and Scottish Borders Council work together collectively to try and engage the centre to see what could be progressed with connectivity in the region.

Mr Davidson advised he would pass the link to the paper to the Board Secretary to email out to Board members.

15.2 Managerial Organisational Changes in NHS Borders: Mrs Jane Davidson advised the Board that the acute management structure at NHS Borders was being reviewed with a focus on putting the patient at the centre. She advised that a consultation paper had been released in January 2015 which discussed the proposed management revisions and the barriers between primary, acute and social care services. One of the main aspects of the reorganization was to support the Health & Social Care Integration Joint Board to commission for a reduction in admissions, preventable admissions, take expertise to the patient, invest in medical leadership, reduce management costs, etc.

15.3 Information Technology: Cllr Catriona Bhatia advised that there was a consultation underway in regard to the potential to outsource Information Technology services from Scottish Borders Council. Mrs Jane Davidson confirmed that NHS Borders had written to Unite expressing concern at their narrative relating to NHS staff.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the updates.

16. Date and Time of next meeting

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 22 June 2015 at 2.00pm in the Council Chamber, Scottish Borders Council.

The meeting concluded at 4.10pm.

Minutes of a meeting of the Area Clinical Forum held on Monday 16 February 2015 at 5.00pm in the Committee Room, Education Centre

Present: Dr Nigel Leary, Mr David Thomson, Dr Chris Richards, Mrs Alison Wilson, Miss Iris Bishop

Apologies: Mrs Nicky Hall, Mr Robert Irvine, Mrs Karen McNicoll, Mr Austin Ramage

Agenda Item	Title	Speaker	Summary	Action
1	Apologies & Announcements	NL	Apologies were noted. Dr Chris Richard attended the meeting as the Chair of the Senior Medical Staffing Committee. It was noted that the meeting was not quorate.	
2	Minutes of previous meeting	NL	Deferred to next meeting as the meeting was not quorate.	
3	Matters Arising	NL	AMC Update workshop: To be relaunched. Revised Constitution: To be released. Prescription for Excellence: Alison Wilson provided an update. Integration Shadow Board: Dr Simon Watkin concludes his membership appoint at the end of March and will be replaced by a Non Executive Director.	
4	Clinical Strategy	AW	Alison Wilson provided an overview of the content of the Board paper to the Committee. The ACF noted that it would be important for ACF representation on the clinical strategy board once formed.	The ACF noted that it would be important for ACF representation on the clinical strategy board once formed. Iris to advise Steph Errington.
5	National ACF	NL	Deferred.	
6	NHS Borders Board: 19.02.15	NL	The agenda and papers were noted.	
7	Professional Advisory		AHPs: Nothing to report.	Iris to advise the ACF of the date

Agenda Item	Title	Speaker	Summary	Action
	Committee Updates		<p>DAC: Nothing to report. AMC: Struggling to get a workshop together. AOC: The report was noted. APC: The report was noted. BANMAC: David Thomson advised that historically it has virtually disbanded and we are reinvigorating the concept and relaunch within the next month. Medical Scientists: Nothing to report.</p> <p>It was noted that each individual advisory committee had its own problems with attendance.</p>	of the next National ACF meeting and if a deputy is able to attend.
8	AOCB	NL	<p>24 February at 2pm ACF, APF Local Delivery Plan meeting. Alicia to remind members of ACF to attend (NL and AW not available).</p> <p>Public Interactive Events for Health and Social Care for people's information only.</p>	24 February at 2pm ACF, APF Local Delivery Plan meeting. Alicia to remind members of ACF to attend.
9	Date of Next Meeting	NL	The next meeting of the ACF was confirmed as Monday 30 March at 5pm in the Committee Room, Education Centre.	



CRITICAL SERVICES OVERSIGHT GROUP

MINUTE OF MEETING of 23 FEBRUARY 2015, HELD IN COMMITTEE ROOM 2, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, MELROSE AT 2.00 P.M.

Present:	<p>CSOG : Tracey Logan, Chief Executive, SBC (Chairman) (TL).</p> <p>Attendees: Elaine Torrance, Chief Social Work Officer, SBC (ET), Duncan MacAulay, Chair of the Child Protection Committee (DM); Jim Wilson, Chair of the Adult Protection Committee (JW), Gillian Nicol, Child Protection, SBC (GN); David Powell, Adult Protection Coordinator, SBC (DP), John Fyfe, Group Manager, Criminal Justice Services, SBC (JF), Gill Imery, Divisional Commander, Scottish Police Force (GI).</p> <p>Apology: Jeanette McDiarmid, Depute Chief Executive People.</p> <p>Absent: Representative from NHS Borders.</p>
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1.	<p>Minute of Meeting of 24 November 2014</p> <p>There had been circulated copies of the Minute of 24 November 2014.</p> <p>DECISION NOTED the Minute subject to the following amendment.</p> <p>With reference to paragraph 2(h) of the Minute – “At the last CSOG meeting it was agreed that Gillian Nicol would bring the SCR Action Plan back to the next meeting” should be amended to read “At the last CSOG meeting it was noted that Gillian Nicol had brought the SCR Action Plan summarising the lessons learned to a meeting of the Group.”</p>
2.	<p>Child Protection Committee Update</p> <p>There had been circulated copies of a report advising that the Child Protection Committee (CPC) had met once since the last CSOG meeting on 11 December. Although there had been no membership changes since the last briefing DCI John Peaston from Police Scotland had taken on the role of Vice Chair of the Child Protection Committee at the December meeting with immediate effect.</p> <p>(a) Child Protection Training</p> <p>Child Sexual Exploitation training had been updated taking into account information from Rotherham and other reports. Work was nearly concluded on the revamping of all current child protection training courses to ensure that the requirements of the National Framework for Child Protection Learning and Development 2012 in Scotland were being met. There were still courses available and the calendar was being periodically updated, disseminated and</p>

uploaded onto the CPC Website for staff to access.

**(b) Child Protection Procedures - Updates
Escalation Policy**

This had been updated to make it more wide ranging.

(c) Suicide and Self Harm Guidance

This guidance came from the Significant Case Review and there was an action from the recommendations. This was signed off and added to the Scottish Borders Child Protection Procedures as well as being disseminated widely.

(d) Appeal

There was one appeal against a decision made at an Initial Child Protection Case Conference. After deliberation the family were informed that the appeal would not be upheld.

(e) Inter-Agency Practice Review Workshop

Improving support to workers around responding to issues of neglect was constantly in the Child Protection Committee's mind. A specific inter-agency meeting, to provide a system to support workers, to identify cases which did not meet the Child Protection threshold but cause ongoing concern about the wellbeing of children in situations where there could be neglectful parenting, was held on 3 February. By defining what constitutes complex cases and maintaining a list of inter-agency workers who had the skills to help the Team Around the Child stand back and 'see the wood from the trees' it would be possible to encourage workers to challenge parents in order to improve plans which would therefore improve outcomes.

(f) Gathering Parents Views

CPC read with interest the first six month report noting the positive comments and good practice issues as well as a few learning points which would be progressed. As the agreed budget for this survey had not been reached and the fact that this was raising valuable issues, it was agreed that Children1st continue with the survey for another six months or until the budget was reached, whichever came first.

(g) Information Sharing Guidance

CPC had received and disseminated information on briefing sessions which were aimed at clinicians, practitioners, volunteers and managers who worked directly with, or came into contact with children or their parents/carers as part of their work, voluntary or leisure activities. The aim of these briefings was to advise on changes to information sharing, consent and confidentiality in relation to a child's wellbeing.

(h) CPC Newsletter

The 6th issue of the CPC Newsletter was disseminated in December. As well as giving updates on the CP Procedures and Learning and Development it covered topics on Practice Reviews and Engaging with Young People and Working with Schools.

(i) The Link Inspector

The Link Inspector had accepted an invitation to attend a CPC meeting in June. The purpose being for her to meet the Committee members, give an indication of her expectations of the Committee and give the Committee a greater understanding of her role as the SBCPC link inspector.

	<p>(j) Low Numbers on the Register – update</p> <p>The evaluation which was being undertaken by two experienced workers reviewing the social work case files of a number of children for whom there had been an initial referral discussion which did not result in a Child Protection Case Conference (CPCC) was ongoing. The workers would consider the outcome of the resulting intervention and make a judgement about whether the Child/families safety needs were met without progressing further in the Child Protection system. This report would be submitted to CPC on 30 April and would be available for the next meeting of CSOG on 25 May.</p> <p>DM highlighted the main points in his report and discussions took place in relation to inter-agency Practice Review Workshop and it was hoped that General Practitioners would engage in the process and TL would liaise with NHS Borders in detail about maximising what could be done.</p> <p>DECISION AGREED that TL would liaise with NHS Borders in detail about maximising what could be done in relation to the engagement of General Practitioners.</p>
3.	<p>Adult Protection Up-date</p> <p>There had been circulated copies of a report advising that the Adult Protection Committee had met on 9 December 2014 on 10 January 2015. Minutes of meetings were available on the intranet, once approved.</p> <p>(a) Biennial Report</p> <p>To date there had been no response to the Biennial Reports. Changes in staff, who held responsibility for this area of work, at Scottish Government, might lead to a delay in responses being received.</p> <p>(b) Annual Report</p> <p>This report would be discussed at the Scottish Borders Council Meeting on 19 February 2015. Of particular note was the increased concern regarding financial harm, with older people being targeted through bogus calls and scams. Also of concern were younger people with learning disabilities and mental health problems being targeted through social media leading to internet harm.</p> <p>(c) Self Evaluation</p> <p>The multi-agency self-evaluation exercise had been undertaken on 09.02.2015 with excellent representation across partner agencies and independent scrutiny provided from the care inspectorate. The following 9 areas of practice were examined in detail with substantial supporting evidence available for reference, with a general improvement trend evidenced.</p> <p>Area 1 Is the at risk adult safer as a result of our activity? Area 2 How well do we meet the needs of the at risk adult and their family? Area 3 How well do we meet the needs of staff? Area 4 How well do we meet the members of the community? Area 5 How good is the service delivery for at risk adults and their families? Area 6 How good is our policy and practice? Area 7 How good is the policy of employee support? Area 8 How good is our resource management? Area 9 How good is our governance and leadership? Area 10 What is our capacity for improvement?</p>

	<p>For each of the above areas (1-9) discussion identified areas of strength as well as areas for improvement. The information gathered for area 10 would form the basis of an action plan to be approved and implemented by the Adult Protection Committee and its Sub Committees over the next year.</p> <p>(d) Financial Harm During February 2015, the Scottish Government was launching a marketing campaign to raise awareness of the issue of 'adult harm' in Scotland; adults who were being harmed, neglected, taken advantage of, or appeared to be at risk of it happening due to their circumstances, illness, injury or another reason. The campaign covered the various types of adult harm, including physical, psychological, financial and sexual harm, and neglect. The campaign would encourage people to act if they believed or suspected someone was being harmed, neglected or taken advantage of, highlighting that people often had an instinctual feeling that something was wrong. The campaign would include a radio partnership, digital and press advertising, a media partnership with Media Scotland (Daily Record, Sunday Mail and regional titles) and PR activity. Scottish Borders Adult Protection Committee was working very closely with Scottish Borders Council, NHS Borders, Police Scotland, the third sector and financial organisations to highlight the importance of community vigilance in order to reduce and prevent financial harm. A communication plan had been drawn up potentially looking at news releases, web and social media, SB Connect, updated leaflets and radio advertising.</p> <p>DECISION NOTED.</p>
4.	<p>Role and Remit for Offender Management Group</p> <p>ET advised that the terms of reference had been updated for the approval of CSOG. There was good membership across the board. It was noted that the updated terms of reference would be approved by CSOG. There would be a transformation of the justice authorities in 2016/16 and this would provide an opportunity to iron out glitches from CJA to CPP. ET advised that a report had been discussed by CPP about bringing community justice together with partner agencies and she suggested bringing a report on this to a future meeting of CSOG.</p> <p>DECISION AGREED that ET provide a report to a future meeting of CSOG on community justice.</p>
5.	<p>Update from Offender Management Committee</p> <p>(a) Committee Progress</p> <p>Work was on-going to finalise the content of the Offender Management Committee Action Plan for 2015-17. The main areas of action were: (a) Key Performance Outcomes; (b) Impact; (c) Delivery of key processes; (d) Policy, Service Development and Planning; (e) Management and Support of Staff; (f) Partnership and Resources; and (g) Leadership and Direction</p> <p>(b) MAPPA Thematic Review</p> <p>An agreed position statement across Lothian & Borders had been submitted to the Care Inspectorate as part of the themed review/inspection including areas of strength and improvement. Feedback was awaited on the next steps and the Offender Management Committee were reviewing this to inform the action plan.</p> <p>(c) Performance reporting for Quarter (October – December 2014)</p> <p>There had been a slight increase in the number of sex offenders managed under MAPPA</p>

from 83 in the previous quarter to 84 this quarter, with 81 being managed at level 1 and 3 at level 2. As had been the case since September 2012, there were no registered sex offenders managed at level 3. During the quarter eight offenders were subject of discussion by the Level 2 Panel. The number of SMART actions raised during the quarter was ten. Seven were completed within the set timescales; 2 x Housing actions were completed 4 days outwith the timescales and 1 x Health action was completed 25 days outwith the timescale. In terms of MAPPA Notifications and Referrals six were received during the quarter and five were submitted within the 3 working day timescale. One CJSW case was notified outwith the timescale as a result of communication difficulties with a transfer from England. Three Level 2 minutes were circulated, with one being outwith the 5 working day timescale as a result of the Christmas break. With regards to agency attendance at Level 2 meetings held this quarter a health representative had been unable to attend all the meetings held. The number of registered sex offenders on statutory supervision as of 3¹ December 2014 was 28, a decrease from 34 in the previous quarter. During this quarter CJSW reported one offender which resulted in licence being revoked. During the quarter one offender managed at MAPPA Level 1 was reported for a serious sexual offence; one offender was reported by the police to the procurator fiscal for breach of their notification requirements, namely a failure to notify financial details to the Police; one offender was reported by the Police due to breach of SOPO, being intoxicated in a public place; and two offenders were reported for other offences, breach of the peace and telecommunications offences. Two offenders were reported for crimes of violence, namely minor assault and abduction; the offender charged with abduction was subject to supervision by CJSW but the offence did not meet the criteria for submission of a Serious Incident Report notification to the Care Inspectorate. During the quarter 13 registered sex offenders were considered at risk management case conferences. At the end of the quarter 11 Sexual Offences Prevention Orders were in force, a decline from 16 the previous quarter. A total of three sex offenders were de-registered during the quarter

(d) Environmental Risk Assessment

An environmental risk assessment was used to identify housing related risk and informed decisions on the most suitable housing for each offender which would minimise the risks to the community. The assessment brought together information on the offender, proposed property and location and nearby households to enable a decision on housing an offender to be made minimising the risks to the community. As a result of Police Scotland National Offender Management Unit reviewing the practices and procedures of the Offender Management, Police Scotland had decided that all Registered Sex Offenders would be the subject of an Environmental Risk Assessment, and thereafter would be the subject of ongoing Environmental Risk Assessments on an annual basis, irrespective of the level of risk. However MAPPA National Guidance, June 2014, stated that an environmental risk assessment should be done for all offenders managed at MAPPA levels 2 and 3, and that the lead responsible authority managing an offender at MAPPA level 1 should also consider the need for an environmental risk assessment for such offenders, taking into account the risks the offender may pose, public protection issues or the high profile nature of the case. The need for an assessment should also be considered for housing for prisoners on temporary home leave. The guidance also stated that when circumstances changed the Responsible Authorities might trigger a review of an environmental risk assessment. The Responsible Authorities should agree how often they would review the environmental risk assessment where it was not otherwise triggered. The frequency should be in line with the level of risk the sex offender might pose, and as a minimum the risk assessment should be reviewed on an annual basis. Following discussion at the Offender Management Committee it was agreed that the position in Scottish Borders should be as stated within the MAPPA National Guidance. Such a position ensured a proportionate response to risk and permits for resources to be targeted at those people who posed the highest level of risk to communities. Police Scotland had intimated that they would instigate Environmental Risk Assessments in all cases as per the instruction from Police Scotland National Offender Management Unit; requests for information would be sent to other agencies, and the decision to respond would be taken on a case by case basis underpinned by the criteria within the National Guidance.

(e) SOLS Funding (Sexual Offender Liaison Service)

	<p>Additional funding (8k) had not been identified in time to continue to access this service from April 2015. Whilst this specialist service was not available across Scotland the impact of this would need to be kept under review locally as it provided specialist advice regarding management of sexual offenders.</p> <p>The Group expressed disappointment that funding from NHS Borders had not been found and it was agreed that TL would formally write to NHS Borders advising.</p> <p>DECISION AGREED that TL would write to NHS Borders expressing disappointment that funding had not been found.</p>
6.	<p>Critical Cases</p> <p>The Group was advised of a frail elderly gentlemen residing in Eyemouth who had been found after having lain on the floor for one week. He had died during the process of ingathering information. A fire in the Berwickshire Area had resulted in the loss of life of a gentleman, it was noted that he had turned down the offer of a care alarm from social work which could have helped save his life. DR advised this was not deemed to be a SCR case but to be a managed case. DM advised that new guidance soon to be issued would cover near misses.</p> <p>DECISION NOTED.</p>
7.	<p>Data Sharing Update</p> <p>TL advised that the CCP had considered an updated pan Lothian version. One pilot family was involved, but housing colleagues were unhappy in the role they played in relation to information sharing. Good progress was being made. KM was asked to obtain a copy of the document from Rob Dickson, and this is attached to the minute as an appendix for information.</p> <p>DECISION NOTED.</p>
8.	<p>Update Terms of Reference</p> <p>There had been circulated copies of the updated Terms of Reference for the Group. TL advised that Jeanette McDiarmid, Elaine Torrance and Calum Campbell had examined and updated the document. The Group could not approve the Terms of Reference because the meeting was inquorate.</p> <p>DECISION AGREED that</p> <p>(a) because the meeting was inquorate, approval of the updated Terms of Reference be continued to the next meeting, and</p> <p>(b) TL would write to the Chief Executive of NHS Borders advising of the importance for an appropriate representative from NHS Borders to attend future meetings of CSOG.</p>
9.	<p>Performance Information</p> <p>Discussions took place about key performance data from Adult and Child Protection Committees for scrutinising by CSOG. It was agreed that as a starting point quarterly statistics would be provided to the next meeting as a basis on which to made a decision. GI gave information on West Lothian's high level summary report and suggested contacting secretariats from other groups to establish their processes.</p>

	<p>DECISION AGREED that</p> <p>(a) JW and DM would provide statistical information at the next meeting on Adult and Child Protection; and</p> <p>(b) GI would liaise with secretariats from other groups to establish their processes.</p>
10.	<p>Future Meeting dates</p> <p>The next meetings of CSOG were scheduled to take place on the following dates:-</p> <p>Monday 25 May 2015 2pm Corporate Management Boardroom, HQ Monday 24 August 2015 2pm Corporate Management Boardroom, HQ Monday 23 November 2015 2pm Corporate Management Boardroom, HQ</p> <p><i>The meeting concluded at 3.10 p.m.</i></p>

SCOTTISH BORDERS
COMMUNITY PLANNING STRATEGIC BOARD

MINUTE of MEETING of the COMMUNITY
 PLANNING STRATEGIC BOARD held in
 Committee Room 2, Council Headquarters,
 Newtown St Boswells on 5 March 2015 at
 2.00pm.

- Present:- Councillors D. Parker (Chairman), S. Bell, C. Bhatia, J. Brown; Mr A. Girrity (Scottish Fire and Rescue Service); Mrs M. Hume (3rd Sector Interface); Mr R. Licence (SBHA); Superintendent A. MacInnes (Police Scotland); Ms M. Peers (Berwickshire Housing Association); Mr D. Rennie (Scottish Enterprise); Dr D. Steele (NHS Board); Ms R. Stenhouse (Waverley Housing).
- Apologies:- Councillor M. Cook; Mr T. Burrows (Eildon Housing); Mr J. Dickie (Scottish Fire and Rescue Service); Cllr G. Edgar (SESTRANS); Chief Superintendent G. Imery (Police Scotland); Mr T. Jakimciw (Borders College); Mr A. McKinnon (Scottish Enterprise); Mr J. Raine (NHS Borders).
- In Attendance:- Dr E. Bajjal (Joint Director of Public Health), Mr R. Dickson (SBC Corporate Transformation and Services Director), Mr N. Istephan (Eildon Housing Chief Executive), Ms T. Logan (SBC Chief Executive), Mrs J. McDiarmid (SBC Depute Chief Executive [People]), Mr D. Scott (SBC Senior Policy Adviser), Ms S. Smith (SBC Communities and Partnership Manager), Clerk to Council.
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ORDER OF BUSINESS

1. The Chairman varied the order of business as shown on the agenda and the Minute reflects the order in which the items were considered at the meeting.

MINUTE

2. There had been circulated copies of the Minute of the Meeting held on 27 November 2014.

DECISION

APPROVED the Minute for signature by the Chairman.

ECONOMY AND LOW CARBON THEME GROUP

3. With reference to paragraph 6 of the Minute of 27 November 2014, there had been circulated copies of a briefing paper by the SBC Director Corporate Transformation and Services. The paper gave updates on mobile phone coverage, the Economic Strategy Action Plan refresh 2015, Borders Railway Blueprint, Construction Industry Forum, Events and conferences facilities, Business Week 2, and the Learning and Skills Partnership. SBC Director Corporate Transformation and Services, Mr R. Dickson, advised of a possible solution being investigated regarding mobile coverage in the Ettrick Valley through DCMS, although this was very early days and there were issues regarding capital and operational costs. If this provided viable there was the possibility this could be applied at other 'not-spots' in the Borders. Mr Dickson further confirmed broadband rollout across the Borders over the next 3 to 4 years, with St Boswells being the latest town to go live.

DECISION

NOTED.

REDUCING INEQUALITIES THEME GROUP

4. With reference to paragraph 8 of the Minute of 27 November 2014, Ms Erin Murray, SBC Research and Policy Officer gave a presentation with a sample of information from a profile which had been prepared to inform the Reducing Inequalities Strategy, to define areas where

new work would be required, and to see what needed to change i.e. current strategies. It was intended that the profile would also recognise the 9 'Protected Characteristics' as defined in the Equality Act 2010, as well as being a starting point to help understand the issues associated with multiple deprivation and where these were most concentrated. The information was to be used in conjunction with established inequalities work and specialist knowledge, although it was recognised that the information was incomplete and there would be omissions and knowledge gaps. The domains for the Scottish Index of Multiple Deprivation 2012 were employment, income, crime, housing, health, education, and access. The information was divided into data-zones and there were 130 data-zones in the Scottish Borders, which were divided into deciles (1 – 10) from the most deprived to the least deprived areas.

5. A number of examples were shown of the information, including the % of pregnant women smoking at booking, S4 % with English and Maths at Level 3, S6 % with 5 Awards at Level 6, attainment at S4 – S6 by gender, % of Working Age who were employment deprived, % household incomes less than £400/week, occupation types by gender, % employed in occupation groups 'Process, plant and machine operatives' and 'Elementary occupations', and proportions of households in fuel poverty. Information was also provided on energy efficiency of buildings and anti-social behaviour incidents per 1,000. Poverty was a key to multiple deprivation, with Scottish Borders having a relatively small share of Scotland's Multiple Deprivation. However, there were inequalities in the Scottish Borders, not just in Langlee and Burnfoot, but scattered in other parts of towns or settlements. All of the main Border towns had areas of relative deprivation which fell just outside the 'worst 15% in Scotland'. It was also noted that the Scottish Index of Multiple Deprivation was a relative measure; if other areas in Scotland improved more quickly than in the Scottish Borders then the proportion of areas in the 15% most deprived could stay the same or increase. It was also noted that there was a great deal of interdependence among the different themes. These profiles could be used to adjust and realign existing strategies and an action plan developed to address specific issues, identifying any new partnership actions, and recognising where a universal and/or targeted approach was required. In terms of the way forward, this would involve the further development of the vision and strategic aims, by considering the challenges and opportunities presented by the analysis, creating additional actions where required, and creating a performance management framework to measure success. The aim was to bring a report for consideration to the Joint Delivery Team on 1 April 2015 and then to the Strategic Board at its next meeting on 11 June 2015.
6. Members welcomed the information and expressed an interest in having the full data. The Working Group would be working on measures to ascertain whether inequalities had been reduced, including possibly an increase in healthy life expectancy and positive destinations for children. Jeanette McDiarmid, SBC Depute Chief Executive People, advised that some areas would take a lifetime to see the benefit, hence the need for a long term vision, with some areas of attainment which could be measured and others more ethereal. Further funding was available through government on 'closing the gap' but as the Partnership worked together there could be a need to take decisions on where money was best placed. Some of the least deprived areas may see a reduction in spend to balance an increase in spend in the most deprived areas. Tracey Logan, SBC Chief Executive, advised that there was an obligation on the partners to undertake joint resource planning as a Community Planning Partnership, so resources from each partner would be looked at and tied to actions. Ray Licence of SBHA spoke of the 'Wrap Up Warm' programme installing insulation in property and Rita Stenhouse of Waverley Housing referred to the Scottish housing quality standard to which all RSL property must comply. Dr Steele requested the presentation be given to a development session at NHS Borders. The Health and Social Care Integrated Joint Board could do joint work with the Community Planning Partnership going forward. Health Scotland had also offered assistance on health inequalities and Dr Steele would contact the Chair of that body in this respect. In terms of front line service providers from different organisations working together, Tracey Logan advised that locality planning would bring that further together.

**DECISION
NOTED.**

BURNFOOT COMMUNITY HUB

7. Charles Finnie, Director/Trustee and Chair of the Hub Project Sub Group, and Jan Pringle, Community Hub Project Manager, from Burnfoot Community Futures gave a presentation on the Burnfoot Community Hub. Burnfoot Community Futures company objectives were to improve the well-being, quality of life, and opportunities of the people of Burnfoot; and for the purpose of general community benefit, to enhance the social, cultural, recreational and educational facilities, environment and economy of Burnfoot. Since 2007, Burnfoot Community Futures had delivered a range of smaller scale projects such as the Multi-use games area, shop front improvements, and community events. The Burnfoot Community Hub was to be a community facility which aimed to deliver long term sustainable change, tackling inequalities through the enablement and empowerment of the community and its own resources. The project would transform a derelict, disused former public house into a sustainable Community Hub - using £2.1m raised by the community – managed by Burnfoot Community Futures, a charitable company limited by guarantee. The funding package of £2.1m (capital and revenue) had been secured in January 2014 and the building acquired in April 2014. Full public procurement has been completed in September 2014, with the main contractor commencing on site on 3 November 2014 on a 42 week contract. There would be a phased completion of the Hub – Community section completed by July 2015; and the Nursery in September 2015. A 3 year operational Business Plan for 2015 – 2018 had been produced, with a fully funded core staff infrastructure of 5 FTE, with a focus on enterprise and sustainability. The services to be delivered through the Hub were a community café incorporating soft play; a fully flexible childcare facility (0 – 16); meeting/rental office space x 5; a multi-purpose function room; and working garden space for cultivation of plants, food and new skills for the local community. The Hub project outcomes were that the Burnfoot Community felt stronger, more empowered and confident; their environment and future was sustained; the community had increased capacity and opportunity to take up training, employment and volunteering; and that the community was healthier with the inequalities gap reduced. There were strategic and corporate links through community benefits in procurement; reducing inequalities; progression of CPP's equality outcomes addressing poverty and employment; the Community Empowerment Bill; early intervention and prevention; and the development of Scotland's Young Workforce (Wood Commission). Burnfoot Community Futures aimed to work in partnership to deliver operational services, back office support, commissioning of services, delivery of community engagement services and provide opportunities for joint project development. The next step was a half day workshop between Burnfoot Community Futures and Community Planning partners to progress the relationship. The aim was to look progressively at what actions could be taken to utilise the assets of the community and co-produce future services based on local need.
8. Members of the Board congratulated Mr Finnie and Ms Pringle on the project and asked a number of specific questions. Ms Pringle advised that the business plan contained details of proposed activities and how these would be marketed to Burnfoot and the wider Hawick community. There was no other soft play area in the rest of Hawick and nursery/child care could be open to others in Hawick, although the project was aware of not displacing the latter service from other providers in the town. It was important to look at sustaining the viability of the Hub in the future, with current consideration of a dementia café and community bakery. What was important was what would deliver for the Burnfoot community and what that community wanted. The first 3 years of staff costs had been fully funded, and expectations were from Year 4 the Hub would break even. The Hub would need to generate enough revenue to cover running costs. Ms Pringle offered tours of the facility for any of the Partners who wished to see how it was progressing. The Chairman thanked Mr Finnie and Ms Pringle for their presentation and helpful responses to questions.

DECISION

AGREED that the SBC Communities and Partnership Manager would take forward the work for the half day workshop between Hawick Community Futures and the Community Planning Partnership.

IMPLICATIONS FOR SCOTTISH BORDERS COMMUNITY PLANNING PARTNERSHIP OF THE COMMUNITY EMPOWERMENT (SCOTLAND) BILL

9. With reference to paragraphs 10 and 11 of the Minute of 27 November 2014, there had been circulated copies of a report by the SBC Service Director Strategy and Policy, setting out the implications of the Community Empowerment (Scotland) Bill for the Scottish Borders Community Planning Partnership. The Bill aimed to empower communities, make the most of the talent existing in communities, deliver high quality and improving services, and support strong local democracy. The most important part of the Bill was the Community Planning section, with several implications for consideration by the Partnership. A review of the membership of the Scottish Borders Community Planning Partnership would need to be undertaken to ensure that the potential contribution from the wider range of public service bodies was fully brought into the community planning process. Consideration would also need to be given as to whether the Community Planning Partnership should become an incorporated body; whether the proposed community engagement framework could be used to carry out consultation and engagement at a local level; how community planning partners should contribute specific resources to the Partnership; and what local outcomes improvement plan reporting and monitoring processes would mean to the Partnership. The community participation requests process, whereby community organisations could make representations to public bodies with suggestions on improving services, could impact on plans to change the delivery of services, and also lead to the need for greater support for those community organisations which did not have the capacity to take part in the community participation process. With regard to community right to buy, the Bill proposed that this be extended to certain urban areas, including Galashiels and Hawick in the Scottish Borders. While this could provide more opportunities for community groups in the Borders to buy land and property, there was a risk that some community groups may not have the understanding, business skills, or capacity to fully understand what they was involved in making a success in the long term of such purchases. Further information was provided in the report on asset transfer arrangements, common good properties, allotments and non-domestic rates.
10. Mrs Hume advised that the 3rd Sector already supported community groups and was planning a conference - once the final Bill contents were known – on how to develop community participation at local level. The 3rd Sector had also already been in contact with disadvantaged groups in this respect. Further reports would be provided to the Board once the contents and implications of the Bill were finalised, likely to be in autumn 2015. There were still uncertainties on who would be included e.g. Arms-Length Organisations, Trusts, etc. In terms of cost, the Financial Memorandum for the Bill was not clear or explicit. There was likely to be more detail available in the Guidance once the Bill became an Act. Cosla was currently looking at costs and the Chairman suggested that the Community Planning Partnership could put information from this area into that.

**DECISION
AGREED to:**

- (a) **receive further reports, once the Community Empowerment legislation had been passed, on –**
- (i) **a review of the membership of the Scottish Borders Community Planning Partnership to ensure that the potential contribution from the wider range of public services and other bodies was fully brought into the community planning process;**
 - (ii) **consideration on whether the Community Planning Partnership should become an incorporated body;**
 - (iii) **whether - building on the work of the 3rd Sector - further support would be required for community groups, particularly those in more disadvantaged areas, to ensure that they could effectively engage in community planning**

(including influencing the services delivered in a locality), community participation requests, community right to buy, and asset transfers;

- (iv) how community planning partners should contribute specific resources to the Community Planning Partnership; and
 - (v) what the proposed local outcomes improvement plan reporting process and monitoring would mean to the Scottish Borders Community Planning Partnership;
- (b) use the Community Engagement Framework to carry out consultation and engagement at a local level; and
- (c) to request the Joint Delivery Team to carry out localised costing of the impact of the Community Empowerment Bill on the Scottish Borders and feed this information into the work being carried out by Cosla.

CPP COMMUNITY ENGAGEMENT FRAMEWORK

11. With reference to paragraph 8 of the Minute of 11 September 2014, there had been circulated copies of a report by the SBC Chief Executive proposing a Community Planning Partnership Community Engagement Framework for formal adoption. One of the areas identified for improvement in the 2013 Audit of Community Planning in the Scottish Borders was the need to effectively co-ordinate community consultation. The proposed Framework addressed this need with an overarching statement document, presenting the Community Planning Partnership's Key Principles of Community Engagement (Appendix 1 to the report), which was supported by a library of reference material. A toolkit for community engagement was developed (Appendix 2 to the report), along with a 'Jargon Buster' (Appendix 3 to the report) and a guide to Contacting Community Groups (Appendix 4 to the report). It was anticipated that a further set of guides would detail different methods of community engagement e.g. focus groups and public meetings. Development of these guides would be an ongoing process to ensure information was kept up to date and reflected good practice. There were 3 main tasks associated with the implementation of the Community Engagement Framework – developing a shared mechanism for sharing community engagement activity; establishing a community engagement practitioners group; and designing and developing community engagement training to be delivered with the Partnership. Members of the Board welcomed the revised documents. In response to how the Police and Fire and Rescue Services would use the Framework, Superintendent MacInnes confirmed that the Police could use the methodology in these documents as well as others being developed nationally by Police Scotland and translate national initiatives into the local context. Mr Girrity gave a similar undertaking on behalf of the Scottish Fire and Rescue Service.

DECISION

AGREED to approve the Community Engagement Framework and associated documents for formal adoption by the Community Planning Partnership and to thank the SBC Strategic Community Engagement Officer and the wider team for their work on producing the documents.

FUTURE SERVICES REFORM THEME GROUP

12. With reference to paragraph 7 of the Minute of 27 November 2014, there had been circulated copies of a briefing paper by the Chief Executive of Eildon Housing. There had been 2 recent meetings of the Future Services Reform Theme Group, one setting out the broad agenda of the group and the other to scope out the activities and agree initial priorities for progressing key actions. The Group would look at a number of areas – Estates and Asset Management; Procurement and Community Benefit; Digital Services; Health & Social Care Integration; and Shared Services. The Group had agreed to establish a short life working group to look further at Estates and Asset Management across the Partnership, to better understand and share the pattern of asset ownership and future intentions, which would allow the identification of opportunities for effective disposal, sharing, maintenance and efficient use. A settlement by settlement approach was planned, starting with Hawick. One of the

proposed outcomes for the work-stream was to develop and test an approach for sharing future plans related to the estates and asset management plans of partner organisations, initially in the Hawick area, to better co-ordinate use of collective assets. It was anticipated that this pilot process would report at the end of 2015 and would inform bi-lateral discussions on assets. A further working group was being established to take forward Procurement and Community Benefit. This group would ascertain what would be required to align procurement activity to ensure maximum community benefits were achieved, by ensuring the collective Partners' efforts were balanced, delivered/deliverable, sustainable, and met local needs. It was not intended that the group would seek to influence individual Community Planning Partners' procurement processes in any other way. The proposed outcomes for this work-stream were, by summer 2015, to establish a common understanding of significant procurement exercises across the partner organisations over the next 3 to 5 years; also by summer 2015, to share knowledge, experience and best practice with respect to securing community benefits and ensuring that they were delivered; by autumn 2015, to seek to co-ordinate an agreed optimal mix of community benefits from partner investments; and by winter 2015, to assess the need for a standing Community Planning Partnership group to enable Partners to keep abreast of developments and opportunities with respect to procurement collaboration.

13. In terms of Digital Services, the main focus of this activity in the Community Planning Partnership was currently the development of the 'Looking Local App' pilot, and the group intended to follow up on opportunities that emerged out of this pilot. The proposed outcome would be, by Autumn 2015, to identify learning from the 'Looking Local App' pilot process to help inform future collective digital service delivery initiatives. With regard to Health and Social Care Integration, it was proposed that the group acted as a reporting channel for the integration structure to feed into the Community Planning Partnership. The proposed outcomes would be, by summer 2015, to establish an appropriate reporting mechanism linking the Integration Board with the Community Planning Partnership; and to ensure that wider opportunities arising from the development and implementation of the Integration agenda were identified on an on-going basis. For Shared Services, the group had taken a cautious approach and was currently gathering information on Shared Services initiatives elsewhere in Scotland in order to assess successes and failures and inform future activities in this strand. More specifically, the group was investigating the opportunity to develop co-produced material/literature which promoted the benefits of living and working in the Borders that Partners could use when recruiting staff. The proposed outcome for this work was, based on identified best practice, to establish the opportunities and appetite to progress shared services activity in the Scottish Borders where relevant partner agencies had signalled serious consideration of an opportunity.
14. Members asked a number of questions. In terms of Health and Social Care Integration, Tracey Logan advised that this would be covered in the governance paper on the Integration Joint Board, including at strategic level with the Community Planning Strategic Board. A half day housing related Health and Social Care Integration Event was planned for 22 April, although that date had still to be confirmed. The RSLs would be invited to attend. Councillor Bhatia advised of two more rounds of community engagement and that from April 2015, it would be an Interim Integration Board. Nile Istephan confirmed that Hawick had been the natural choice for Estates and Asset Management programme due to the level and nature of the assets and the amount of information already available. Once the methodology had been established, this could be applied in other areas which could be progressed quickly.

DECISION

NOTED the update, including the outcomes for each strand of work of the Future Services Reform Group.

COMMUNITY PLANNING JOINT DELIVERY TEAM

15. There had been circulated copies of the Minute of Meeting of the Community Planning Joint Delivery Team held on 11 February 2015.

16. With reference to paragraph 9 of the Minute of the Community Planning Joint Delivery Team of 11 February 2015, Councillor Bell asked about when an update would be brought to the Strategic Board. Tracey Logan responded that an action plan would be brought to the next meeting of the Joint Delivery Team, and thereafter on to the Strategic Board.

**DECISION
NOTED.**

URGENT BUSINESS

17. The SBC Communities and Partnership Manager advised the Board that there would be an event in Jedburgh on 24 March 2015, following the Council's Executive Committee meeting where the paper on localities was being considered, to which partners from the Community Planning Partnership would shortly receive an invitation.

**DECISION
NOTED.**

The meeting concluded at 3.55 p.m.