

## 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: 25.05.16
- Staff Governance Committee: 14.03.16
- Public Governance Committee: 04.05.16
- Area Clinical Forum: 04.04.16
- Health & Social Care Integration Joint Board: 18.04.16
- South East & Tayside Group (SEAT): 12.06.15, 27.11.15, 26.02.16, 22.04.16
- Community Planning Partnership Strategic Board: 11.06.15, 26.11.15, 03.03.16
- Critical Services Oversight Group: 25.05.15, 23.11.15, 22.02.16

#### Recommendation

The Board is asked to note the various committee minutes.

<b>Policy/Strategy Implications</b>	As detailed within the individual minutes.
<b>Consultation</b>	Not applicable
<b>Consultation with Professional Committees</b>	Not applicable
<b>Risk Assessment</b>	As detailed within the individual minutes.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	As detailed within the individual minutes.
<b>Resource/Staffing Implications</b>	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 25<sup>th</sup> May 2016 at 2pm in the Board Room, Newstead

<u>Present:</u>	Stephen Mather (Chair) David Davidson	Doreen Steele Karen McNicoll (arrived 2.30pm)
<u>In Attendance:</u>	Evelyn Rodger Dr David Love Sheila MacDougall David Thomson Charlie Sinclair Tim Patterson Sheila MacDougall (departed 3.30pm)	Laura Jones Andrew Murray Ed James Jane Davidson (arrived 3.15pm) Phillip Lunts Dr Hamish McRitchie

## **1. Apologies and Announcements**

The Chair noted that apologies have been received from Cliff Sharp, Nicky Berry, Simon Burt, Annabel Howell and Sam Whiting.

The Chair welcomed Andrew Murray, new medical director and Kirsten Austin, new administrator to their first meeting.

It was also noted that Karen McNicoll and Jane Davidson would be arriving late to today's Meeting.

## **2. Declarations of Interest**

None.

## **3. Minutes of the Previous Meeting**

The minutes of the previous meeting held on the 16<sup>th</sup> of March were approved.

David Davidson had a query on page 2 over the action that was assigned to Social Work. However it was noted that IT is now covered in the induction programme.

#### **4. Matters Arising**

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

#### **5. PATIENT SAFETY**

##### **5.1 Infection Control Report**

Ed James talked to the report and pointed out the table regarding hand hygiene. The Margaret Kerr Unit has been 95% compliant in May. It was noted that due to late submission PAU, East and West Brig were not included.

The Chair referred to the funnel plot in figure 1 which showed NHSB having a rate of Staphylococcus aureus bacteraemia (SAB) higher than the national mean asking if this highlighted deterioration and if so this was being monitored.

Ed advised that the absolute number over of SAB over the past two years past two years are 42 (2014/15) and 28 (2015/16) as shown in figure 4,

The chair pointed out that contaminants contributed 20% to the SAB rate in 2015/16 and a discussion followed about blood culture technique and preventing contamination. Some of the contaminated cultures had related to patients with eczema where preventing contamination is more difficult. It was confirmed that there is an NHSB protocol for taking blood cultures. This is part of the training afternoon with the August intake of FY1s. We are using data from TRAK to identify if particular individuals have a higher contamination rate. Ed assured the chair that this was being kept on the radar. Regarding trying to avoid contamination in patients with eczema Ed explained that the culture should be taken from an area of uninvolved skin taking in mind the comfort of the patient. In response to a question from David it was confirmed that the skin preparation in use for blood cultures is 2% chlorhexidine in 70% alcohol.

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

##### **5.2 Quarterly Hospital Standardised Mortality Report (HSMR)**

David Love introduced the paper and asked for any questions that attendees may have.

The Chair noted that a paper published indicated that mortality rates are highest for those who present at the weekend but this is not reflected in our analysis of Borders data.

The Chair noted that the analysis is over a 30 day period and asked if you can relate an admission and death 28 days later? The Chair went on to say that it would be interesting to look at the death rate 7 days following an admission to see if there is any pattern. David Love said that the way that it had been done this time was to have a comparison to the data within the national papers. Laura Jones indicated this could be done and supplied for a future meeting.

David thanked David Love on his report said that it was well written paper and that it had given clarity on the current situation.

Evelyn noted that throughout NHS Scotland there has been recent coverage of the reduction in HSMR of 16% since the beginning of the Scottish Patient Safety Programme. However from looking at the charts, Evelyn highlighted that it doesn't look like NHS Borders would have had the same reduction.

Laura indicated that some Boards started with a higher HSMR of above one and much of the reduction will have been attributed to these areas. NHS Borders has maintained a steady rate of HSMR with the graph demonstrating normal variation. NHS Borders introduced a model for recognition of deterioration some years prior to the initiation of the Scottish Patient Safety Programme and there was a discussion as to whether a reduction had been seen locally prior to the programme. Laura went on to say that whilst we have a steady and low HSMR it is unclear from the evidence base how low HSMR could be therefore we should not be complacent and this measure will continue to be reviewed regularly with study of deaths to ensure any areas for improvement are identified.

Andrew Murray highlighted that NHS Borders rate was now converging with NHS Scotland as a whole. Andrew highlighted that whilst the rate did not flag up any concerns he wondered where further effort may be focused to achieve a reduction based on learning from complaints, SPSO cases and adverse events. Laura commented that the recent review of the safety programme based on learning has identified priority areas for NHS Borders for this year of the deteriorating patient and structured response, medicines management, handovers between teams, falls, pressure damage and frailty.

**Action:** Updated report on HSMR to be prepared for the September meeting.

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

### 5.3 Very High Risk Management Report

Sheila MacDougall presented the paper and explained that the number of very high risks which have been identified has increased indicated that risks are now being recognised and the system is working.

David said that the number of Information Management and Technology (IM&T) was evident in the paper. David requested that a focused discussion take place on these risks at a future meeting with input from IM&T colleagues.

The Chair queried if this is was a matter for the Audit Committee as 2 of the 3 new risks are business continuity issues. David indicated that he has meeting set up with the new IM&T Delivery Manager to see where he views the organisation as he has come from outside, but he is happy to share outcomes of my meeting with the Clinical Governance Committee.

Hamish McRitchie highlighted that there are clinical risks associated to the issues with Windows XP.

**Action:** The Chair asked that this item be added to a future agenda for further discussion. Jackie Stephen and June Smyth are to be asked to the September meeting.

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

5.4 Claims Update

Sheila MacDougall presented the claims paper.

David noted that on Page 3 there is a list of claims but that there are none listed against primary care contractors.

Evelyn and Sheila clarified that NHS Borders would not be liable for claims against primary care contractors unless it was against an NHS Borders property they work out of, or if a GP for example, was employed by NHS Borders to work out of a community hospital. Additionally if a claim is made against a GP or a Pharmacist, the claim sits directly with them.

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

5.5 Annual Patient Safety Programme Report

Laura Jones advised that every year we review the scope of the safety programme. The paper outlines the position of the Adult Acute programme and priorities for the coming year, Priority areas include the deteriorating patients, handovers between teams focusing on the quality and content, medicines management, falls and pressure damage. NHS Borders is also a national test site for Venus Thromboembolism and will continue work to improve the pathway for frailty.

David asked if the leadership walkrounds remain a priority. Laura advised that the new format had achieved greater commitment and had enabled executive leads to build up a relationship with areas. Laura highlighted that a recent session on this has given further direction for the next year and safety team will now be revising the walkround and inspection documentation to take account of feedback from staff.

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

6. PERSON CENTRED

6.1 Presentation on New Complaints Procedure

Laura Jones gave a presentation to the meeting regarding the new complaints procedure and patient feedback and welcomed any questions.

David noted the progress that had been made and commended the complaints team for working on the quality of response acknowledging that this had impacted on the 20 working day target but suggested that the quality of response is critical.

Laura confirmed that it has to be a balance of both and the team have been ringing complainants to find out if this process is any better for them.

Jane Davidson highlighted that in addition to the improvements made in direct complaints handling work is also underway in clinical areas to have daily conversations with patients and families to deal with issues as they arise.

It was noted that it can still prove challenging to encourage staff to provide a person centred response rather than one which is a factual account of what happened. The CG&Q team continue to work with staff directly to try and change the culture of feedback by encouraging staff reflection from the perspective of the patient or their family member. Hamish noted that the staff reflection sheet contained in the new paperwork is a positive step.

Jane highlighted that induction and receiving manager training now has an emphasis on values and includes a section on how feedback is valued in the organisation.

Doreen highlighted that a critical part of the process is to keep in touch with complainants throughout the process to keep them informed of progress.

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

## 6.2 Patient Feedback

Laura Jones offered to take any questions in relation to the Patient Feedback report.

Andrew enquired about NHS Borders current contract with Patient Opinion an online feedback forum. Laura advised that currently we have registration plus which is a step below the full subscription level which is now being made available to all NHS Boards. Laura indicated that a meeting is planned with leads for Patient Opinion next week to explore options.

Doreen enquired if it would be possible to get a themed report of compliments at least once each year to give a view of each area. Laura confirmed this would be possible and could be scheduled in. Laura and David agreed to review the work plan to accommodate this.

David suggested this be added to clinical board reports to review what learning had come from feedback and what actions had been taken.

Laura confirmed that each general manager has a tracker for their areas in relation to complaints. Jane suggested that clinical board reports begin to include this.

**Action:** The Chair and Laura will discuss this request and schedule into the work plan.

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

## 6.3 Scottish Patient Service Ombudsman (SPSO) Reports

Philip Lunts presented the papers and summarised the SPSO reports.

Phillip provided an update on each case detailing the actions completed and those still underway. Phillip indicated that measures for some recommendations are now being tracked to ensure they are reliably achieved.

Doreen asked for assurance that actions are being addressed fully specifically in relation to pain management.

Philip assured the committee that all actions are being tracked to conclusion. There has been work initiated to provide additional training in pain management and pain assessment has been added to the new National Early Warning Scoring system recently introduced across the Borders General Hospital (BGH).

Andrew advised that to build on this he is exploring early warning scoring on trak as recently introduced in NHS Fife with good results.

Laura confirmed that in respond to recent patient feedback through the SPSO case patient feedback volunteers are now enquiring about pain management in the hospital to see if patients have a good experience.

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

## **7. CLINICAL EFFECTIVENESS**

### **7.1 Clinical Board Update – BGH and Primary and Community Services (PCS)**

Charlie Sinclair confirmed that this report is now using the format adopted through testing of the safety measurement and monitoring framework for the Health Foundation. Charlie welcomed questions on the report.

The Chair suggested that it would be useful to provide a short summary at the beginning of the report to highlight positive development and achievements in the reporting period as well as issues.

Doreen enquired about progress being made through the daily Older People in Acute Hospitals audit. Charlie noted that this approach has achieved improvement but now needs to be embedded in clinical areas internal audit programme to build ownership.

Jane confirmed that the OPAH audit needs now to shift and be embedded in clinical areas and asked Charlie to consider plans for this and to update in a future report to the committee.

Andrew noted that it was good to see that the minutes of the BGH Clinical Governance featured within the report. There was a discussion about medical involvement in the clinical board governance groups and Hamish advised that Heads of Service are member of the clinical governance groups feeding through from their divisional meetings.

**Action:** Charlie to provide an update on where we are going from the Daily OPAH Audit.

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

## 7.2 Clinical Board Update (Mental Health)

David Thomson talked to the mental health report. David highlighted that prescription audits have been introduced to examine risks in medication management but noted that NHS Borders has been actively involved in the Scottish Patient Safety Programme for mental health and has been highlighted as an exemplar site for their work in relation to medicines reconciliation.

David also highlighted that a positive reduction has been noted in readmissions and that progress is being made in the Child and Adolescent Mental Health service in relation to reducing waiting times.

David Davidson asked if clinical board reports could give specific consideration as to whether care is safe today. He also enquired about DNA rates in the community teams and commented that patients will need help and encouragement to attend and asked David Thomson what they were doing to address this.

David Thomson advised that there were offering appointments in different locations, as some patients were uncomfortable going to a venue that is associated with Mental Health. If appropriate visits can be offered to the patients home.

Laura enquired about response times to adverse events. David Thomson highlighted that this was being actively addressed in mental health to ensure a timely response and that he was hoping to see an improved position in relation to final approval of events and feedback to staff following reporting of an adverse event.

Karen suggested it would be a good addition to reports to highlight areas of clinical effectiveness such as recognition received by services through awards for example to ensure reporting reflects a rounded view of progress in services.

**Action:** Charlie, David Thomson and Simon Burt to consider Karen's feedback in the development of future clinical board governance reports.

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

## 7.3 Clinical Board Update (Learning Disabilities)

David Thomson presented this paper on behalf of Simon Burt.

Doreen noted that the paper had not followed the new format being used by the BGH and PCS and requested that this be adopted by mental health and learning disabilities.

David highlighted that perhaps the committee should be reviewing information of training for clinical staff. It was noted that staff governance committee has a remit for this but that there may be merit in reviewing this from a clinical risk perspective. Andrew offered to consider this and advise the committee.

Action: Andrew to review reporting on staff training completion.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and supports this.

**8. ITEMS FOR NOTING**

**8.1 Minutes**

The following minutes for:

- Child Protection Committee – *no minutes*
- Adult Protection Committee
- Public Governance Committee
- BGH Clinical Governance
- Primary and Community Services Clinical Governance
- Learning Disabilities Clinical Governance
- Mental Health Clinical Governance
- Public Health Clinical Governance

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

**10. Any Other Business**

None.

**11. Date and Time of next Meeting**

The Chair confirmed that the next meeting of the Clinical Governance Committee would be held on Wednesday 13 July 2016 at 2pm in the Committee Room, BGH. **Not** the Lecture Theatre as previously agreed, please amend your diaries.

*The meeting concluded at 4.15pm*



## ***STAFF GOVERNANCE COMMITTEE***

Minutes of the meeting held on Monday 14<sup>th</sup> March 2016 at 2pm in the Committee Room, Borders General Hospital, Melrose

**Present:** John McLaren, Co-Chair  
Pat Alexander, Co-Chair  
Karen Hamilton  
Stephen Mather

**Ex Officio Capacity:** Irene Clark

**In Attendance:** June Smyth  
Helen Clinkscale  
Warwick Shaw  
Sandra Campbell  
Irene Bonnar  
Sheila MacDougall  
Elizabeth McKay (Minutes)

### **1. Welcome, Introductions and Apologies**

Apologies were received from Shirley Burrell, Yvonne Chapple, David Thomson. Bob Salmond, Nicola Barraclough, Maggie Czajka Colin Herbert

### **2. Minutes of Previous Meeting held Monday 7<sup>th</sup> December 2015**

Page 7, Item 14b – Risk & Safety Update – It was noted to be a collective action. To be reported in to the Occupational Health Quarterly report.

Pat Alexander expressed her disappointment to the amount of verbal reports at today's meeting. Karen Hamilton stated that receiving papers prior to the meeting enables her to provide a more thorough view on the items on the agenda. John McLaren advised there is an evidence trail regarding reminders being sent out to individuals on several occasions to submit papers. It was agreed to re-issue the timetable to the group.

### **Action Tracker**

Actions 26 & 28, 33 will be covered in today's agenda.

Action 20 - Staff Governance Action Plan – Action complete.

Action 37 – Clinical Governance Action Plan – John McLaren and Pat Alexander to both attend the next Clinical Governance meeting – Action – In progress

### 3. Matters Arising

#### 4. Car Park Update (Standards 1, 2, 3, 4 & 5 apply)

Warwick Shaw circulated his paper ‘Audit of Car Parking Spaces’ which provides a very similar position to his last report. A discussion took place regarding the availability of car parking spaces. Warwick Shaw reported there are car parking spaces near Cauldshiel which have not been formally labelled as there is no funding available.

The Car Sharing Scheme is still successful and the statistics are on the website. The scheme will be re-launched in the spring and in the meantime we continue to encourage staff to walk or cycle to work or use public transport. The compliance of the rules is not great. We do not have a Returns Policy as we do not have a method to enforce it. Warwick gave a brief update on Car Plate Recognition.

A discussion took place regarding the appeals process. Karen Hamilton reported we have a very good appeals process which has reduced in numbers since November 2015. The group is more thoughtful than process driven.

John McLaren asked if there has been a drop in the tickets being issued. Warwick Shaw advised we are not manning the car park all day and every day. Discussions have taken place with Minster Baywatch regarding court action as Scottish courts will require precedence. For the historic car park charges it is not realistic to take people to court. We are in the process of revising the policy with inclusion of how we manage in context of disciplinary processes where rules are being ignored. The policy will go out for consultation. Warwick advised that NHS Fife have included this in their policy. John McLaren advised we have to be very careful what we set within our policy and require being fair by following the policy for all staff. Irene Clark felt it would be unfair to have disciplinary within the policy for staff as you cannot discipline the public.

Finally Warwick notified the Committee he will complete the risk & safety assessments and will give a written report for the next meeting; Sheila MacDougal reported she is disappointed the risk assessment has not been completed as her team placed a lot of time and resources in to the risk assessing the car parks. A discussion took place regarding slips and falls within the BGH car park.

Pat Alexander stated we need to consider a review of the injuries within the car parks. Stephen Mather suggested carrying out a survey regarding the usage of car park as this will provide the spacing numbers for the general public. John McLaren advised it is not on the top five of the capital report to extend further car parking spaces and as a Board there is no additional finance for this. It is an operational issue and the comments received today are to be fed in to the next Car Parking Group meeting. The Committee asked Warwick Shaw to include risk assessments and a draft policy within the report to come back to the next meeting in June 2016. Warwick Shaw informed

he will circulate the maps of the car park to the Committee. Karen Hamilton suggested the Committee to receive the minutes from the Car Parking group.

**The Staff Governance Committee noted the content of the paper and a full report will come back to the next meeting.**

**Warwick Shaw to circulate the maps of the car parks to the Committee.**

#### **4. Training Report (Standards 1.2.3.4 & 5 apply)**

John McLaren reported that a formal update on Mandatory and Statutory Training is due to be presented to the Audit Committee on the 23<sup>rd</sup> March 2016. A copy of this report will be circulated to the Committee after the Audit Committee and a fuller report will come to the next meeting.

**The Staff Governance Committee accepted the update and to receive a fuller update in June 2016.**

#### **5. 'I Matter' (Standards 1, 2, 3, 4 & 5 apply)**

Irene Bonnar gave an update from the information received from Scottish Government which provides comparison reports for NHS Scotland and NHS Borders within the 2015 time period: -

- Our response rate is lower than NHS Scotland.
- The engagement index shows us to be slightly lower than Scotland average.
- In terms of team responses we are much aligned.
- We are scoring lower in the 'My Organisation' section.

It was highlighted that these issues were being discussed at the Staff Governance Action Plan group, and any agreed actions will be built into the plan moving forward. Irene Clark reported staff do not feel they are involved in decision making. Stephen Mather informed communication is a two way process. There will be some staff that will escalate issues. June Smyth informed staff need to speak to their managers and managers should engage with their staff but there are times managers require to make quick operational decisions. However, when considering changes they should ensure they are operating consistently with the Partnership Standards that are in place. John McLaren highlighted the Values Based work and the Area Partnership Forum presentation which has been developed and will be rolled out to the organisation. There is a wide raft of activities that will empower staff. Sheila MacDougall spoke about the Value Based Induction informing values allowing staff to be more proactive e.g. to enable to participate in risk assessments. It is not being reflected that this is happening. Sheila MacDougall also spoke about Mandatory & Statutory training. Staff are not being released to attend and some staff are coming in their own time.

Helen Clinkscale spoke about Values Based and gave three points. Inconsistent behaviours which can be addressed and discussions are taking place to take this forward. To have collective leadership. The third point is coaching staff to give them

confidence to share their views. It is about using tools and techniques. Helen Clinkscale is keen to take a team coaching approach.

Pat Alexander raised the issue of Personal Development Plans (PDP) being put in place to support staff and would like to seek assurance that senior staff, who have a large amount of responsibilities, are also supported. It will take time to change the culture. We need to work out a plan to address the issues. We are doing well but need to do better.

Irene Bonnar stated that there is a lot of work to be carried out but there is also a lot of work that can be built upon. Staff are choosing to complete 'I Matter' survey which is more valued based. June Smyth said she felt this was very positive.

**Staff Governance Committee accepted and noted the update.**

**6. Policy Development (Standards 1, 2, 3, 4 & 5 apply)**

June Smyth gave an update. The attached paper that went to the last Area Partnership Forum and has come to the Committee to provide assurance that policy development is progressing in line with the agreed process. The Work Plan and policy are here for information. Karen Hamilton asked if a new policy is tested out in a sample scenario. June Smyth advised that if it is a PIN policy the our agreed process is to "Borderise" this and adopt it – however we often produce guidance to managers to support policy implementation. In order to develop this and any Frequently Asked Questions different scenarios will be considered / tested against the policy.

Pat Alexander asked about the wording within the policies and guidance and would like the policies to be an easier read for staff to understand. June Smyth will feed today's comments in to the Policy Development Group

**The Staff Governance Committee noted the content of the paper.**

**7. Whistleblowing Policy Update (Standards 1, 2, 3, 4 & 5 apply)**

Pat Alexander and John McLaren gave an update. A group has been set up to review the policy and processes around whistleblowing and a meeting will take place on the 18<sup>th</sup> March 2016 to look at developing a policy and a flowchart to enable staff to understand the process. Irene Bonnar informed Whistleblowing is a part of the Induction programme. John McLaren reported we will receive updates from the national helpline. This will be reported to SGC as a fixed item on the agenda every six months to provide an audit trail. Irene Bonnar suggested monitoring internal activity and to also look at communications in particular for managers around grievance, bullying & harassment and what they require doing around whistleblowing. Pat Alexander advised the aim is to make the policy accessible for staff.

**The Staff Governance Committee noted the update and a written report will come to a future meeting.**

**8. Staff Governance Action Plan Review Process (Standards 1, 2, 3, 4 & 5 apply)**

John McLaren informed the draft plan is here today for an update and to receive comments. The plan will be submitted to the Scottish Government in May 2016. John McLaren advised the Staff Governance Action Plan Group are having discussions around the longer term actions. There is a lot of focus on how we support managers and to look at 360 appraisals which may assist in development of managers. John McLaren reported a lot of managers and staff did not receive this and to look at how we can provide more of this opportunity. It was suggested to look at Frontline Manager training also.

John McLaren highlighted it is currently a draft plan and there is still areas to be completed and asked the Committee to help to populate it.

**The Staff Governance Committee noted the documents and process and to send comments to John McLaren by the 29<sup>th</sup> April 2016.**

**9. Workforce Conference (Standards 1, 2, 3, 4 & 5 apply)**

John McLaren gave an update to the conference that took place last Friday. It was a successful conference with a wide range of staff and professions in attendance. It was well received and successful across the piece.

Helen Clinkscale said she found the conference to be very helpful. The Social Media session was very interactive enabling through various scenarios. John McLaren highlighted he found it an emotional day as we had the Molly's nursing poem and Barbara's story. The Workforce Conference Group will be meeting soon to evaluate this year's conference and to move forward with next year's conference.

**The Staff Governance Committee noted the update.**

**10. Integration Update (Standards 1, 2, 3, 4 & 5)**

Sandra Campbell, Programme Manager for Health & Social Care Integration introduced herself to the Committee and gave a brief update on her role. Sandra took the group through the process focussing on the various establishments. Sandra reported the Integration Joint Board (IJB) met last week which was a significant milestone as it was the first time they met as an approved body.

Sandra Campbell discussed the Strategic Plan and its distribution to the public which will be published on the website and local papers in early April 2016. The Stakeholder groups will also be provided information. Paper copies will be delivered to various limited areas. We are currently delivering on an easy read version which will go out to the public on the same day. There is a lot of process work being carried out.

The Legal and Governance Framework has been set up. We need to look at how we will deliver this and to give people confidence it is about making a difference and what to expect to happen. Looking at building good stories and what is happening

with integrated teams just now. We are trying to provide good practice. We are getting stories, to build good materials and to be explicit about what the stories mean with clarity. The Communication group would like to share information and engage with all staff.

John McLaren spoke about the work that the Workforce group has carried out and the governance issues. Assurance is required around Staff Governance as it is a key principle for the Health Board around the Strategic Plan.

June Smyth highlighted that the Workforce Project Group are currently working on a project plan for the next 18 months and suggested this is brought back to a future meeting for information.

Sandra Campbell advised that the aim is to make services more effective in delivery. John informed the Integrated Care Fund was allocated from Scottish Government specifically to support the development of joined up services. It is a separate fund. Irene Clark raised her concerns regarding the different terms and conditions of staff working within the Partnership.

**The Staff Governance Committee noted the update and asked Sandra to attend subsequent meetings with focus on the Workforce Plans.**

**11. Shared Services Progress Report (Standards 1, 2, 3, 4 & 5 apply)**

June Smyth gave an update advising a paper had been presented to the Strategy Group meeting for discussion. The paper will be circulated to the Committee outwith the meeting for their information. In addition a presentation to a future Board Development Session is planned. Public Health will also be included in the Shared Services programme. John McLaren highlighted the groups that are going forward and to ensure we will be representing the groups.

**The Staff Governance Committee noted the progress to date.**

**12. EESS Review (Standards 1, 2, 3, 4 & 5)**

This item is deferred to next meeting.

**13. Future Items**

Nothing identified under this item.

**14. Items for Noting**

a) Occupational Health Report

Irene Bonnar gave an update to the Quarterly report. A large piece of work is being carried out on non attendance. Irene Bonnar reported on the work that she is currently carrying out with George Ironside. Non attendance will be placed on the next Occupational Health & Safety Forum agenda in May 2016. Stephen Mather informed this item was discussed at the Clinical Governance Committee. Stephen highlighted

the cost to the organisation. Irene Bonnar advised of the processes put in place to ensure staff attend their appointments such as texting the day before the appointment. Irene informed they are currently looking at the net call reminders.

Pat Alexander enquired are staff not attending appointments due to the pressure of work and how can we resolve this issue. Pat also asked about self referrals. Counselling is a key activity and shows to be the third highest percentage of staff not attending.

Karen Hamilton asked about follow up. Irene advised an appointment is re- issued. When staff do not attend the appointment the manager and member of staff are informed. The departments are currently being proactive to get people to attend. June Smyth suggested having an internal campaign focussing on DNA. Helen Clinkscale informed the Mandatory & Statutory Training policy includes the process around DNA. Helen also suggested including DNA in to the monthly performance score card.

**John informed the next step for this Committee is to get feedback from the Occupational Health & Safety meeting in May 2016.**

**The Staff Governance Committee noted the content of the paper.**

b) Risk & Safety Update

Sheila MacDougall advised we have had an internal Audit and it will be going to the Audit Committee.

**The Staff Governance Committee accepted the update and seeking further update following Audit Committee.**

c) Appropriate Access to Other Committee Minutes

Public Governance Committee

Clinical Governance Committee

Area Partnership Forum

Occupational Health & Safety Forum

Audit Committee

**The Staff Governance Committee noted all of the minutes to above meetings.**

**15. Any Other Competent Business**

**16. Date of Next Meeting**

Monday 20<sup>th</sup> June 2016 at 10am in the Committee Room, BGH.

# PUBLIC GOVERNANCE COMMITTEE




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**Minutes of Public Governance Committee (PGC) Meeting  
held on Wednesday, 4<sup>th</sup> May 2016 from 2.00 – 4.00 p.m.  
in the Boardroom, Newstead**

<b>Present:</b>	Doreen Steele (Chair) Shelagh Martin Margaret Lawson Bob Devenny Andrew Murray Nicky Hall Andrew Leitch	Gordon Brown Pat Alexander Frank Connolly John McLaren Catriona Bhatia Mandy Brotherstone
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<b>In Attendance:</b>	Susan Hogg David Thomson Jenny Miller Heather Fullbrook	Laura Jones Alasdair Pattinson Debbie Rutherford
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**1. Welcome & Introductions**

Doreen welcomed everyone to the meeting.

**2. Apologies & Announcements**

Apologies were received from: Karen Hamilton, Fiona McQueen & Clare Malster

**3. Minutes of Previous Meeting & Action Tracker from 10<sup>th</sup> February 2016**

Amendments made to item 6.2 and 6.3 thereafter previous minute approved.

**4. Matters Arising from Minutes & Action Tracker:**

- 4.1 Action 27 – Availability of Adult Changing Mats – To be addressed at the next Endowment Committee meeting on the 9<sup>th</sup> May 2016.

**5. Topic Agenda Items:**

5.1 Spiritual Care Service Development

David gave a very informative presentation to the group on the development of the Spiritual Care Service. David talked to the group about the complexity of delivering spiritual care and the challenges that we face in a changing healthcare environment. The delivery of our service at the BGH is very much part of NHS Borders and the present facilities are available to staff as well as patients, visitors and carers.

They indicated that they are currently working on correcting the signage to direct patients and visitors to the Chaplaincy Centre. The bereavement policy has been updated and the infant cremation working group are working together to offer infant cremation within the organisation commented David.

Bob added that we are reviewing the membership of the spiritual care committee and working with David Davidson to agree a formal link with communities. We are keen that spiritual care is seen very much as part of the clinical care that we are delivering to patients.

Pat asked how the spiritual care needs of people in the community are being looked after and could this form part of the agenda with the community locality forums linking in with local faith groups? Doreen commented that there have been issues in the past around data protection and we have to be mindful of this. One way of addressing this could be by going through the GP referral route and the person centred care documentation 'Getting to Know Me'. David agreed that using both of these avenues in the community would flag up the spiritual care needs of the patient. David highlighted that new guidance is being developed but has been delayed. Doreen agreed to take this back to the NES Board

**Action: DS**

Margaret asked about prior local practice and bringing this under the health umbrella. David replied that there is an 'Aye been' culture within local Borders communities and linking directly with individuals. Pat commented that the five individual localities will help with planning the different needs throughout the Borders. Frank suggested using the support of local community councils as they can contribute massively with engagement. David indicated that spiritual care welcomes the support from staff, especially community staff i.e. health visitors and district nurses, we need to make sure they are aware of these services. Bob remarked that there are many experts within our smaller communities and we can support them with information such as the dementia cafes as well as spiritual care.

Doreen thanked David for his very informative and helpful presentation.

## 5.2 Primary & Community Services Public Involvement Plan

Alasdair gave a presentation to the group on public involvement within these areas. Shelagh remarked that the main focus of the work plan for the local officers of the Scottish Health Council for this coming year is to work within our communities. We shall be going out to GP surgeries to give our support with patient and public involvement.

Gordon remarked that the voice of the community can be very powerful so how do you plan to shape engagement going forward. Alasdair explained that whether it is based around a GP practice or the community the people involved would be part of the discussions in shaping the support services of that locality.

With regard to the GMS new GP contract Andrew commented on the practice quality indicator and how we demonstrate. Alastair remarked that he would be happy to discuss this with the local medical community.

John said we need to be mindful as we are moving forward with the locality groups and the recommendations that we are fair and equal in all areas of the community.

With reference to the Health in Your Hands work that has been going on we have changed our approach and engaged differently with our communities. We have gone

out to the public speaking to them in various locations including supermarkets; sheltered housing and coffee shops commented Laura.

**5.3 Borders Voluntary Care Voice (BVCV)**

Jenny gave a presentation to the group on 'What We Do, Where We Are'. The vision statement of BVCV said Jenny is to support the development of local partnerships to promote good practice in the planning and provision of health and social care services. Communication is one of our biggest challenges.

**5.4 Borders Carers Centre – Carers Bill**

Debbie Rutherford from the Borders Carers Centre gave a verbal update to the group on the Carers (Scotland) Bill which was passed in February 2016 and is now live.

Debboe explained that training is being done on the wards so this has increased our referrals by 60%. We are noticing, however, quite a lot of duplication, with patients who are already registered with our service. Pat commented that she was pleased to learn that we have identified that there was a missed opportunity when patients were discharged and we now involve their carers. Our aim said Lynne is to prevent patients being readmitted into hospital and make sure that carers understand what is involved.

Laura thanked Debbie for giving us an overview making sure we are moving forward in accordance with the new act.

**6. AOCB:**

Andrew brought to the table a poster headed up 'Four Questions to Ask Your Doctor'. The aim is to empower patients to ask questions about their care or treatment. After much discussion around GP time to ask the questions and gather patients' response it was suggested that the first question (one of four) now becomes the last question.

John remarked that this would be a good piece of work within our Emergency Dept. it may get the patients thinking more about their use of the ED dept. Pat also suggested that it would be good, in some situations, to involve carers as well.

Gordon asked the group if they would take the time to read the volunteering manifesto. Link to be sent to Susan for wider circulation to the group and any comments back to Gordon.

**Action: GB/SW**

**7. Future Meeting Dates 2016**

27<sup>th</sup> July

2<sup>nd</sup> November

All from 2.00 – 4.00 p.m. in the Boardroom, Newstead

**Minutes of a meeting of the Area Clinical Forum held on Monday 4 April 2016 at 5pm in the Committee Room, BGH**

Present: Karen McNicoll (Chair), David Thomson, Andrew Murray, Alison Wilson (left at 5.45pm), Meriel Smith, Carol Gillie, Dr Hamish McRitchie, Nicky Hall, Chris Richard, Lee-Ann Thomson (minutes)

Apologies: Elaine Torrance, Austin Ramage, Susan Manion, Alice Miller

**It was noted the meeting was not quorate.**

Agenda Item	Title	Speaker	Summary	Action
2	Minutes of Previous Meetings	KMcN	The minutes of the last ACF meeting on 22.02.16 were agreed and approved.	
3	Matters Arising Action tracker	KMcN	None	
4	Presentation of the LDP and Financial Plan	CG and MS	<p>Carol Gillie and Meriel Smith undertook a presentation of the LDP and Financial Plan. Meriel started the presentation with the LDP. The key points were: -</p> <ul style="list-style-type: none"> <li>• The LDP acts as a corporate contract between NHS Boards and the Scottish Government, outlining priority outcomes and deliverables</li> <li>• NHS Borders' performance against LDPs will be discussed at the Annual Review</li> <li>• Additional 3 sections have been added this year - Unscheduled Care, Scheduled Care and Mental Health</li> <li>• Provides an overview of current and planned work that supports the delivery of the 2020 vision</li> <li>• Final LDP is submitted to the Scottish Government during May</li> </ul>	

<b>Agenda Item</b>	<b>Title</b>	<b>Speaker</b>	<b>Summary</b>	<b>Action</b>
			<p>Carol then went on to the presentation of the Financial Plan that June Smyth and herself presented to the Board.</p> <p>The key points were: -</p> <ul style="list-style-type: none"> <li>• Capital budget increases from £202.5 million to £494.5 million – Carol pointed out that although this looks like a lot of capital, it isn't as it is all set aside for other projects</li> <li>• Allocation for 2016/17 was lower than anticipated. Additional resources not been confirmed yet</li> <li>• Capital is tight so it has to be used wisely</li> <li>• More bids than resource – a lot of projects not included in the plan which is worrying</li> <li>• Key message is that we can't do everything we'd like to do</li> <li>• Outpatients not on the plan</li> <li>• Not closing hydrotherapy</li> <li>• There is £2.4 million not committed over the next 4 years</li> <li>• £270,000 uncommitted always like to have an uncommitted amount for unforeseen emergency situations</li> <li>• Ended year with £1.666 million deficit which is carried forward to 2016/17</li> <li>• £100 million allocated to IJB</li> <li>• Need to get more investment in to organisation around IM&amp;T</li> </ul>	

Agenda Item	Title	Speaker	Summary	Action
			<ul style="list-style-type: none"> <li>• Boards getting 1.7% uplift and 2.8% Social care allocation</li> <li>• Shortfall of £11.4 million this year and to break even we will need to reduce costs by 6% and the outlook continues to be challenging</li> <li>• Don't want to get ourselves in to a scenario like Tayside and loose financial control</li> </ul> <p>Question to Carol from:-</p> <p>Andrew Murray – he asked if there was any info on IM&amp;T – Answer: not yet, all based on assumptions</p> <p>Hamish McRitchie asked what is Tear 1 – Answer: it's the highest priority i.e Selkirk and Eyemouth Health Centres and The Knoll at Duns</p> <p>David Thomson asked if there was any word to procurement around IM&amp;T – Answer: need to have conversation with Jackie Stephen</p> <p>Carol then moved on to the Efficiency programme 2016/17 which was risk assessed by non clinical staff. The keys points from it were: -</p> <ul style="list-style-type: none"> <li>• Low risk likely to come in on budget</li> <li>• Encourage people to buy over the counter medicines</li> <li>• Try to reduce agency staff – both nursing and medical but focus more on medical</li> </ul>	

<b>Agenda Item</b>	<b>Title</b>	<b>Speaker</b>	<b>Summary</b>	<b>Action</b>
			<ul style="list-style-type: none"> <li>• Still short of £1.425 million</li> <li>• Not alone, majority of Boards in same position</li> <li>• Low/medium risks expect to fully deliver 100%</li> <li>• Short term measures to make savings have still to be risk assessed</li> </ul> <p>Comments which came from this section were from David Thomson. He mentioned it is important to keep staff interested and allow staff to develop their careers and Chris pointed out that Agency staff do give flexibility.</p> <p>Meriel then confirmed overall plans and timescales over the next few months.</p> <p>Karen then summarised and suggested to Carol to use executive role rather than individual's initials next to figures and asked Carol to make ACF aware of anything in particular that they need to advise on Clinically.</p>	
5	<b>Transforming Outpatients</b>	HMcR	<p>Hamish McRitchie explained that transforming outpatients is the way people work in delivering outpatients and the physical move to locate outpatients to ground floor. It never happened and now have a split outpatients department.</p> <p>He mentioned the high rate of late hospital cancellations and that it is hoped to run advice only clinics but IT issues causing problems.</p>	<p>Hamish to ask Dawn Carmichael to have a chat with Nicky Hall about referrals. Get someone to come to sessions and speak to ACF.</p>

<b>Agenda Item</b>	<b>Title</b>	<b>Speaker</b>	<b>Summary</b>	<b>Action</b>
			<p>Very significant challenges ahead. Dawn Carmichael is concerned about clinical engagement of it. Hospital is nearly 30 years old and really need a new redesigned one fit for modern day purpose.</p> <p>Karen McNicholl recognised the complexity of this and offered the support of ACF and herself and David Thomson will share the burden with other committees.</p>	
<b>6</b>	<b>FOI/Data protection Workshop for Board and Primary Care Staff</b>	AM	Andrew Murray offered the possibility to offering a workshop for FOI/Data protection to GP's. Target audience to GP sub-committee.	
<b>7</b>	<b>Clinical Governance Committee: Feedback</b>	KMcN	KMc advised there was no specific feedback but all minutes and papers are available.	
<b>8</b>	<b>Public Governance Committee: Feedback</b>	NH	Nicky confirmed that there had been no other Public Governance Committee meeting since the last ACF on 22 February.	
<b>9</b>	<b>National ACF - Discussion</b>	KMcN	Karen McNicoll informed that the National ACF had been speaking about similar items as our meeting today.	
<b>10</b>	<b>NHS Board papers</b>	Board Secretary	The ACF noted the Public Board meeting on 7 April and Karen McNicoll has board papers if anyone wishes to review them.	

<b>Agenda Item</b>	<b>Title</b>	<b>Speaker</b>	<b>Summary</b>	<b>Action</b>
<b>11</b>	<b>Professional Advisory Committees:</b> <ul style="list-style-type: none"> <li><b>a) Allied Health Professionals Advisory Committee</b></li> <li><b>b) Area Dental Advisory Committee</b></li> <li><b>c) Senior Staff Medical Committee</b></li> <li><b>d) GP Sub Committee</b></li> <li><b>e) Area Ophthalmic Committee</b></li> <li><b>f) Area Pharmaceutical Committee</b></li> <li><b>g) BANMAC</b></li> <li><b>h) Healthcare Scientists</b></li> </ul>	KMcn	<p>David Thomson – reduce agency use – no access to contract agencies – premium rate paid. Curb this with ongoing recruitment day. Introduce roster master process – policy compliant. Revalidation recommenced recently. To date no breaches of people losing revalidation</p> <p>Chris – AMC are reviewing their membership and role given the two sub groups are active but AMC is not.</p> <p>Nicky Hall spoke about ophthalmic challenges and what can we take out.</p> <p>Karen McNicoll will update ACF on AHP models. She advised that the staff side and unions have agreed the period of engagement to be extended.</p>	<p>David Thomson is to circulate minutes to ACF</p> <p>Katie Morris to speak to Nicky Hall</p>
<b>12</b>	<b>Development Session – 31 May 2016</b>	KMcn	To carry forward to next agenda	
<b>13</b>	<b>Any other business</b> <b>Microsite Workplan</b>	KMcn	<p>Alison Wilson is circulating minutes separately.</p> <p>No other business. Karen thanked all for attending and in particular Hamish.</p>	
<b>14</b>	<b>DATE OF NEXT MEETING</b> <b>Monday 20 June at 5pm,</b> <b>Committee Room, Education Centre</b>	KMcn	Karen McNicoll confirmed that the next meeting is on Monday 20 June at 5pm in the Committee Room, Education Centre	
<b>15</b>	<b>FUTURE MEETING DATES</b> <b>1 August - Committee room,</b>	KMcn		

Agenda Item	Title	Speaker	Summary	Action
	<b>BGH</b> <b>24 October – Committee Room, BGH</b> <b>28 November – Committee Room, BGH</b>			



Minutes of a meeting of the **Health & Social Care Integration Joint Board** held on Monday 18 April 2016 at 2.00pm in Committee Room 2, Scottish Borders Council.

<b>Present:</b>	(v) Cllr C Bhatia (Chair)	(v) Mrs P Alexander
	(v) Cllr J Mitchell	(v) Mr J Raine
	(v) Cllr F Renton	(v) Mr D Davidson
	(v) Cllr I Gillespie	(v) Dr S Mather
	Mrs E Torrance	(v) Mrs K Hamilton
	Mrs S Manion	Mrs E Rodger
	Mr D Bell	Mr J McLaren
	Miss J Miller	Ms L Gallacher
	Mr A Leitch	Dr A McVean
<b>In Attendance:</b>	Miss I Bishop	Mrs J Davidson
	Mr P McMenamin	Mrs T Logan
	Mrs J McDiarmid	Ms S Campbell
	Dr E Baijal	Mrs J Smyth
	Mrs K McNicoll	Mrs J Stacey
	Mrs C Gillie	Mr A Pattinson

## 1. Apologies and Announcements

Apologies had been received from Cllr Jim Torrance, Dr Andrew Murray, Dr Annabel Howell and Mrs Angela Trueman.

The Chair welcomed Andrew Leitch to the meeting who was deputising for Mrs Trueman.

The Chair welcomed Lynn Gallacher to the meeting who had replaced Fiona Morrison as the Carers Representative on the Health & Social Care Integration Joint Board.

The Chair confirmed the meeting was quorate.

The Chair welcomed members of the public to the meeting.

The Chair confirmed that there would be a short private meeting at the conclusion of the public meeting.

## 2. 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.

### **3. Minutes of Previous Meeting**

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 7 March 2016 were amended at page 4 line 1 replace “muted” with “mooted” and with that amendment the minutes were approved.

The minutes of the Extra Ordinary Health & Social Care Integration Joint Board held on 30 March 2016 were approved.

### **4. Matters Arising**

**4.1 Code of Corporate Governance:** Dr Stephen Mather suggested a member of the Health & Social Care Integration Joint Board attend the NHS Borders Clinical Governance Committee. Mrs Susan Manion advised that she would bring the Terms of Reference of the Health & Social Care Group to the next meeting. The purpose of that group would be to oversee the reports submitted to the Health & Social Care Integration Joint Board from both Scottish Borders Council and NHS Borders which she anticipated would resolve the matter raised.

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

### **5. Housing Contribution Statement**

Mrs Susan Manion gave an overview of the content of the statement recognising the importance of housing in supporting the strategic plan and future planning needs of the population.

Cllr Frances Renton welcomed the statement and commented that there were a number of objectives within the plan and that housing was important to everybody.

Miss Jenny Miller noted that the objectives that flowed from the strategic plan did not correlate to those in the housing contribution statement and she suggested they be aligned to ensure consistency. She further enquired about the timescale for production of the 2016 statement. Mrs Manion advised that she would check the timescale for production.

Mrs Elaine Torrance welcomed the statement and highlighted the importance of adaptations to housing in terms of accessibility for the disabled, older people and those with learning difficulties.

The Chair suggested an opportunity for the future might be the utilisation of private sheltered housing which sat on the market for extended periods and could potentially prove more cost effective than building new houses.

Mrs Karen Hamilton enquired about the preventative element given that it was only the excessively critical needs that were currently covered. Mrs Torrance confirmed that there was limited funding for adaptations and the resources were therefore targeted to individuals in most need. She commented that it was a challenge for housing to build adaptable homes.

Mr David Davidson suggested it would be a matter for the registered social landlords to become involved in and the Chair confirmed that they were used as a delivery model alongside the council building programme. Mrs Manion noted that some of the capital referred to in the integrated care fund was used to support the joint borders ability equipment store in the provision of adaptations.

Cllr John Mitchell sought clarification of the measurement of outcomes. Mrs Manion advised that the indicators within the strategic plan were applicable to make the cross reference to housing and she expected the housing contribution to produce specific plans for development, what would be different in the future and how that evidenced against the outcomes.

Mrs Pat Alexander asked to see how it correlated in locality terms in order to aid planning. The Chair suggested the fuller Strategic Housing Plan be circulated to the Health & Social Care Integration Joint Board as it contained the finer detail.

Mr John McLaren welcomed the report and commented that it helped to understand very easily the issues and commitment that housing were making. Mr McLaren sought clarity on, housing improvement allocations in terms of stock and quality of housing and also enquired if there was a consistent approach within housing associations in terms of the amount of support they gave their tenants. The Chair commented that the allocation of funding was prorata to the housing stock and did not encompass quality of stock. Mrs Manion suggested housing be a topic for a future development session to increase the knowledge of the Health & Social Care Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Scottish Borders Housing Contribution Statement and endorsed its submission with the Strategic Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to schedule "Housing" as a topic for a future Development session.

## **6. Integrated Care Fund – Progress Update**

Mrs Susan Manion gave an overview of the content of the update.

Mr John Raine expressed concern in regard to the projects and governance arrangements for the integrated care fund. He was unaware that the Health & Social Care Integration Joint Board had agreed to the total commitment of the £6.39m over 3 years. He sought greater clarity on what the £6.39m would purchase, what would be achieved and if it was viewed as a priority for the Health & Social Care Integration Joint Board. In terms of accountability he sought clear financial governance by the Health & Social Care Integration Joint Board for the approval of projects above a certain financial level, supported by documentation that clearly set out the projects contribution to meet the objectives in relation to the strategic plan, cost, sustainability and exit strategy.

Mrs Manion highlighted the governance arrangements detailed at Appendix 3 to the paper which was an attempt to simplify a cumbersome and bureaucratic system. She was clear in relation to the approved projects that they had been through a rigorous process in relation to

the analysis of the criteria, analysis of where they sat in relation to outcomes and exit strategies. She confirmed that all additional posts/resources were short term contracts.

Mr David Davidson recalled that it had been previously agreed that the Health & Social Care Integration Joint Board would receive 6 monthly updates on which projects were progressing well and which were not and why. He did not recall the Health & Social Care Integration Joint Board delegating up to £500k without any reference to the Health & Social Care Integration Joint Board itself or that the Chair or Vice Chair could sit in judgement on behalf of the Health & Social Care Integration Joint Board.

Dr Stephen Mather shared Mr Raine and Mr Davidson's concerns. He suggested that the integrated care fund had not been used for targeted planning and wished confirmation that proposals had been through a full robust business case to ensure monies were targeted better to give proper outcomes.

The Chair shared similar concerns and noted a key piece of missing information was how the projects would be mainstreamed. She commented that whilst the Change Fund had had its difficulties the learning from that process should be used to inform the process for the integrated care fund to ensure information was presented in an understandable, meaningful and straightforward way.

Mrs Jane Davidson commented that the Executive Management Team were also of the view that governance arrangements required revision. She advised that Mr David Robertson had been charged with simplifying the arrangements. In future she would expect the Executive Management Team to review all identified projects and for the Health & Social Care Integration Joint Board to be asked to approve, consider and endorse both those projects above and below the financial threshold provided they clearly stipulated the targeting of outcomes, mainstreaming and exit strategy.

Further discussion focused on: assurance from officers; the success of project My Home Life (training for managers in care homes); linking outcomes from projects to the strategic plan outcomes; engagement with GPs; interface with specialist contracted GPs; a 1% shift in resource; return on investment; shift in emergency admissions; provision of more care at home; and the role of internal audit.

Mrs Tracey Logan summarised that the integrated care fund had been operated as per an agreement reached some time ago, she assured the Health & Social Care Integration Joint Board that projects were scrutinised and outcomes were clear. She further commented that the integrated care fund was not as joined up strategically as the Health & Social Care Integration Joint Board would prefer and she appreciated that the Health & Social Care Integration Joint Board had not had the visibility of projects that it required. Mrs Logan suggested a full report be submitted to the next meeting of the Health & Social Care Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and agreed to accept a full report at its next meeting on 20 June 2016.

## 7. NHS Borders Local Delivery Plan 2016/17

Mrs June Smyth presented the NHS Borders Local Delivery Plan (LDP) for 2016/17 and advised that all Health Boards were required to provide an LDP ever year as per the contract between the Health Board and the Scottish Government. Health Boards were asked to engage with their Health & Social Care Integration Joint Boards over the development of the LDP. She assured the Health & Social Care Integration Joint Board that those officers/services that fell within the realm of the Health & Social Care Integration Joint Board had been involved in the development of LDP.

Mrs Jeanette McDiarmid assured the Health & Social Care Integration Joint Board that as the Chair of the Reducing Inequalities strand of the Community Planning Partnership the LDP had synergy with reducing inequalities.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work in progress and agreed to provide feedback/comments on the NHS Borders Draft Local Delivery Plan 2016/17 to June Smyth by 25 April 2016.

## 8. Issue of Directions from Integration Joint Board 2016-17

Mrs Susan Manion commented that in future the discussion of direction from the Health & Social Care Integration Joint Board to NHS Borders and Scottish Borders Council would come before the end of one financial year and the beginning of the next.

Mr John Raine sought assurance that the directions were in line with guidance and legislation. Mr Paul McMenamin assured the Health & Social Care Integration Joint Board that whilst the directions were not detailed there were in line with guidance and legislation and a business and usual approach was expected. He provided assurance that the basis on which the resources and functions were delegated was detailed in the baseline direction.

Further discussion highlighted: the wording at item 3.1 of the cover paper was loose; confirmation that at the last Health & Social Care Integration Joint Board meeting there had been agreement to 50% of £5.267m social care funding to be allocated to Scottish Borders Council to address the living wage, etc and the remaining 50% to be held for the Health & Social Care Integration Joint Board to direct its use; more narrative on savings requirements; cost of living wage and any potential recurrent funding; and a combined efficiency plan.

Mr McMenamin clarified that within the financial statement NHS Borders delegated £92.4m (including £5.2m social care fund) and Scottish Borders Council delegated £46.5m. Within the partners respective financial plans NHS Borders clearly showed expenditure of £87m plus the £5.2m social care fund and Scottish Borders Council showed expenditure of £51.8m inclusive of the £5.2m social care fund. Mr McMenamin explained that the £5.2m would be used to address demographic pressures and the living wage, etc as per the John Swinney letter and approximate costs were estimated to be £2m-3m. He confirmed that the balance of that fund (50%) would remain uncommitted and for the Health & Social Care Integration Joint Board to determine its best use.

Mr David Davidson suggested the wording around the social care fund money of £5.2m was clumsy as it intimated that the monies were being double counted and he sought assurance that it would be protected as funds for the Health & Social Care Integration Joint Board to direct as it felt appropriate.

The Chair commented that further advice and guidance over the direction of the use of the social care funding was anticipated.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Directions and instructed the Chief Officer to issue those on behalf of the Health & Social Care Integration Joint Board.

## **9. Health & Social Care Integration – Commissioning and Implementation Plan**

Dr Eric Baijal gave a detailed overview of the content of the paper.

During discussion several observations were made including: the need for timescales for the 9 local objectives; supporting documentation in terms of specific measurables; analysis of current activity; wider engagement through the Joint Staff Forum and other existing groups; feedback from users and carers in terms of qualitative data and performance reporting; strengthen local objective 9 in terms of the Carers Bill; local objective 8 to be more ambitious in line with the health inequalities plan; and recognising the wellbeing of all staff across the partnership.

*Mrs Jane Davidson left the meeting. Mrs Evelyn Rodger left the meeting.*

Dr Angus McVean welcomed the document and the interlinking of primary care with other services. He cautioned against tying colleagues to services they no longer provided or would not wish to provide. He noted that local objective 9 in regard to carers had been an enhanced service however that was no longer the case and whilst many GPs continued with it, some did not as it was not a contractual obligation.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work that had been undertaken to develop the Commissioning and Implementation Plan and approved the approach to its continued development.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** confirmed that the priorities, and actions to address them, were in line with expectations and the overall strategic direction.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** recognised that further adjustment would be made to the document in light of comments received and as progress was made and engagement took place on specifics.

*Cllr Frances Renton left the meeting.*

## **10. Draft Performance Management Framework**

Mrs Susan Manion gave an overview of the content of the paper.

Dr Stephen Mather questioned the indicator for National Health and Wellbeing Outcome 6 on page 9. Mrs Manion advised that the indicators had been provided in terms of the national indicators that existed and had been identified as a local priority and she accepted it was an issue in terms of how it was described.

The Chair advised that she would raise the matter at the next Health & Social Care Integration Joint Board Chairs meeting.

Further discussion focused on: staff governance standard and identification of more measurables; indication of data sources as referred to in the strategic plan; and engagement with carers families and communities to gain feedback;

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the draft Performance Management Framework to enable further progress.

## **11. Monitoring of the Integrated Budget 2015/16**

Mr Paul McMenamin presented the exception report for 2015/16 to the end of February 2016. He advised the projected net pressure of £678k had been mitigated and off-set. Areas of concern continued to be GP prescribing, on-going pressure in social care with older people and residential home care demand exceeding contractual arrangements. There continued to be vacancy management across a range of services and delivery of cash efficiency targets in year.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the reported projected position of £0.678m net pressures within the shadow delegated budget at 29 February 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that both partner organisations were working to minimise any adverse variance at year-end but should that not be possible the responsible organisation would ensure that resources were available to ensure a break even out turn.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that Budget Holders/Managers would continue to work to deliver planned savings and deliver a balanced budget. Where that was not possible managers would work to bring forward actions to mitigate any projected overspend.

## **12. Financial Statement 2016/17 – Overview of Due Diligence Process**

Mr Paul McMenamin gave an overview of the follow on report to that provided to the Health & Social Care Integration Joint Board on 30 March to provide assurance over resources. He confirmed that the report outlined in full the process of due diligence followed in order to provide assurance over the sufficiency of resources delegated for 2016/17.

Mr John Raine sought assistance in understanding the comparison in outturn budgets. He referred to the Scottish Borders Council due diligence summary and noted the 2015/16 projected outturn was £48m which he assumed was due diligence savings historically, however the baseline budget was £46m and he wished to understand how those figures were

reconciled. He further queried why the “social care fund not delegated by SBC” figure was included in the statement.

Mr McMenamin clarified that the social care fund including expenditure plans was for the Health & Social Care Integration Joint Board to determine the use of. The net bottom line contained considerable investment within the social care budget as well as planned efficiency savings. In previous reports to SBC there had been a trend of flat financial settlement and for 2016/17 there would be a reduction of funding overall. He explained that SBC had put forward savings in social care areas and a programme of efficiencies and had identified £2.663m of savings across SBC planned for next year. There was also £1.4m worth of investment and pressures so there was a net reduction in the social care budget when compared to previous years and that was demonstrable by the pressures on council funding. He confirmed that there were plans in place to deliver those efficiencies.

Mr Raine accepted that the net figure took account of the efficiency savings and he again questioned why the “social care fund not delegated by SBC” featured on the spreadsheet. Mr McMenamin agreed that the figure had been included in the total planned expenditure figure and was subsequently shown separately. He reiterated that a proportion (50%) of that social care fund would be used to address the cost of the living wage and increased charging thresholds and increased demand for services given demographic pressures. He further commented that the £46m baseline budget would increase considerably and he anticipated seeing a budget in excess of historical budgets in the next financial year.

Mr David Davidson sought clarification that on the basis of the explanation provided the £46m net figure included £2.3m of the social care funding, with the remaining £2.7m set aside for the Health & Social Care Integration Joint Board to determine its use, which meant the next figure would be as low as £46m but would be increased by £2.7m being the remaining social care fund balance. Mr McMenamin confirmed the assumption was correct.

Mrs Carol Gillie emphasised to the Health & Social Care Integration Joint Board that it was a complex matter and she suggested a simpler presentation of the level of investment and savings be produced for the Health & Social Care Integration Joint Board.

Cllr John Mitchell queried if the £4.7m savings to be allocated to the Health & Social Care Integration Joint Board was a proportional share of the efficiency target that NHS Borders expected to achieve. Mr McMenamin confirmed that the proportion delegated to the Health & Social Care Integration Joint Board was £4.239m.

Cllr Mitchell enquired if there was a breakdown of how that figure was determined during the period that budgets were aligned between the partners. Mr McMenamin confirmed that a breakdown was available and had been used as part of the due diligence process.

Cllr Mitchell requested to see the breakdown month on month. Mr McMenamin confirmed that it would be included in the monthly financial monitoring report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the due diligence process undertaken to provide assurance over the 2016/17 delegated budget.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the concluded position that based on all known factors at the time of setting budgets for the areas delegated, that there were no identified recurring pressures of a significant nature that had not been addressed as part of the 2016/17 or prior financial planning processes.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a report on the options for direction of £5.267m health and social care funding by the partnership would be made to the Health & Social Care Integration Joint Board in June 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a full Schedule of Payments between the Health & Social Care Integration Joint Board and its partners would be reported on conclusion of all financial activity prior to the production of annual statutory accounts at the end of 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the proposed budgetary control reporting basis for 2016/17.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive an abridged version of the level of investment and savings for the functions delegated to it by SBC and NHS Borders.

### **13. Update: Financial Governance and Management Arrangements**

Mr Paul McMenamin gave an overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made to date in the development and implementation of the key financial arrangements following recommended best practice and compliance with legislation which was required to be in place prior to 1 April 2016.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the plan of actions for the remaining work requiring completion and approval before and beyond 1 April 2016.

### **14. Chief Officer's Report**

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

### **15. Committee Minutes**

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

### **16. Any Other Business**

**16.1 Health & Social Care Integration Joint Board Development Session:** Mrs Susan Manion advised the Health & Social Care Integration Joint Board that the development session to be held on Monday 23 May would be an all day event in Kelso. The logistics for the day were being drawn up and the intention would be for Health & Social Care Integration Joint Board members to meet with staff, hear about the Cheviot project, integration and added value as well as visiting some of the local health and care facilities.

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

**16.2 Inspection of Adult Services:** Mrs Tracey Logan advised the Health & Social Care Integration Joint Board that there would be a forthcoming inspection of adult services and she enquired if the Health & Social Care Integration Joint Board wished to have a development session on adult services and service evaluation in the near future.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed Adult Services feature as a future Development session topic.

**17. 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 20 June 2016 at 2.00pm in the Board Room, Newstead, NHS Borders.

*The meeting concluded at 4.21pm.*



Minutes of the Meeting of the South East and Tayside Group held at 10 45 am on 12<sup>th</sup> June 2015, Meeting Room 7, Waverley Gate.

**Present:-**

<b>Borders</b> Ms June Smyth	<b>Fife</b> Mr P Hawkins Ms Irene McGonnigle Dr Frances Elliott	<b>Forth Valley</b> Mr Graham Foster
Ms Jane Davidson		
<b>Lothian</b> Mr Tim Davison (Chair) Professor Alex McMahon	<b>Tayside</b>	<b>Dumfries &amp; Galloway</b> Dr Mary Harper
<b>Regional Leads</b> Ms Jacqui Simpson Ms Jan McClean Mr D Phillips	<b>Directors of Finance</b>	<b>Scottish Government</b>
<b>Directors of Public Health</b> Dr Alison McCallum	<b>Nurse Directors</b> Ms E Rodger	<b>NES</b> Professor Bill Reid
<b>NSD</b> Ms Deirdre Evans	<b>Scottish Ambulance Service</b>	<b>Medical Directors</b> Dr Tracey Gillies Dr Sheena MacDonald
<b>HR Directors</b>	<b>NHS 24</b>	<b>Partnership Representation</b>

**In Attendance:** Dr V Docherty for RCAG Business, Ms M Gardner for RCAG Business Mr Jim Forrest, West Lothian CHP for Item 4.1.3. Dr David Farquharson for Item 4.1.3, Ms K Buckle

**Apologies for absence were received from:** Mrs Rodger, Ms Heather Kenney, Ms J Westwood, Ms L McLay, Ms W Brown, Mr A Joyce, Mr J Turner

Item No.	Section	Action
1	<b>Welcome &amp; Introductions</b>  T Davison welcomed all to the meeting and noted the apologies received. He extended a particular welcome to Mr Paul Hawkins who had recently taken up the post of Chief Executive, NHS Fife.	
	<b>RCAG Business</b>  T Davison advised the Group that due to the cancellation of the preceding RCAG meeting, several issues relating to RCAG had been added to the SEAT agenda to allow a regional discussion. RCAG colleagues in attendance were welcomed to the meeting.	
	<b>Radiotherapy Capacity: Phase 2</b> A McMahon reported on the continuing work on radiotherapy capacity, advising that SEAT had previously agreed a proposal to extend the workforce capacity. He added that there is a pressing need to address the future Linac capacity given the lead-in time to install additional bunkers. He highlighted that there is an issue with securing sufficient voltage on the WGH site to support additional Linacs which will need to be considered. Existing Linacs are due to reach the end of their working lives by 2017, however redevelopment is unlikely to be completed before 2019, meaning that existing Linacs would need to continue in service until that date. Finance colleagues are currently working up costs which will be presented to SEAT when ready. A McMahon confirmed that a decision needs to be made before the end of 2015 in order to meet the 2019 deadline. SEAT noted the paper and agreed further work up of phase 2 for agreement at the September RCAG	A McMahon/J Simpson
	<b>Radical Prostatectomy Update</b> A McMahon reminded the Group that the National Planning Forum had commissioned work on moving from Open Radical Prostatectomy (ORP) to Laparoscopic Radical Prostatectomy (LRP), with a recommendation to the Cabinet Secretary that this should be implemented. This was with a view to moving to robotic assisted surgery for prostatectomy in Scotland and NHS Lothian had recently been asked to prepare a business case for the latter. Additionally, a wider review of urology surgical services may be initiated nationally given the current issues with capacity, waiting times and the potential knock on impact of RARP. Boards had recently been asked to complete templates to inform the need for a review. J Simpson added that in the south east, LRP was the predominant procedure, however there remained capacity issues (as previously discussed at SEAT), particularly affecting the increasing number of men from Fife requiring LRP.  P Hawkins advised that centres in London which have had robots for some time are now disposing of them due to the significant software update costs (circa £500k), staff training requirements and the need	

for a dedicated theatre.

Other issues were raised around the availability of LRP training, given the movement to RARP across the UK.

T Davison asked for views on whether SEAT should be continuing to develop a business case for robot assisted surgery given the concerns raised.

After discussion, it was agreed that there was a need for all the issues regarding LRP and RARP to be considered in a paper, while continuing to prepare a business case for RARP in parallel.

T Davison proposed that J Simpson, D Farquharson and A McMahon should discuss with the Chief Medical Officer for Scotland emerging issues regarding RARP and LRP and bring a detailed paper back to SEAT for consideration on best way forward. He suggested that another region progresses with robotic surgery first given that SEAT is in a better starting position re LRP. SEAT noted the update.

J Simpson/  
D  
Farquharso  
n/  
A  
McMahon

## **2 Previous Meeting**

### **2.1 Minutes of the Meeting held on 24<sup>th</sup> April 2015**

The minutes of the previous meeting held on 24<sup>th</sup> April 2015 were agreed as an accurate record.

### **2.2 Progress Against Action Note**

Progress was noted against the Action Note.

## **3 Matters Arising**

### **3.1 South East Forensic Examination and Police Custody Service – Review of Forensic Equipment and Resources**

J Simpson reminded SEAT of the discussion at the last meeting which had highlighted that a number of issues had been identified following a review of the forensic resources and equipment in SEAT. These issues included colposcopes which are no longer fit for purpose, accommodation which requires refurbishment to meet acceptable cleaning standards, and facilities for victims sited on police premises, an arrangement which is not considered acceptable. J Simpson reported that the detail of the Review had now been shared with the national Police Scotland Lead on the national Adult Sexual Assault Workstream. Further work was required to establish the strategic direction.

J Simpson reported that following a request from NHS Tayside to learn from the SEAT experience of establishing a regional service, a meeting had been convened with NHS Tayside at which key SEAT colleagues had shared the learning from the south east experience. Feedback from NHS Tayside colleagues had indicated that this session had been very helpful.

D Evans reported that NHS Tayside was now looking at how they might work collaboratively with the North of Scotland given the challenges of providing this service in the North.

After discussion it was agreed that J Simpson would bring updates as relevant to future SEAT meeting.

J Simpson

### 3.2

#### **CAMHS Tier 4 – Out of Region Referrals**

J Simpson reported that work was continuing on the development of an Out of Region Referral Protocol to support management of patients referred to the CAMHs Inpatient Unit from out with SEAT Boards with an expectation that this work will be concluded shortly. Over the last year out of region referrals have reduced with the West of Scotland now looking at their service model and agreeing to adopt the SEAT data set which will provide a helpful means of monitoring the service. J Simpson advised that a further update will be brought to a future meeting when appropriate.

T Davison noted that there were significant challenges across the country in managing CAMHs outpatient waiting times.

T Gillies advised that there needed to be consistency of protocols between inpatient and outpatient services.

T Davison suggested that it would be helpful to have a paper for the next meeting which described the current situation, existing models and identify where there is variation between Boards.

J Simpson

J Simpson confirmed that in the south east the CAMHs Consortium had clear protocols in place to support the service with very good working relationships between the south east Boards. It was noted that NHS Forth Valley referred children and young people requiring CAMHs services to the West of Scotland.

### 3.3

#### **Neonatal Interregional Work**

J Simpson updated SEAT on progress being made through inter-regional working between the 3 Neonatal MCNs across Scotland supported by the Regional Planning Groups and also involving ScotSTAR. J Simpson reported that the Daily Conference Call is continuing as a means of assessing the cot capacity across Scotland and supporting decision making on the transfer of babies should this be required for clinical or capacity issues. A longer term solution such as a Cot Locator service is being looked at.

Work is nearing completion on the development of a Support Framework for Managing Neonatal Cot Capacity Across Scotland with each of the MCNs considering the Framework through their local arrangements with a view to finalising the document in July.

J Simpson highlighted the recent publication of the MBRRACE Perinatal Mortality Surveillance report which provides a UK wide overview of perinatal deaths. The report will be discussed at the forthcoming regional MCN for Neonatal Services Steering Group to identify if there are any issues which might require a regional solution.

## 4

### BUSINESS ITEMS FOR SEAT APPROVAL / ACTION

#### 4.1

##### SEAT Initiatives

###### 4.1.1

###### Review of Outpatient Referrals

J McClean spoke to a previously circulated paper which updated SEAT on work underway to review inappropriate referrals to NHS Lothian. J McClean highlighted that there are approximately 7,500 new outpatient referrals per year to NHS Lothian, excluding referrals to cancer, paediatric, regional and national services. Data collated by NHS Lothian indicates that many of these referrals are made by Lothian consultants to other Lothian consultants. J McClean highlighted the draft NHS Lothian policy, Delivering Care Closer to Home, which has been reviewed by partner Boards. Boards have confirmed that they are supportive of the need to address the issue of inappropriate referrals, however have identified a clear need to look at local referral practices and processes in the first instance, supported by a regional Short Life Working Group. Work undertaken in NHS Borders over the last year to redirect inappropriate referrals may be helpful in supporting Boards to progress this work.

K Buckle highlighted that while there had been significant progress with changing local GP and consultant referral behaviours; there had not been the same progress with NHS Lothian consultants. T Davison suggested that this was picked up with J Crombie, Chief Operating Officer, NHS Lothian.

###### 4.1.2

###### SEAT Approach to implementation of Major Trauma Quality Framework

A McMahon reported that following the outcome of the GEOS Study, the Major Trauma Oversight Group had established a sub-group under the chairmanship of Ian Ritchie, President of the Royal College of Surgeons, to consider the evidence for establishing 4 Major Trauma Centres in Scotland. The Review Group will include representatives from the currently designated Major Trauma Centres and Scottish Ambulance Service and will report by September 2015. At present, regions are continuing to plan on the basis of 4 Centres with an expectation that the financial impact will not be insignificant.

T Davison reinforced the need to consider the cost implications as well as capacity as many centres were already experiencing challenges with managing capacity.

#### 4.1.3

#### **Progress Report on Eating Disorders Unit and Perinatal Mental Health Unit**

J Forrest advised that the recommendations from the External Review of the Regional Eating Disorders Unit were being taken forward, with an Action Plan now in place to address the key issues including discharge arrangements and communication between the Inpatient service and Community-based teams.

J Forrest reminded the Group that the External Review had been critical of both clinical and operational management of the Unit and that work was underway to address both these areas.

D Farquharson reported that ensuring patient safety was paramount and that support had been requested from the Royal Edinburgh Hospital. The Medical Directors from partner Boards had also indicated their support in developing solutions to a situation where there was no 'quick fix'.

J Simpson provided detail on the various pieces of work underway. At a cross regional level, Boards have identified key clinical and managerial colleagues to contribute to the work. It has been highlighted that there are significant relationship issues between clinicians which may require the support of the relevant Medical Directors to address. As a priority, there is a need to ensure that the discharge arrangements are robust and safe. A further recent complaint has been received from NHS Forth Valley regarding discharge planning arrangements. A regional governance group was being established to address the patient pathway across the region as well as specific actions within REDU itself.

T Davison advised that managing behaviours and relationships was a key issue and needed to be dealt with explicitly and emphasised the need to build in resilience to the service. He added that there was also a need to look at the broader pan-Lothian support which could be harnessed.

T Gillies suggested that there should be development of closer educational and professional links between clinicians across the region which could help support resilience, peer support and relationships. It was acknowledged that the regional governance group would pick this up.

J Forrest advised that there were a number of challenges within the Perinatal Mental Health Unit which were being addressed. He reported that a Band 7 Nurse had been appointed to develop the community based service and to provide clinical supervision. A number of recent reviews of the Unit had been positive. The In-patient Unit was well staffed, however, the current consultant has indicated her wish to leave imminently with initial attempts to recruit unsuccessful. Additional consultant sessions have been put in

place and further recruitment is underway with the added support of a recruitment agency.

T Davison advised that there was a risk to the continuation of the Unit if appropriate consultant support could not be put in place. He suggested options e.g. to look at support from a cohort of psychiatrists across the region on a short to medium term basis. He requested that each of the Boards looked internally to assess if there was potential to support the Unit and feed back at the forthcoming Regional Workforce Group meeting.

J Simpson affirmed contact with the West of Scotland Unit to discuss possible cross cover for a limited period and to look at the staffing model and possible collaboration in the future was being pursued.

T Davison summarised the discussion and agreed the following actions:

- D Farquharson to link with Dr J Armstrong, Medical Director NHS GGC
- Medical Directors to hold discussions locally regarding potential cover arrangements
- Further discussion and feed back at the forthcoming Regional Workforce Group meeting – D Farquharson to attend
- Further updates to be brought back to SEAT on progress relating to both services

DFarquhar  
son  
Medical  
Directors  
JForrest/D  
Farquharso  
n/ J  
Simpson

#### 4.1.4

#### **Proposal for Changes to Sleep Apnoea Services**

A McMahon advised that there had been significant increases in the number of referrals being made to the NHS Lothian Sleep Apnoea service from other Boards. The Clinical Lead from the service has set out a proposal which would see patients referred to other relevant services within their home Board e.g. weight management services, alcohol reduction and smoking cessation support, before they are referred to the Sleep Apnoea service. It was noted that Board Leads have already been informed of the proposal. A McMahon asked SEAT to note the proposal and support implementation locally.

T Gillies asked what arrangements would be in place for existing Sleep service patients to receive replacement devices.

T Davison requested that any comments on the proposal be fed back to A McMahon.

All

#### 4.1.5

#### **Workforce Update**

D Phillips spoke to the previously circulated Workforce Report paper.

He provided a brief update on the national medical trainee recruitment process and highlighted that although the fill rate in the SE region was very good there were a number of gaps in programmes across Scotland. The main areas of concern were Acute Medicine, Emergency Medicine, Mental Health specialties, Geriatric Medicine, Respiratory, Rheumatology and GP programmes. Whilst not impacting on the SE immediately there would be an impact in recruiting trained doctors in future years given the reduced throughput.

D Phillips highlighted that the main issue in the SE from a recruitment point of view was the mental health specialities. The gaps in medical training programmes coupled with the age profile of mental health and learning disability nursing presented a risk to services in the future. Following discussion which included feedback from boards on current consultant recruitment difficulties in mental health services and waiting times issues T Davison asked T Gillies that the Regional Workforce Group pick up this issue in more detail at their planned meeting the following week.

D Phillips outlined the draft agenda for the planned regional Health Visitor Workshop to be held on the 2<sup>nd</sup> July. This was a follow up to the paper produced for the previous meeting of SEAT in February and the subsequent discussion. T Davison confirmed that this was an important issue and T Gillies confirmed that the workshop would focus on generating practical solutions to the issues in meeting the 2016 implementation.

D Phillips highlighted the remaining issues in his update paper; the national exercise to recode community nursing staff to accurately reflect roles has been completed, the ongoing work to profile the neonatal workforce to help identify and agree solutions to workforce issues and that work is commencing on a regional workforce risk assessment for regional oncology and associated surgical services.

## **4.2 Regional Liaison Initiatives**

### **4.2.1 RHSCE and DCN Reprovision**

A McMahon advised that J Crombie, Chief Operating Officer, NHS Lothian was now the Executive Sponsor for the RHSCE and DCN Reprovision work stream. He reported that discussions on workforce are still ongoing in an effort to continue to reduce the revenue gap.

J Simpson advised that it had been some time since SEAT had received a full update report and confirmed that S Goldsmith was content to be invited to the next meeting to present a full update on costs including the work to be concluded on workforce. This proposal was agreed and J Simpson will invite S Goldsmith to attend the next meeting in September.

**J Simpson**

#### **4.2.2 Edinburgh Cancer Centre Update**

A McMahon reported that work was continuing on pathways, with the rarer cancer pathways being discussed through national groups. He advised that it was likely to be 2022-25 before the redeveloped Cancer Centre was in place.

#### **4.3 National Initiatives**

##### **4.3.1 NSS National Update**

The previously circulated Update paper was noted. D Evans highlighted that SGHSCD was considering initiating a review of the co-location of adult and paediatric congenital cardiac services. NSD had been asked to prepare a review scoping document for consideration by the Cabinet Secretary. T Davison questioned if such a Review should be undertaken at this time, given the changes currently underway in Glasgow with the opening of the new hospital.

D Evans advised that a single Cleft Lip and Palate service was being proposed as the current configuration was not workable. A report will be submitted to Board Chief Executives proposing a way forward.

### **5 AGENDA ITEMS FOR DISCUSSION**

#### **5.1 SEAT Consideration of Shared Corporate and Clinical Services**

T Davison reminded colleagues that there had been agreement at the last meeting to identify any specialties or services which might benefit from a regional approach. J Simpson highlighted a number of specialties which Board Leads had identified as potential areas for collaboration including:

- Urology
- OMFS
- Outpatients
- Ophthalmology
- Radiology – looking at how this would interplay with national work
- Laboratories
- CAMHS
- Chemotherapy capacity and modelling

S MacDonald advised that NHS Borders was experiencing challenges with acute medicine and anaesthetic consultant recruitment.

F Elliott confirmed that NHS Fife had similar challenges with these specialties.

It was agreed that Boards would be asked to confirm with J Simpson

**Board**

which specialties they wished to take forward regionally.

leads/  
JSimpson

T Davison advised that the Board Chief Executives have a planned session in August with John Matheson to discuss 1<sup>st</sup> Quarter financial position.

## **6           Regional Minutes**

- 6.1           Minutes of the SEAT Directors of Finance and Directors of Planning meeting on 27<sup>th</sup> March 2015 (Approved)  
These were noted.

- 6.2           Minutes of the SEAT Directors of Finance meeting on 16<sup>th</sup> April 2015 (Unapproved)  
These were noted.

- 6.3           Minutes of the MCN for Neonatal Services Steering Group meeting held on 18<sup>th</sup> March 2015 (Unapproved)

- 6.4           Minutes of SEAT CAMHS Tier 4 Consortium meeting held on 26<sup>th</sup> February 2015 (Unapproved)

- 6.5           Minutes of the MCN for Neonatal Services Steering Group on 10<sup>th</sup> March 2015 (Unapproved)  
These were noted.

- 6.6           Minutes of the SEAT Regional Workforce Group on 25<sup>th</sup> February 2015 (Unapproved)  
These were noted.

## **7.           Communications**

- 7.1           News Updates from Individual Boards  
Borders

J Davidson reported that HIS had undertaken an unannounced theatres inspection in NHS Borders and agreed to share the learning from the report.

## **8.           AOCB**

- 8.1           No other business was raised.

## **9.           Date and Time of Next Meeting**

The next meeting was scheduled for 18<sup>th</sup> September 2015 at 10.45am – 1.30pm in Meeting Room 7, Waverley Gate.

Details of the scheduled SEAT Regional Planning Group Meetings for 2015 are listed below:

- Friday 18<sup>th</sup> September
- Friday 27<sup>th</sup> November

All meetings will be from 10.45am – 1.30pm and preceded by the Regional Cancer Advisory Group 9 – 10.30am.



Minutes of the Meeting of the South East and Tayside Regional Planning Group held at 10 45 am on 27<sup>th</sup> November 2015, Meeting Room 7, Waverley Gate.

**Present:-**

<b>Borders</b> Ms Jane Davidson Ms June Smyth	<b>Fife</b> Mr Paul Hawkins Dr Frances Elliott Ms J Gardner	<b>Forth Valley</b> Ms Janette Fraser
<b>Lothian</b> Mr Tim Davison (Chair) Mr Brian Cook	<b>Tayside</b> Mr Peter Williamson	<b>Dumfries &amp; Galloway</b>
<b>Regional Leads</b> Ms Jacqui Simpson Ms Jan McClean Mr Derek Phillips	<b>Directors of Finance</b> Ms C Bowring	<b>Scottish Government</b>
<b>Directors of Public Health</b> Dr Alison McCallum	<b>Nurse Directors</b> Ms Evelyn Rodger	<b>NES</b> Professor Bill Reid
<b>NSD</b> Ms Deirdre Evans	<b>Scottish Ambulance Service</b>	<b>Medical Directors</b> Dr Tracey Gillies Dr Sheena MacDonald Dr David Farquharson
<b>HR Directors</b> Mr Alan Boyter	<b>NHS 24</b>	<b>Partnership Representation</b>

**In Attendance:** Mr Colin Briggs for Professor Alex McMahon. Mr Craig Marriott for Susan Goldsmith. Dr Ewan Bell for Dr Mary Harper. Susan McGill, Regional MCN for CSA Manager for Item 4.3.2. Jane Macdonell, Clinical Lead for Item 4.3.2. Jenny Long, HIS, shadowing Jacqui Simpson. Mrs Katie Morris.

**Apologies for absence were received from:** Dr Mary Harper, Ms Wilma Brown, Dr Graham Foster, Professor Alex McMahon, Ms Susan Goldsmith, Mr Alex Joyce, Ms Pat O'Connor, Ms Lesley McLay.

<b>Item No.</b>	<b>Section</b>	<b>Action</b>
1	<b>Welcome &amp; Introductions</b>	
	T Davison welcomed all to the meeting and noted the apologies received.	
	T Davison noted that this was S MacDonald's final SEAT meeting prior to her forthcoming retirement. On behalf of the Group, T Davison thanked S MacDonald for her valued contribution to a range of SEAT work over the years and wished her a happy and healthy retirement.	
2	<b>Previous Meeting</b>	
2.1	<b><u>Minutes of the Meeting held on 12<sup>th</sup> June 2015</u></b>	The minutes of the previous meeting held on 12 <sup>th</sup> June 2015 were agreed as an accurate record.
2.2	<b><u>Progress Against Action Note</u></b>	Progress was noted against the Action Note.
3	<b>Matters Arising</b>	
3.1	<b><u>Regional Perinatal Mental Health Unit</u></b>	J Simpson reported that progress had been made in moving to a more sustainable staffing model for the Regional Perinatal Mental Health Unit with Consultant Psychiatrist sessions in place for the In-patient Unit and interviews taking place next week to support the NHS Lothian Community service. Further work will be undertaken with partner Boards. The Group acknowledged the contribution of NHS Borders to maintaining the service over the last few months, with T Davison commenting that this had been a good example of SEAT working collaboratively to support operational issues.
3.2	<b><u>Review of SEAT Priorities and Ways of Working</u></b>	J Simpson gave a presentation to the Group, highlighting the output of recent one to one discussions with Board Chief Executives or their representatives to ensure continued momentum on key SEAT priorities. Following these discussions, it had been agreed that the next steps would include:
		<ul style="list-style-type: none"> <li>• Completion of the engagement process with key individuals and groups.</li> <li>• Review of current priorities with Planning Directors / other key leads / groups in Boards and prioritise actions.</li> </ul>

- Sense check of the architecture for delivery. It was agreed that an Acute Sub Group would be established with a draft role and remit to be developed by J Simpson.
- Provide update and prioritised work plan for next RCAG/SEAT meetings.

J Simpson  
J Simpson

### 3.3

#### **Appointment of Vice Chair for SEAT**

Further to discussions, it was agreed that P Hawkins would be appointed as Vice Chair to act as a deputy to the Chair and be a Chair Designate who would take over the Chair's role in the future.

This was in line with the previous agreement that the Chair's term of office would continue on a rotational basis between SEAT Boards.

### **4**

#### **SEAT Programmes**

##### 4.1

##### **Acute Services: For discussion/approval**

###### 4.1.1

###### **RHSC/DCN Reprovision – Financial Update**

C Marriott presented a full update on costs including the work to be concluded on workforce for the RHSC/DCN reprovision. The Group were reminded that J Crombie, Chief Operating Officer, NHS Lothian was now the Executive Sponsor for the RHSCE and DCN Reprovision work stream.

C Marriott reported that the SEAT workforce review had concluded in August 2015. Net revenue costs remained c. £17.7m whilst the regional share had increased from £15.4m to £16.2m. C Bowring reminded colleagues that Boards had not agreed to the additional costs when the full business case was signed off. J Davison added that Boards had made decisions based upon limited capital costs. C Marriott noted that although S Goldsmith had visited all Boards to discuss financial arrangements, they were happy to provide additional financial information to SEAT Directors of Finance.

C Marriott

In an effort to reduce costs, P Hawkins questioned what percentage of existing equipment would be transferred to the new site. C Marriott agreed to provide this information.

C Marriott

The group noted the position and that further detail would be available from NHS Lothian in March 2016.

###### 4.1.2

###### **SEAT Consideration of Major Trauma Centre (MTC) Proposals and Trauma Network**

C Briggs spoke to a previously circulated update paper describing progress in developing the case for a proposed Major Trauma Centre hosted by NHS Lothian. It was noted that discussions would

also take place at the Major Trauma Oversight Group, National Planning Forum and the NHS Lothian Strategic Planning Committee. C Briggs stressed the requirement for managerial and clinical resources to be involved so that the outline submission could be considered in fine detail.

C Bowring questioned how Chief Executives could be asked to sign off a commitment when they do not know how much revenue and capital their Board would have over the forthcoming years.

S MacDonald asked that baseline figures were incorporated into Table 2 which demonstrated the workload shift for SEAT Boards to a Lothian Major Trauma Centre.

C Briggs highlighted that the major risk to a sustainable service at this stage, related to the cross Scotland workforce required to provide MTC and units. Generic risks to both MTCs and other Boards had been detailed in Appendix 3.

Following discussion, J Simpson reminded the Group that a letter on behalf of SEAT stressing choices and concerns around costs and patient impact of 4 MTCs in Scotland had been submitted to the Chair of MTOG.

It was agreed that this would remain a substantive agenda item for SEAT.

#### 4.1.3

#### **Urological Surgical Services Review – NPF Paper**

J Simpson spoke to a previously circulated paper which requested a regional review of urological surgical services in light of the report from NPF and ongoing challenges within urological services. The Group agreed that a regional review was supported as a priority for NHS Lothian, Fife, Borders and Dumfries and Galloway. It was noted that NHS Forth Valley and Tayside would work respectively with the West and the North for the review. It was recognised that there was a keenness for the 3 regions to take a consistent approach if possible. J Simpson would pursue Board leads from each Board to allow a detailed review proposal for approval at a future SEAT meeting.

**J Simpson**

D Evans provided an update on the Cleft Lip and Palate review which had been requested by Chief Executives. As there had been issues following the implementation of the agreed model, further work was underway involving key individuals from the Glasgow and Edinburgh services. Further updates would be provided as appropriate.

#### **4.2**

#### **Cancer: For discussion/approval**

##### 4.2.1

##### **Robotic Surgery for Prostatectomy in South East Scotland**

J Simpson spoke to the previously circulated Outline Business Case (OBC) for Robotic Surgery in the South East of Scotland which had been developed by Peter McLoughlin in NHS Lothian with colleagues in the SE Boards. This group supported that the OBC had been discussed and agreed in principle at the preceding RCAG meeting. The Group noted that the revenue in the OBC was the worst case scenario, whilst the capital was anticipated to be funded by the SG and Prostate Scotland. A McCallum stressed the need for a robust workforce model. D Phillips, Workforce Planning Director, would continue to be involved. Further updates would be provided as the work progressed.

#### 4.2.2

##### **Update from preceding RCAG**

J Simpson gave a brief summary of items discussed at the preceding RCAG meeting.

#### 4.3

##### **Children and Young People: For discussion/approval**

###### 4.3.1

###### **Child and Adolescent Mental Health Services Waiting Times and Inpatient Data Reporting**

J Simpson spoke to a previously circulated paper providing an update on Child and Adolescent Mental Health Services (CAMHS) waiting times in SEAT. ISD data including waiting times and referrals to CAMHS by NHS Boards showed that SEAT Boards continued to breach the 18-week target. NHS Boards had reported significant increases in the number of referrals to CAMHS in recent years.

Following discussion, it was agreed that a more detailed piece of work to explore areas where a regional approach to tackling waiting times may be beneficial. It was agreed that J Simpson would arrange a meeting with relevant regional colleagues to consider issues and best way forward.

**J Simpson**

###### 4.3.2

###### **MCN for Child Sexual Abuse**

###### Annual Report

S McGill introduced the Annual Report for the regional MCN for Child Sexual Abuse (CSA), noting the achievements made during the previous year which included:

- Peer Review was well established with front line practitioners supported to deliver best practice through a review of cases including DVDs each month.
- The MCN has supported Children 1<sup>st</sup> and NHS Lothian Children's Services to obtain funding for a 1 year project to obtain valuable feedback from families affected by CSA on their experiences of the service and identify what support

children /young people require.

S McGill gave thanks to S MacDonald for her commitment to the role as Chair of the MCN for CSA Steering Group.

SEAT was agreed that the priorities for 2016/17 would include developing the MCN for CSA into a MCN for Child Protection in line with other regions.

T Davison confirmed that SEAT noted and agreed the Annual Report and forward work plan.

#### Terms of Reference for Child Protection MCN

J Macdonell spoke to a previously circulated paper requesting the support of the Group for the MCN for CSA to move towards a Child Protection MCN and associated Terms of Reference by December 2015. Following discussion, the Group noted the SPA (Supporting Professional Activity) requirements supported by participating Boards. They also approved the MCN CSA moving towards a Child Protection MCN in early 2016 and the associated new Terms of Reference.

#### 4.3.3

#### **Regional MCN for Neonatal Services**

##### Neonatal Quality Framework Progress Report

J Simpson spoke to a previously circulated paper updating SEAT on progress within the region against the Neonatal Care in Scotland Quality Framework, prior to submission to Scottish Government. The Group acknowledged the significant progress which has been made across SEAT units to meet the Quality Standards. Action plans within individual Boards have been put in place to address standards which have not been achieved.

The Group noted the papers recommendations and agreed that the report on progress should be submitted to the Scottish Government.

**J Simpson**

#### 4.4

#### **Mental Health and Learning Disability: For discussion/approval**

##### 4.4.1

##### **Regional Eating Disorders Unit Governance Group**

J Simpson spoke to a previously circulated paper updating SEAT on the implementation of recommendations from the external invited review by the Royal College of Psychiatrists of the Regional Eating Disorders Unit (REDU) at St John's Hospital, Livingston. Incorporated within this paper was the draft SEAT Regional Governance Group Action Plan. This was currently out with Board leads for review.

Crucially for the service, the appointment of a Clinical Lead Psychologist with an interest in eating disorders had been made. D Farquharson stressed the need for a pan-Lothian and regional Boards approach and the importance of strong management within

the REDU.

T Davison gave thanks to all involved in moving forward this important agenda.

**4.4.2      Regional Healthcare and Forensic Services for People in Police Custody – Report of first 12 months in operation**

J Simpson spoke to a previously circulated a one year report on the South East Forensic Examination and Police Custody Service following transfer of responsibility from Police Scotland on 1<sup>st</sup> August 2014.

Particular attention was drawn to the recommendations in the paper and forward plan for the SE collaborative. These were supported. SEAT recognised the considerable efforts made by colleagues in the introduction of the new service and commended the one year report in the context of a substantial success for regional working.

SEAT gave thanks to those involved in the delivery of the new robust service, particularly the current service manager, Elizabeth Gallagher and the clinical lead Hilary Ansel.

**4.5      Supporting the Business: For discussion/approval**

**4.5.1      SEAT 5 Year Financial Plan and Planned Service Change Agreement**

C Bowring spoke to a previously circulated draft SEAT Financial Plan which would be used to aid Boards with their financial planning over the next five years.

The Group noted this would evolve as further information became available. Responsibility for the ensuring that the Financial Plan was kept up to date would lie with the SEAT Director of Finance Operational Group and regular updates would be provided to SEAT. SEAT agreed this was a helpful framework to support Boards' forward financial planning.

**4.5.2      Workforce Planning - Update**

D Phillips spoke to the previously circulated Workforce Report paper. A further paper, which would provide focus on generating practical solutions to the Health Visitor issues in meeting the 2016 implementation plan, would be discussed at the next SEAT Regional Workforce Group on the 9<sup>th</sup> December 2015.

**5.      SEAT Programmes: For Information**

**5.1      Acute Services – Ensuring Appropriate Outpatient Referrals**

The Group noted a previously circulated paper which updated SEAT

on work underway to review inappropriate referrals to NHS Lothian with the aim of reducing inappropriate outpatient referrals.

**5.2 Children and Young Peoples Services – National Review of Maternity and Neonatal Services**

J Simpson reported that the National Review was underway and the Group, chaired by Jane Grant had met twice. The Terms of Reference had been developed and would be circulated to all Boards shortly.

**6. National and Other Initiatives : For Information**

**6.1 National Update - NSS**

The previously circulated Update paper was noted.

**7. Inter Board Discussions**

There followed a shared discussion on respective Board positions and approaches to clinical strategies; health and social care integration and Local Delivery Plans and Financial Positions.

**8. Regional Minutes**

**8.1 Minutes of the SEAT Directors of Planning and Directors of Finance meeting on 4<sup>th</sup> September 2015 (Approved)**  
These were noted.

**8.2 Minutes of the SEAT Directors of Finance Group on 11<sup>th</sup> June 2015 (Approved)**  
These were noted.

**8.3 Minutes of the SEAT Children and Young Peoples Health Services Planning Group on 13<sup>th</sup> May 2015 (Approved)**  
These were noted.

**8.4 Minutes of the Neonatal MCN Steering Group on 17<sup>th</sup> June 2015 (Approved)**  
These were noted.

**8.5 Minutes of the MCN for Child Sexual Abuse Steering Group on 9<sup>th</sup> June 2015 (Approved)**  
These were noted.

**9. Communications**

**9.1 News Updates from Individual Boards**

**Borders**

J Davidson reported that HIS had undertaken a further unannounced theatres inspection in NHS Borders and agreed to share the learning from the report.

**10. AOCB**

**10.1** No other business was raised.

**11. Date and Time of Next Meeting**

The next meeting was scheduled for Friday 26<sup>th</sup> February 2016 at 10.45am – 1.30pm in Meeting Room 7, Waverley Gate.

**Dates of Future SEAT Planning Group Meetings - 2016**

- Friday 22<sup>nd</sup> April
- Friday 10<sup>th</sup> June
- Friday 16<sup>th</sup> September
- Friday 11<sup>th</sup> November

All meetings will be from 10.45am – 1.30pm and preceded by the Regional Cancer Advisory Group 9 – 10.30am. They will be held in Meeting Room 7 of Waverley Gate where videoconferencing facilities shall be available.



Minutes of the Meeting of the South East and Tayside Regional Planning Group held at 10.45 am on 26<sup>th</sup> February 2016, Meeting Room 7, Waverley Gate.

**Present:-**

<b>Borders</b> Ms Jane Davidson Ms June Smyth	<b>Fife</b> Mr Paul Hawkins(Chair) Dr Frances Elliott Ms J Gardner	<b>Forth Valley</b> Ms Janette Fraser
<b>Lothian</b> Dr Brian Cook	<b>Tayside</b> Mr Peter Williamson	<b>Dumfries &amp; Galloway</b> Dr Mary Harper (VC)
<b>Regional Leads</b> Ms Jacqui Simpson Ms Jan McClean Mr Derek Phillips	<b>Directors of Finance</b>	<b>Scottish Government</b>
<b>Directors of Public Health</b> Dr Alison McCallum	<b>Nurse Directors</b>	<b>NES</b>
<b>NSD</b> Ms Deirdre Evans	<b>Scottish Ambulance Service</b> Peter Connor	<b>Medical Directors</b> Dr Tracey Gillies Dr David Farquharson
<b>HR Directors</b>	<b>NHS 24</b>	<b>Partnership Representation</b>

**In Attendance:** Mr Colin Briggs for Professor Alex McMahon. Ms Jacque Campbell for Mr Tim Davison. Paul Baughan, Clinical Lead, Primary Care, NHS Forth Valley (shadowing Tracey Gillies). Dr Ewan Bell, Associate Medical Director and Clinical Lead, NHS Dumfries and Galloway.

**Apologies for absence were received from:** Mr Tim Davison, Ms Carol Gillie, Ms Evelyn Rodger, Ms Chris Bowring, Professor Alex McMahon, Mr Alan Boyter, Mr Jim Crombie, Margo McGurk, Professor Bill Reid, Ms Pat O'Connor, Ms Lesley McLay

<b>Item No.</b>	<b>Section</b>	<b>Action</b>
1	<b>Welcome &amp; Introductions</b>	
	P Hawkins welcomed all to the meeting and noted the apologies received.	
2	<b>Previous Meeting</b>	
2.1	<u>Minutes of the Meeting held on 27th November 2015</u>	
	The minutes of the previous meeting held on 27th November 2015 were agreed as an accurate record.	
2.2	<u>Progress Against Action Note</u>	
	Progress was noted against the Action Note.	
3	<b>Matters Arising</b>	
3.1	<u>Robot Assisted Radical Prostatectomy – Business Case</u>	
	J Simpson reminded the Group that the Outline Business Case for Establishment of a Robotic Surgery Service in the South East of Scotland had been supported in principle at the November Regional Cancer Advisory Group and SEAT meetings.	
	J Simpson reported that NHS Lothian colleagues were reviewing revenue costs with a view to presenting a recosted Business Case to the NHS Lothian Capital Investment Group on the 15 <sup>th</sup> of March 2016 and the NHS Lothian Finance and Resources Committee on the 4 <sup>th</sup> May 2016.	J Simpson
	Further updates will be provided as work progresses.	
3.2	<u>Urological Surgical Services Review</u>	
	J Simpson confirmed that SEAT Boards had agreed at the previous meeting to undertake a review of wider urological surgery services within SEAT given the implications of establishing robotic surgery for radical prostatectomy. It was confirmed that a similar approach was being adopted by the West of Scotland and North of Scotland Regional Planning Groups with a project remit being jointly developed. It was noted that the participating Boards from a SEAT perspective would be NHS Borders, Fife, Lothian and Dumfries and Galloway. Boards have been requested to identify representatives to participate in this work.	J Simpson
	Further updates will be provided at a future meeting.	

3.3

Child and Adolescent Mental Health Services Waiting Times and Inpatient Data Reporting

J Simpson advised that all Boards had now confirmed their representatives for this workstream, with the meeting scheduled for 30<sup>th</sup> March. The Group will consider: referral thresholds, compare cancellation & DNA rates, DCAQ analysis, and workforce & recruitment issues with a view to sharing best practice.

A McCallum advised that there was an agreed UK-wide CAMHS Needs Assessment process which it may be helpful to consider.

**J Simpson**

Further updates will be provided at a future meeting.

**4**

**Supporting the Business: For discussion/approval**

4.1

SEAT Priorities - Draft for Discussion

J Simpson advised that she had met individually with SEAT Chief Executives and Directors of Planning over the last few months to identify the priorities for regional planning and collaboration for 2016/17. As discussed and agreed at the last SEAT meeting, work programmes are organised under 4 main headings: Cancer; Acute Services; Mental Health and Learning Disabilities and Children and Young Peoples Services with a supporting architecture to ensure appropriate engagement, reporting and governance arrangements.

**J Simpson**

SEAT noted and agreed the regional priorities identified in the Work Plan for 2016/17

SEAT noted and approved the architecture proposed. It was noted that the SEAT Medical Directors / Directors of Public Health / Nurse Directors Group had not met for some time; with agreement that its potential future role would be discussed with relevant colleagues.

4.2

Establishment of SEAT Acute Services Group

J Simpson confirmed that following agreement at a previous meeting to establish an Acute Services Group, arrangements were underway to arrange an initial discussion with Chief Officers and Directors of Planning to agree the terms of reference and ways of working. It is anticipated that a Chief Executive will chair this first meeting.

**J Simpson**

4.3

Workforce Planning - Update

D Phillips spoke to the previously circulated Workforce Planning Update which included an update on progress with Shape of Training – Medical Workforce Education and Training and the regional approach to managing challenges with Health Visitor workforce

SEAT noted the update.

## **5. SEAT Programmes**

### **5.1 Acute Services: For discussion/approval**

#### **5.1.1 SEAT Approach to Major Trauma Centre Proposals and Trauma Network**

J McClean advised that the previously circulated papers provided an overview of the national process which is underway to risk assess the proposal to establish 2 Major Trauma Centres in Scotland. This work will consider the impact on transfer times, transportation, secondary transfers and workforce issues including recruitment and retention of staff across a range of specialties. This work is due to be completed in April with a view to presentation of findings to the National Major Trauma Oversight Group on 20<sup>th</sup> April and the National Planning Forum on 28<sup>th</sup> April. Subsequently a discussion will be scheduled with Board Chief Executives at their meeting in June. J McClean highlighted that SEAT Regional Trauma Group would continue to input to the national work however proposed that the regional work paused while awaiting the outcome of the national work.

J McClean advised that Dr Dave Caesar, who had previously provided clinical leadership for trauma work in SEAT had taken up another post. SEAT was requested to support identification of an interim clinical lead for the region until there was further clarity on trauma models regionally and nationally.

SEAT noted the update and agreed to pause the regional work and supported the proposal for an interim clinical lead.

A McCallum advised that she had discussed contingency planning for a mass casualty situation with Dave Caesar including integration with regional trauma planning. B Cook advised that mass casualty planning would be an issue for national discussion and planning and would be taken forward nationally as a separate piece of work.

J Simpson cautioned against conflating the establishment of major trauma centres with mass casualty planning as they raised different issues and required different approaches.

T Gillies referred to the papers from Scottish Medical Directors on Mutual Aid Opportunities which would be discussed under Item 6.2, highlighting the principles of mutual support across Board boundaries. It was recognised that there are already examples of mutual aid in place and that in a mass casualty situation these principles would apply.

It was agreed that A McCallum would work with Medical Directors **A McCallum** separately on mass casualty planning and update as appropriate.

## **5.1.2**

### Ensuring Appropriate Outpatient Referrals

J McClean advised that the previously circulated paper provided an update on work underway through the SEAT Short Life Working Group on Outpatient Referrals.

It was highlighted that a large proportion of the referrals to NHS Lothian were from NHS Lothian consultants to other NHS Lothian consultants, and while this may be appropriate in some cases, it is expected that some of these patients could be appropriately managed within their home Board. Pilot work has recently commenced in NHS Lothian using the TRAK system to ascertain if these consultant to consultant referrals can be managed by building in an authorisation process.

Boards representatives have been asked to identify the top 3 specialties within their Board area which would benefit from a more detailed review including understanding pathways, protocols and referral criteria and patterns.

The Group noted that this work is linked to the ongoing discussions between SEAT Directors of Finance on Planned Service Change, with a Finance representative now a member of the Group and regular updates provided to SEAT Directors of Finance.

J Simpson noted that this would be a helpful precursor to some of the work that might be taken forward as part of the National Clinical Strategy.

## **5.2**

### **Cancer: For discussion/approval**

#### **5.2.1**

#### Update from preceding RCAG

J Simpson gave a brief summary of items discussed at the preceding RCAG meeting.

## **5.3**

### **Children and Young People: For discussion/approval**

#### **5.3.1**

#### NHS Lothian Consultation on Review of Paediatric Inpatient Services

Jacquie Campbell advised that the invited external Review of in-patient paediatric services in NHS Lothian by the Royal College of Paediatrics and Child Health was in progress. A 2-day visit by the Review Team had taken place recently during which the Team had met a range of clinicians, managers, education leads and several MSPs. A number of public meetings have also been arranged by NHS Lothian to allow local residents and stakeholders an opportunity to be briefed on the issues. Public and stakeholders can also comment on line via the NHS Lothian web site before 18<sup>th</sup> March. J Campbell advised that NHS Lothian expect a Report by May 2016 which will be discussed at the NHS Lothian Board in

June. Following discussion, it was agreed that D Phillips would draft a submission on behalf of SEAT outlining the significant work undertaken regionally over the last few years to manage paediatric medical workforce, taking account of training experiences and minimising the impact of gaps across the region. A draft paper will be circulated prior to submission.

D Phillips

5.4 Mental Health and Learning Disability: For discussion/approval

5.4.1 Regional Eating Disorders Unit (REDU) Governance Group

J Simpson spoke to a previously circulated paper providing an update on implementing the recommendations of an NHS Lothian commissioned external review of the REDU at St Johns Hospital, Livingston. J Simpson reported that significant progress had been made against the review recommendations including improved and robust clinical leadership. Further work was underway to ensure a resilient service with improved working relationships.

J Simpson also advised that the Core REDU Group chaired by D Farquharson had been stood down however the SEAT REDU Governance Group, chaired by J Simpson, would continue to take forward the outstanding actions.

It was agreed that further updates would be provided at future meetings.

5.4.2 Proposed National Forensic Mental Health Services Review

J Simpson spoke to a previously circulated paper prepared by Andreanna Adamson, Director of Prison and Police Health Care at Scottish Government which proposed a review of clinical models of existing forensic mental health services across Scotland with a view to making recommendations for a consistent and sustainable service.

Following discussion it was agreed that there was a need for some clarity on the forensic mental health landscape including the range of groups which were meeting at local, regional and national level and their associated remits and governance arrangements.

It was agreed that Board Chief Executives would discuss the proposal at their next meeting.

F Elliot highlighted that there are currently high costs incurred by Boards in transferring some patients to England for secure care and suggested that there needed to be a detailed needs assessment undertaken in Scotland.

**6. National and Other Initiatives**

6.1 National Clinical Strategy

South East and Tayside Regional Planning Group is a collaboration between NHS Borders, NHS Fife, NHS Forth Valley, NHS Lothian and NHS Tayside  
Based at Strathbrock Partnership Centre, 189a West Main Street, Broxburn, EH52 5LH. Tel: 01506 775 612

P Hawkins noted that Boards were in the process of considering the National Clinical Strategy which had been published the previous week. Following discussion, it was agreed that it would be helpful to convene a meeting with appropriate senior Board Leads, e.g. Medical Directors to consider the regional implications and potential of the Strategy.

**J Simpson**

J Simpson agreed to liaise with Boards and arrange a suitable date.

**6.2**

**Mutual Aid Opportunities and Challenges – Papers from Scottish Medical Directors**

J Simpson spoke to a previously circulated paper prepared by the Scottish Association of Medical Directors (SAMD). The paper sets out details of how mutual aid could be used to increase resilience across NHS Scotland particularly in sharing workforce and skills across Boards. SAMD had requested Regional Planning Groups to consider the opportunities and challenges with the proposal which would support discussion at the forthcoming Board Chief Executives meeting. Following discussion it was agreed that J Simpson would work with T Gillies to develop a response which could be considered by Board Chief Executives.

**J Simpson/  
T Gillies**

**6.3**

**National Update - NSS**

The previously circulated Update paper was noted.

The Group noted the consultation currently underway on the Cleft Lip and Palate Surgery service. C Briggs provided the background and current status of the discussions on the proposed service model which would see the surgical component of the service provided by one centre in Glasgow.

**7.**

**Inter Board Discussions**

Board Leads provided updates on their local positions with clinical strategies, Local Delivery Plans and financial positions.

It was agreed that now the National Clinical Strategy had been published and given the expected financial challenges facing Boards for 2016/17 and beyond, that an extra-ordinary SEAT meeting would be scheduled to consider options for maximising regional opportunities and collaboration.

J Simpson agreed to arrange a suitable date.

**J Simpson**

**8.**

**Regional Minutes**

**8.1**

**Minutes of the SEAT Directors of Planning and Directors of Finance meeting on 13th November 2015 (Approved)**

These were noted.

- 8.2 Minutes of the SEAT Directors of Finance Group on 10<sup>th</sup> December 2015 (Approved)  
These were noted.
- 8.3 Minutes of the SEAT Regional Major trauma Group on 5<sup>th</sup> October 2015  
These were noted.
- 8.4 Minutes of the Neonatal MCN Steering Group on 9<sup>th</sup> September 2015 (Approved)  
These were noted.
- 8.5 Minutes of the MCN for Child Sexual Abuse Steering Group on 15<sup>th</sup> September 2015 (Approved)  
These were noted.
- 8.6 Minutes of the Tier IV CAMHS Consortium on 27<sup>th</sup> August 2015  
These were noted.

## **9. Communications**

- 9.1 News Updates from Individual Boards  
Board Leads provided updates on local issues including progress with Health and Social Care Integration.

## **10. AOCB**

- 10.1 Allergy and Immunology Services in South East Scotland  
B Cook advised that due to the retiral of two consultants in Newcastle, the current referral arrangements with Newcastle for allergy and immunology services were no longer viable. Following discussion, it was agreed that a regional discussion would be convened to consider options for patients from the South East.

J Simpson

## **11. Date and Time of Next Meeting**

The next meeting was scheduled for Friday 22<sup>nd</sup> April 2016 at 10.45am – 1.30pm in Meeting Room 7, Waverley Gate.

### Dates of Future SEAT Planning Group Meetings - 2016

- Friday 10<sup>th</sup> June
- Friday 16<sup>th</sup> September
- Friday 11<sup>th</sup> November

All meetings will be from 10.45am – 1.30pm and preceded by the Regional Cancer Advisory Group 9 – 10.30am. They will be held in Meeting Room 7 of Waverley Gate where videoconferencing facilities shall be available.

South East and Tayside Regional Planning Group is a collaboration between NHS Borders, NHS Fife,  
NHS Forth Valley, NHS Lothian and NHS Tayside  
Based at Strathbrock Partnership Centre, 189a West Main Street,  
Broxburn, EH52 5LH. Tel: 01506 775 612

**South East and Tayside Regional Planning Group**

Minutes of the Meeting of the South East and Tayside Regional Planning Group held at 10.45 am on 22<sup>nd</sup> April 2016, Meeting Room 7, Waverley Gate.

**Present:-**

<b>Borders</b> Ms June Smyth	<b>Fife</b> Dr Frances Elliott Ms Jann Gardner	<b>Forth Valley</b> Dr Graham Foster
<b>Lothian</b> Mr Tim Davison (Chair) Dr Brian Cook Professor Alex McMahon	<b>Tayside</b> Ms Lesley McLay Mr Peter Williamson	<b>Dumfries &amp; Galloway</b> Dr Mary Harper
<b>Regional Leads</b> Ms Jacqui Simpson Mr Derek Phillips	<b>Directors of Finance</b> Ms Carol Gillie	<b>Scottish Government</b>
<b>Directors of Public Health</b> Dr Alison McCallum	<b>Nurse Directors</b> Ms Evelyn Rodger	<b>NES</b> Professor Bill Reid
<b>NSD</b> Ms Deirdre Evans	<b>Scottish Ambulance Service</b>	<b>Medical Directors</b> Dr Tracey Gillies Dr Andrew Murray
<b>HR Directors</b>	<b>NHS 24</b>	<b>Partnership Representation</b>

**In Attendance:** Ms Margaret Sherwood (Executive Support, Chief Executives Group), Drew Wemyss, Head of Strategy Implementation, SAS (for Pat O'Connor), Dr Alison Robertson, Clinical Lead, LD MCN (for Item 4.1.1), Viv Gration, NHS Dumfries and Galloway (shadowing Dr Mary Harper), Kate MacDonald, South East Scotland Cancer Network (shadowing Jacqui Simpson), Ms Susan Goldsmith, Director of Finance, NHS Lothian (For Part 2), Lindsay Bedford, Interim Director of Finance, NHS Tayside (For Part 2)

**Apologies for absence were received from:** Ms Katie Morris, Ms Jane Davidson, Dr Ewan Bell, Ms Chris Bowring, Mr Paul Hawkins, Ms Fiona Ramsay (For Part 2), Mr Alan Boyter, Ms Pat O'Connor, Ms Jan McClean,

<b>Item No.</b>	<b>Section</b>	<b>Action</b>
1	<b>Welcome &amp; Introductions</b>	
	T Davison welcomed all to the meeting and noted the apologies received..	
2	<b>Previous Meeting</b>	
2.1	<b><u>Minutes of the Meeting held on 26th February 2016</u></b>	
	The minutes of the previous meeting held on 26th February 2016 were agreed as an accurate record.	
2.2	<b><u>Progress Against Action Note</u></b>	
	Progress was noted against the Action Note.	
3	<b>Matters Arising</b>	
3.1	<b><u>Robot Assisted Radical Prostatectomy – Business Case</u></b>	
	J Simpson spoke to the previously circulated update paper detailing progress with the standard Business Case for robotic prostatectomy surgery in the South East of Scotland. The Group noted the intention to submit the Standard Business Case to NHS Lothian's Finance and Resources Committee on the 4 <sup>th</sup> May 2016, to allow due consideration and request final approval to proceed to procurement and implementation. This item would be considered further at the May SEAT DoFs meeting.	
	Further updates would be provided as work progresses.	
3.2	<b><u>Acute Services Group</u></b>	
	J Simpson confirmed that following agreement at a previous meeting to establish an Acute Services Group, a first meeting of the group was scheduled for 27th April 2016. This will be chaired by Paul Hawkins. The first meeting will include Chief Officers and Directors of Planning and will agree the terms of reference and ways of working. The purpose of the Acute Services Group is to support the SEAT RPG to:	
	<ul style="list-style-type: none"> <li>• Maximise potential of implementing the recently published national clinical strategy</li> <li>• Agree priority areas for acute services and oversee progress on delivery of agreed objectives</li> <li>• Prioritise early adoption of relevant national shared services programmes</li> </ul>	

- Ensure linkages with IJBs are identified and factored into acute programme

Further updates would be provided as work progresses.

#### **4. SEAT Programmes**

##### 4.1 Mental Health and Learning Disabilities: For Discussion/Approval

###### 4.1.1 Regional Learning Disability Managed Care Network – Annual Report and Workplan 2016 – 2018

Dr A Robertson, Clinical Lead for Learning Disabilities MCN, spoke to previously circulated papers including the annual report which detailed the achievement of objectives set out in the MCN Workplan for the period 2013 – 2015.

T Davison queried the perceived benefits of a single employer for Psychiatric Consultants. D Phillips replied that with the benefits of the single employer model were in part attributable to the leadership provided by Dr Tracey Sanderson, and included professional support, education and training, high quality training and the ability to cover short term gaps. However the benefits were realised because of the high level of equity, fairness and trust within the consultants. T Gillies replied that the SEAT Workforce Group had previously agreed to consider the LD MCN Regional Consultant model to decide if it could be transferred to other specialties.

J Smyth highlighted that as the MCN had been the first to discuss a regional MCN model with IJBs, it may be helpful to consider learning opportunities at the next SEAT DoPs and DoFs meeting. D Phillips added that although there was significant benefit to the visits, some organisational structure and managerial arrangements would require time to be embedded.

The Group considered and accepted the MCN Workplan for 2016 – 18. T Davison gave thanks for the work of the MCN and noted that it was a good example of collaborative working.

###### 4.1.2 Regional Eating Disorders Unit Governance Group and Perinatal Mental Health Regional Group

J Simpson spoke to a previously circulated update paper detailing work being taken forward by regional groups associated with the Regional Eating Disorders Unit (REDU) and Perinatal Mental Health Mother and Baby Unit (MBU) – both located at St Johns Hospital.

Following the appointment of the Consultant Psychiatrist and Clinical Lead, a workforce review was now underway within the REDU and would include the appointment of a permanent clinical psychologist to the Unit.

A Cross Regional Perinatal Mental Health Group had been established to develop a collaborative working approach to support the delivery of consistent, equitable, high quality perinatal mental health services in the MBU and across the five NHS Board areas. The first meeting took place on the 8<sup>th</sup> March 2016. T Davison highlighted that an optimal community service did not exist within Lothian and that it may be helpful to consider and learn from models within Borders and Fife to decide upon the best approach. T Gillies added that Third Sector involvement would be important when considering the way forward.

Following discussion, SEAT colleagues noted the content of the update and the progress that had been made in developing collaborative working approach to improving these regional services.

The Group noted that regular updates would be submitted to the SEAT RPG.

4.2 Acute Services: For discussion/approval

4.2.1 Allergy and Immunology Services

B Cook spoke to a previously circulated paper which updated SEAT on the outcome of an initial regional discussion to understand current issues with provision of allergy and immunology services in South East Scotland.

The first meeting of the Group took place on the 31<sup>st</sup> March 2016. It had been agreed that current pathways associated with allergy and immunology services would be mapped under 3 main headings

- General allergy
- Anaesthetic allergy
- Immunology

Key clinical representatives would be identified from each Board to support the mapping of pathways and provide vital clinical input as work progressed.

Borders stressed that although they had a 3 year contract with Newcastle for specialist Allergy and Immunology Services, they wanted to continue to be part of regional discussions.

Following discussion, the Group agreed that this workstream should be added to the SEAT Workplan. Support was given for ongoing work and it was agreed that further updates would be provided to SEAT RPG as work progressed.

4.2.2 Major Trauma Proposals and Trauma Network Development – Update from Trauma Service Configuration Group

A McMahon advised that a national process was underway to risk assess the initial proposal to establish 2 Major Trauma Centres in Scotland. This work would help assess the number of Major Trauma Centres required across Scotland. This work considered the impact on transfer times, transportation, secondary transfers and workforce issues including recruitment and retention of staff across a range of specialties. This work was due to be completed in April with a view to presentation of findings to the National Major Trauma Oversight Group on 20<sup>th</sup> April and the National Planning Forum on 28<sup>th</sup> April. Subsequently a discussion would be scheduled with Board Chief Executives at their meeting in June.

B Reid noted that the Surgical Training Board were very supportive of the pros and cons of a 2 MTC model.

A McCallum advised the Group that she had been asked to consider evidence from the report from a Public Health view.

4.3 Cancer: For Information

4.3.1 Update from Preceding RCAG

J Simpson gave a brief summary of items discussed at the preceding RCAG meeting.

4.4 Children and Young People: For Information

4.4.1 Child and Adolescent Mental Health (CAMHS) Waiting Times – Update from Regional Discussions

J Simpson spoke to a previously circulated paper providing a progress update following the SEAT CAMHS Waiting Times meeting on the 30<sup>th</sup> March. At this meeting, it was agreed that the Mental Health Access Improvement Support Team (MHAIST) and SEAT Boards would work in collaboration to support the MHAIST programmes which would support improvement work to support CAMHS Waiting Times. SEAT noted the update and agreed to the collaborative work.

4.5 Supporting the Business: For Discussion/Approval

4.5.1 Workforce Planning Update

Derek Phillips spoke to the previously circulated report and highlighted the update on round 1 recruitment to Foundation, Core and Run Through training programmes. The group noted the remaining issues within the report.

**5. National and Other Initiatives**

**5.1 National Update - NSS**

The previously circulated Update paper was noted.

**6. Regional Minutes**

**6.1 Minutes of the SEAT Directors of Finance Group on 18<sup>th</sup> February 2016 (Approved)**

These were noted.

**6.2 Minutes of the SEAT Children and Young People's Health Services Planning Group on 9<sup>th</sup> December 2015**

These were noted.

**6.3 Minutes of the Neonatal MCN Steering Group on 16<sup>th</sup> December 2015 (Approved)**

These were noted.

**6.4 Minutes of the SEAT Regional Workforce Group on 9<sup>th</sup> December 2015 (Approved)**

These were noted.

**7. Communications**

**7.1 News Updates from Individual Boards**

Updates were provided as part of the wider discussion following.

**8. AOCB**

No further business raised given.

**9. Discussion – Board Plans to Achieve Finance Balance 2016/17 and 2017/18. Opportunities for Regional Working**

Each board provided an update on its projected end of year position, its current NRAC position, its current financial planning position for 2016-2017 and plans for delivering savings, including both local and national schemes. Each board also summarised any additional savings plans under consideration and the potential impact of the above on TTG position. A summary of the regional position is:

**Regional Summary**

- All Boards except Tayside have broken even for 15/16
- Regionally £13m NRAC under parity

- Cumulative deficit ~£85m (~£70m with parity factored in)
- AME – non recurrent funding is being considered by some boards but if taken now this will have an impact on future revenue costs
- What would an ‘east coast’ model look like?
- Where should FV/Tayside/D&G sit regionally?
- Bring commonalities together and develop joint working

A number of actions were discussed which could be undertaken regionally to support the savings agenda including for example capping locum rates (update by end of April on national position) and mapping services that could fit into a regional model of service in order to achieve savings ie provision of on call duties by telephone. Further discussion and exploration of actions will be discussed at the next SEAT meeting in June.

#### **10. Date and Time of Next Meeting**

The next meeting was scheduled for Friday 10<sup>th</sup> June 2016 at 10.45am – 1.30pm in Meeting Room 7, Waverley Gate.

#### Dates of Future SEAT Planning Group Meetings - 2016

- Friday 16<sup>th</sup> September
- Friday 11<sup>th</sup> November

All meetings will be from 10.45am – 1.30pm and preceded by the Regional Cancer Advisory Group 9 – 10.30am. They will be held in Meeting Room 7 of Waverley Gate where videoconferencing facilities shall be available.

**SCOTTISH BORDERS**  
**COMMUNITY PLANNING STRATEGIC BOARD**

MINUTE of MEETING of the COMMUNITY  
 PLANNING STRATEGIC BOARD held in the  
 Council Chamber, Council Headquarters,  
 Newtown St Boswells on 11 June 2015 at  
 2.00pm.

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Present:-	Councillors J. Brown (Chairman), S. Bell, C. Bhatia, M. Cook; Mr T. Burrows (Eildon Housing); Councillor G. Edgar (SESTRAN); Mrs M. Hume (3rd Sector Interface); Mr A. McKinnon (Scottish Enterprise); Superintendent A. MacInnes (Police Scotland); Mr A. Perry (Scottish Fire and Rescue Service); Mr J. Raine (NHS Borders).
Apologies:-	Councillor D. Parker; Chief Superintendent G. Imery (Police Scotland); Mr T. Jakimciw (Borders College); Mr R. Licence (SBHA); Ms M. Peers (Berwickshire Housing Association); Dr D. Steele (NHS Borders); Ms R. Stenhouse (Waverley Housing).
In Attendance:-	Ms B. Allison (Scottish Government); Mr P. Barr (SBC Depute Chief Executive [Place]); Ms J. Davidson (NHS Borders Interim Chief Executive); Mr R. Dickson (SBC Corporate Transformation and Services Director); Ms L. Freeman (SESTRAN); Ms T. Logan (SBC Chief Executive), Mrs J. McDiarmid (SBC Depute Chief Executive [People]); Chief Inspector A. McLean (Police Scotland); Dr T. Patterson (Joint Director of Public Health – SBC/NHS); Mr D. Scott (SBC); Ms S. Smith (SBC); Ms M. Walker (3rd Sector); Ms F. Young (CJA); Clerk to Council.

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**1. CHAIRMAN**

In the absence of the Chairman (Councillor Parker), Councillor Brown chaired the meeting.

**2. ORDER OF BUSINESS**

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.

**3. MINUTE**

There had been circulated copies of the Minute of the Meeting held on 5 March 2015.

**DECISION**

**APPROVED the Minute for signature by the Chairman, subject to the word “ethereal” in paragraph 6 of the Minute being changed to “ephemeral”.**

**4. SCOTTISH BORDERS ECONOMIC STRATEGY 2023 – ACTION PLAN REFRESH**

There had been circulated copies a report by the SBC Service Director Strategy and Policy on the updated Action Plan for the Scottish Borders Economic Strategy 2023. The Economic Strategy set out the vision, strategic aims and objectives that would provide the focus for efforts to ensure sustainable economic growth for the Scottish Borders. The associated Action Plan set out in detail how the Community Planning Partnership would deliver the outcomes identified in the Economic Strategy. This Action Plan had now been updated and refreshed to reflect the progress that had been made in delivering actions. It also included new actions that responded to the changing economic demands of the area and the ongoing opportunities that had arisen. The detailed Action Plan was set out in Appendix I of the report. In response to a number of questions, Mr McGrath, SBC Chief Officer Economic Development, advised that although the Strategy gave the ambition for 2023, regular updates would be provided as part of performance reporting. As actions were completed, once

approved, they would be removed from the Action Plan. Part of the role of the Economy and Low Carbon Theme Group was to give partners the opportunity to consider priorities, and also to consider those actions which were currently identified as 'not resourced'. The SBC Chief Executive further explained that the CPP Joint Delivery Team was currently working on a joint resourcing plan which would be considered by the Strategic Board in due course.

#### **DECISION**

- (a) **NOTED the positive progress made in relation to the actions in the Economic Strategy Action Plan.**
- (b) **AGREED the refreshed Action Plan for the Scottish Borders Economic Strategy 2023, as set out in Appendix I to the report.**

#### **5. BUSINESS GATEWAY**

- 5.1 The Chairman welcomed Mr Jim Johnstone, SBC Principal Officer (Business) - Economic Development, and Mr David Sanderson, Deputy Chairman of Hawico Scotland (Hawick Cashmere Co) to the meeting. Mr Johnstone gave a brief presentation on the background to Business Gateway, which had been established in 2001, and transferred to local authorities in 2007, moving in-house to Scottish Borders Council in October 2012. Business Gateway had strategic links with the Scottish Government Economic Strategy, Ambitious for the Borders 2012, and the Scottish Borders Economic Strategy 2023. Business Gateway offered a number of services including start up support and advice; growth support and advice; an enquiry fulfilment research service; workshops; access to public sector finance sources; and expert help for all businesses, not just start-ups. There were currently 5,325 businesses registered in the Borders and 95-98% of these employed 2 people or less.
- 5.2 Mr David Sanderson then gave details of the history of Hawico Scotland which had started in 1874 as the Hawick Hosiery Company in Trinity Mills, Hawick, and changed its name to the Hawick Cashmere Company in 1991 when it was the subject of a buy-out. In 1996 the Company employed 150 people, producing 90,000 units, and for a short time had operated from 3 sites. Now, with the recent name change to Hawico Scotland, the company employed 70 people producing 70,000 units from one site. Hawico was in private ownership with a £5m factory business size and had always been an exporter chasing hard currency. In the last 30 years there had been a world-wide rise in the popularity and distribution of cashmere products. Cashmere raw material all came from China and the Chinese had entered the market in 2004 (with costs 30% cheaper). With retail price varying between £75 and £750 for a garment, Hawico had gone for the upper end market at £350; this market required garments to be well made, have provenance, style and presentation. The company had chosen to supply eclectic retail shops but trade was declining so they had started their own retail distribution business, currently with 15 shops across the UK as well as in Switzerland, Germany, Japan and the United States. In manufacture, there had been a revolution in knitting over the last 24 years, with 2 major technology shifts, making it possible now to produce whole garment knitting (previously 4 pieces had had to be stitched together, then the neck added). This had allowed the company to maintain the direct cost, but had meant reducing staff. The company was the technological leader in the UK at present. In response to some questions, Mr Sanderson advised that the company had identified that, as it was supplying more to the consumer, it needed to get the message across to the consumer about products. They had met with Business Gateway staff and produced a marketing plan, with Business Gateway providing 30% of photography costs. The company intended to go interactive on the internet shortly, so superfast broadband would help, as they would be selling to customers around the globe. In terms of markets, the Middle East was a tough market as it was so hot and customers there tended to buy particular brands, which was the same issue as China. The company operated in the luxury sector so only wanted a certain part of that market. They were trading well in Japan, and it was hoped this trend would continue in Asia. For the last few years, the company had taken on apprentices but these tended to be 20 year olds as they had found that some 16 year olds they had employed previously had failed to turn up for work or were easily led. There seemed to be a turning point for young people between the ages of 16 and 19 when they realised the commitment required in the world of work. Hawico had an efficient, productive factory so at the moment

there were no plans to increase the size, but the aim was to grow the retail and online business which may require a rethink. Mr Raine commented on the importance of brand and 'Made in the Scottish Borders' label being synonymous with quality. The Chairman thanked Mr Sanderson for attending the meeting and providing such a detailed insight into Hawico Scotland.

**DECISION  
NOTED.**

**6. BORDERS RAILWAY BLUEPRINT: PROGRAMME UPDATE – MAY 2015**

With reference to paragraph 5 of the Minute of 27 November 2014, there had been circulated copies of a briefing paper by the SBC Corporate Transformation and Services Director providing an update on the work on the Borders Railway Blueprint, updating on project progress under each key theme. Appendix 1 to the paper set out a full update. The main areas for progress related to the Borders Railway Prospectus website design, production and launch; the branded train promoting the Borders Railway; attendance at the VisitScotland Expo in April; tourism events; and display of the 'Great Tapestry of Scotland' at locations along the railway corridor, along with the completion of the design framework for the Central Borders Business Park at Tweedbank.

**DECISION  
NOTED the update.**

**7. ECONOMIC STRATEGY: PERFORMANCE UPDATE**

There had been circulated copies of a report on SOA Priority 1 "Grow Our Economy Performance: June 205". Mrs Sarah Watters, SBC Corporate Performance and Information Manager, advised partners that when the Single Outcome Agreement was submitted to the Scottish Government in 2013, it contained 3 key priorities for the next 10 years, one of which was "Grow Our Economy". The report presented a range of performance measures for this priority and highlighted details on Gross Value Added (GVA), Employment Rate, Gross Weekly Earnings, New Business Start Ups, 3-year Business Survival rate, Working Age Population claiming benefits, Job Seekers Allowance, Working Age Population with low or no qualifications, Town Centres retail vacancy rate, and affordable housing units delivered. In response to questions, Mrs Watters advised that it was intended that performance on this Priority would be reported twice per annum. The calculation to establish GVA was incredibly complex and SBC Chief Officer Economic Development could provide further details on how it was calculated should members wish that information. Mr McKinnon further advised that should the GVA figure be erroneous, it would be the same across Scotland. In terms of the 3 year business survival rate, the date referred to in the report (2010/11) was the date the businesses started, therefore the figure was not out of date.

**DECISION  
NOTED.**

**8. PREVENT DEATH AND INJURY ON OUR ROADS – "SKILLS FOR LIFE"**

The Chairman welcomed to the meeting Chief Inspector Andy McLean – Police Local Area Commander, Mr John Cleland – ex-British Touring Car Champion and local businessman, and Mr James MacFarlane – Young Driver and member of the Institute of Advanced Motorists, who were present to give a presentation on the "Skills for Life" driving course aimed at young drivers. Mr MacFarlane, one of the young drivers who had passed the course, advised that his training had taken place over 4 separate days in March and April 2015, using instructors from the Institute of Advanced Motorists, and he had noticed a marked improvement in his driving skills since then. 'Skills for Life' was aimed at 17 to 26 year old drivers and was about correcting habits and picking up skills which then became natural. Chief Inspector McLean advised that driving was the biggest single killer of young people in the UK. Every day in the UK, 23 young people (under the age of 25) were killed or seriously injured in vehicles. Most of these collisions were caused by bad driving – not the vehicle, the road, or the conditions. In 2014/15 in the Scottish Borders, 54 collisions involving young drivers had resulted in injury or a fatality. Since April 2015, there had been 11 fatal or

injury collisions involving young drivers. Research conducted by Brunel University in London had shown that 70% of drivers who received advanced coaching showed significantly safer skills in a number of key areas, including speed, safe distances, observations, cornering, gear changing, seating position, and use of mirrors. The initiative offered advanced driver training for young drivers, allowing them to complete the Institute of Advanced Motorists' 'Skills for Life' advanced driving course and becoming a qualified advanced driver. The course cost £149 and that amount was refunded to drivers once they had passed, so essentially the course was free. Chief Inspector McLean was looking for help from partners to publicise the course and/or consider providing their employees with time off to complete the course during working hours. Mr Cleland spoke of the current driving test being out of date, in that it did not test all aspects of driving such as overtaking, motorway driving, driving in the dark, or driving in winter conditions. Businesses needed to be aware – often new employees would be trained in how to operate machinery, but not how to drive vehicles as part of their employment. The idea behind the initiative was that young drivers were more receptive to learning – 750 young drivers passed their tests in the Borders each year. SBC Depute Chief Executive (People), Mrs Jeanette McDiarmid advised that she would work with Chief Inspector McLean on an Action Plan on reducing death and injury on Borders' roads. Dr Tim Patterson, Director of Public Health, further advised that he would arrange for details of the course to be included in the planned public health communications plan.

#### **DECISION**

#### **AGREED:**

- (a) to encourage all partner organisations to publicise the 'Skills for Life' course and, where practical, provide support to their employees to allow them to participate; and
- (b) that Chief Inspector McLean and SBC Depute Chief Executive (People) would work together to produce an Action Plan to reduce death and injury on Borders' roads.

#### **9. SCOTTISH FIRE AND RESCUE SERVICE STRATEGIC PLAN 2016 - 19**

9.1 There had been circulated copies of a report by Audit Scotland on the Scottish Fire and Rescue Service as background information to the presentation by Local Senior Officer for Mid and East Lothian and the Scottish Borders, Alasdair Perry, on developing the Scottish Fire and Rescue Service Strategic Plan 2016/19. The Scottish Fire and Rescue Service (SFRS) came into being in April 2013, with a revenue budget of £259m, a capital budget of £25.3m, operating from 357 stations across Scotland. The Service employed 8,315 staff – 3,875 whole-time operational, 2,952 retained, 229 control, 864 support, and 395 volunteer. The Scottish Government set priorities and targets for SFRS in the National Fire and Rescue Framework, and this was used by SFRS to develop its own Strategic Plan, which required Ministerial approval. Legislation required a 3-year Strategic Plan, so a new Plan was required for the period April 2016 to March 2019. Local Fire and Rescue Plans would be reviewed and revised in 2016 following publication of the Strategic Plan 2016/19. In terms of a timeline, a local and national stakeholder engagement period was underway in May/June 2015, with the SFRS Board due to agree a draft Strategic Plan in September 2015 for consultation. This formal consultation period would run from October to December 2015, following which a Strategic Plan would be submitted for Ministerial approval in February 2016. The current stakeholder engagement exercise was looking for responses to the following questions:

- What are the key strengths of the SFRS?
- As a local partner, what are our shared challenges and opportunities?
- What do you think SFRS can do to help improve matters at local partnership level or nationally?
- What really matters to our local communities?

9.2 LSO Perry referred to a SFRS media plan on the prevention of house fires, and also requested to be advised of any vulnerable people in the Borders. In response to questions

about the Audit Scotland report, LSO Perry advised that in terms of water rescue stations in the Borders, this was a very risky activity and staff in the 2 whole-time stations in the Borders received specialised training to carry out such rescues. The Service was also starting to explore opportunities to take on different roles e.g. medical response schemes, including use of defibrillators. It was particularly important in rural areas that the work of the Service added value to these communities.

**DECISION**

**NOTED the various stages for developing the Scottish Fire and Rescue Service Strategic Plan 2016/19.**

**10. CHILDREN & YOUNG PEOPLE'S LEADERSHIP GROUP**

There had been circulated copies of a report by the SBC Depute Chief Executive (People) seeking approval for the revised arrangements for the children and young people's strategic planning and commissioning. The Children and Young People's Leadership Group had been established in June 2014 and was responsible for delivery of the Scottish Borders Children & Young People's Plan. Previously the Leadership Group had reported to the Scottish Borders Community Health & Care Partnership (CHCP). As the CHCP had now been disestablished, the Leadership Group had reviewed its governance arrangements and concluded that, given the shared priorities, the Community Planning Partnership should have oversight of Children & Young People's services. This would not alter the existing individual agency governance arrangements which were in place for escalation of decisions and issues concerning a single agency service. Members expressed some concern about the seeming widening of the Community Planning Partnership remit and were advised that the Board was due to receive a paper on governance at its September meeting.

**DECISION**

**(a) NOTED the work of the Children & Young People's Leadership Group.**

**(b) AGREED that:**

- (i) the Community Planning Partnership Strategic Board, through the Joint Delivery Team, had oversight of the work of the Children & Young People's Leadership Group, with regular monitoring reports; and**
- (ii) officers would look at the wider context of the Community Planning Partnership and include this in the report on governance due to be considered at the next meeting of the Strategic Board in September 2015.**

**11. HEALTH AND SOCIAL CARE INTEGRATION**

There had been circulated copies of a Programme Highlight Report outlining progress on delivery of the integration programme for Health and Social Care. Mr James Lamb, SBC Programme Manager for Health and Social Care Integration, advised that the Scheme of Integration (effectively the governance and operating arrangements) had been submitted to Scottish Government and feedback had now been received. The second draft of the Strategic Plan was being prepared for presented to the Integration Joint Board, Scottish Borders Council, and NHS Borders Board by the end of June 2015. This would then be published for consultation and further engagement events were planned for late August/early September 2015. A series of staff and public engagement events had recently been held across the Borders, although attendance at some of the public meetings was disappointing given the amount of publicity, and also the level of input at these meetings had been more about individual operational matters rather than strategic issues. It was acknowledged that the public would be more interested in operational services. A Strategic Planning Group had been established and this Group would support the Integration Board in the development, review and renewal of the Strategic Plan. Mrs Hume of the Third Sector referred to the Scottish Government paper on the role of the Third Sector Interface,

**DECISION**

**NOTED.**

**12. STRENGTHENING SCOTTISH BORDERS APPROACH TO THE RESTRUCTURING OF COMMUNITY JUSTICE**

There had been circulated copies of a report by the SBC Chief Social Work Officer setting out the process for making the changes in preparation for the legislative impact on Community Justice arising from the implementation of the draft Community Justice Bill. Mr Douglas Scott, SBC Senior Policy Adviser, gave a presentation on the proposed Community Justice model which would see the abolition of the 8 existing Community Justice authorities and place responsibility for local planning and monitoring of community justice services with a defined set of local community justice partners – many of whom were community planning partners - and place duties on these community justice partners to engage in local strategic planning for community justice and be accountable for this, and to deliver and report on outcomes for community justice in their local area. The national elements of the Community Justice Bill required the development of a national strategy and performance framework, the creation of a national body, and the promotion of a focus on collaboration. Locally, the proposed changes offered an opportunity to reshape and transform community justice based on prevention and early intervention, which linked well with work elsewhere tackling domestic abuse, community safety, drugs and alcohol, and inequalities. Given the alignment with the Community Planning process moving forward, it was proposed that a Community Justice Group be established which would report in to the CPP Joint Delivery Team and the CP Strategic Board. This would ensure that the current and future key priority areas were progressed within the Scottish Borders. It would be expected that Community Planning Partnerships and community justice partners consulted each other when preparing their respective outcome improvement plans. Thus, local community justice outcomes would be integral to wider community planning and reporting. Ms Fiona Young, Chief Officer of Lothian & Borders Community Justice Authority, advised members that the proposed community justice partners aligned with the recommendations in the Bill and also described the relationship with the Court service, Prison service, and the Third sector. While the Third sector was not a statutory community justice partner, it was intended that a close working relationship would be established. Currently the Borders had funding of £16m for community justice and it was hoped that this could increase under the new arrangements. There was a close relationship between the Community Justice Bill and the Community Empowerment Bill. The new arrangements for community justice were due to be implemented in April 2017, with production of a plan by the end of 2015, and a shadow year from 1 April 2016.

**DECISION**

**AGREED:**

- (a) to the establishment of an inter-agency Scottish Borders Community Justice Group which would report in to the CPP Joint Delivery Team and the CPP Strategic Board; and
- (b) that the Scottish Borders Community Justice Group would be chaired by the SBC Chief Social Work Officer.

**13. THIRD SECTOR INTERFACE PILOT IMPROVEMENT PLAN**

There had been circulated copies of a report on the Third Sector Interface (TSI) Community Planning Improvement Programme. The Programme was a joint initiative between the Scottish Government Third Sector Unit, Voluntary Action Scotland and the Improvement Service, and focussed on improving the impact of TSIs on community planning and on better outcomes for local communities across Scotland. The Borders TSI (Borders Third Sector Partnership) had volunteered to be part of the pilot as members were aware that they were not demonstrating the full extent of involvement in delivering services in the Scottish Borders as they were under-resourced and there were significant gaps. The Borders TSI had now completed the first 3 steps of the Programme: awareness raising and initial assessment; assessment review and consensus planning; and improvement planning and implementation. A draft Improvement Plan had been developed with 3 key priorities – communication, representation and accountability. Members expressed some concern about the key priorities and queried whether others such as function & delivery, resourcing, and

performance, had been considered or should be included. It was recognised that the Third Sector had a structure which differed from those of other Community Planning partner organisations, but the balance of the proposed Programme needed to be right.

**DECISION  
AGREED:**

- (a) to endorse in principle the Scottish Borders Community Planning Improvement Plan;
- (b) that additional work be undertaken regarding the priorities of function, delivery and resourcing, to ensure these were captured within the Plan;
- (c) that Morag Walker confirm with the Improvement Service the qualified endorsement of the Plan would still ensure funding could be released; and
- (d) that an amended Scottish Borders Third Sector Interface Pilot Community Planning Improvement Plan be considered at the next meeting of the Strategic Board.

**14. PUBLIC HEALTH REVIEW**

There had been circulated copies of the final response by NHS Borders and Scottish Borders Council to the Scottish Government's Public Health Review Engagement Paper. Dr Tim Patterson, Joint Director of Public Health, gave details of the background to the national review, with 4 main engagement questions to be answered. The Scottish Government was now considering responses and its report back was expected in September 2015. There seemed to be a feeling that Public Health needed to increase its profile which may lead to a strengthening of the national capacity to provide a more unified Scottish voice.

**DECISION  
NOTED.**

**ITEMS FOR NOTING AND/OR ACTION**

**15. Household Survey**

There had been circulated copies of a briefing paper by the SBC Service Director Strategy and Policy giving details of the Scottish Borders Household Survey which had been developed in partnership and sent out to 6,000 randomly selected addresses across the Borders in May 2015. Completed surveys would be collated by Research Resource and copies of their final reports were expected in late July and would be provided to partners thereafter. A copy of the survey questionnaire was attached to the briefing paper.

**DECISION  
NOTED.**

**16. Conference on Community Empowerment**

There had been circulated copies of a note from Susan Swan, on behalf of the Borders Third Sector Partnership, advising of a proposed Borders Third Sector Partnership Conference on Community Empowerment which was scheduled for 22 August 2015. Community Planning Partners were being asked for their views on what should be included on the agenda for the day and a draft agenda was included within the note. Community Planning Partners were also being asked to contribute financially to the event if that was possible.

**DECISION  
NOTED.**

**17. URGENT**

- 17.1 Under Section 50B(4)(b) of the Local Government (Scotland) Act 1973, the Chairman was of the opinion that the item dealt with in the following paragraph(s) should be considered at the meeting as a matter of urgency, in view of the need to keep Members informed.

## **17.2 BORDERS GUARANTEE PROGRESS UPDATE**

With reference to paragraph 9 of the Minute of 27 November 2014, there were circulated at the meeting copies of a report by the SBC Service Director Strategy and Policy detailing the progress made in delivering the Borders Guarantee and the proposed next steps. In order to deliver the Guarantee a Positive Destination Policy and Procedural Framework had been developed, with the Framework designed to ensure an offer of work, further education or training opportunities, with appropriate support if required, was made to all young people leaving school who did not have a positive destination. Currently 363 opportunities had been identified by partners as being appropriate for this cohort of young people, with further opportunities under consideration. Funding for an additional full time Employment Support Worker had been secured to provide intensive support to the young people when required. A further post of Borders Guarantee Co-ordinator had also been established and funding secured for between 2 to 3 years. A key element of this post would be the promotion of the Guarantee throughout all sectors in the Borders to secure offers of support from partners across the CP Partnership and the business sector. A Borders Guarantee Project Delivery Group had been also been established and it would report its progress to the Learning and Skills Partnership, with governance links progressing through the Economy and Low Carbon Theme Group, the CP Joint Delivery Team and on to the Strategic Board. Members welcomed the update and requested further progress be reported to the Strategic Board.

### **DECISION**

- (a) **NOTED the progress made in the development of the processes and governance arrangements for the delivery of the Borders Guarantee.**
- (b) **AGREED that a full report on the Borders Guarantee be presented by the SBC Service Director Strategy and Policy to the next meeting of the Strategic Board.**

*The meeting concluded at 4.40 p.m.*

**SCOTTISH BORDERS  
COMMUNITY PLANNING STRATEGIC BOARD**

Appendix-2016-87

MINUTES of Meeting of the COMMUNITY  
PLANNING STRATEGIC BOARD held in  
Council Chamber, Council Headquarters,  
Newtown St Boswells on Thursday, 26th  
November, 2015 at 2.00 pm

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Present:- Councilors D. Parker (Chairman), S. Bell, C. Bhatia; Councillor G. Edgar (SESTRAN), Mrs M. Hume (Third Sector); Chief Superintendent G. Imery (Police Scotland); Mr T. Jakimciw (Borders College); Mr A. McKinnon (Scottish Enterprise); Councillor S. Mountford (SBHA); Mr A. Perry (Scottish Fire and Rescue Service); Mr J. Raine and Dr D. Steele (NHS Borders); Ms R. Stenhouse (Waverley Housing).

Apologies:- Councillors J. Brown, M. J. Cook; Mr T. Burrows (Eildon Housing).

In Attendance:- Ms J. Davidson (NHS Borders Chief Executive); Mr R. Dickson (SBC Corporate Transformation and Services Director); Ms T. Logan (SBC Chief Executive), Mrs J. McDiarmid (SBC Depute Chief Executive [People]); Mr T. Patterson (Joint Director of Public Health – SBC/NHS); Mr D. Scott (SBC), Ms S. Smith (SBC), Clerk to Council.

**1. MINUTE**

1.1 There had been circulated copies of the Minute of the Meeting held on 11 June 2015.

**DECISION**

**APPROVED the Minute for signature by the Chairman, subject to the amendment of paragraph 13(c), replacing 'the Improvement Service' with 'Voluntary Action Scotland'.**

1.2 With reference to paragraph 14 of the Minute of the Meeting held on 11 June 2015, the Joint Director of Public Health gave an update on the Public Heath Review. The report was currently with the Cabinet Secretary. Going forward, it was likely there would be no structural change for the Public Health function; the Community Planning Partnership was seen as pivotal for delivery of Public Health; Public Health practitioners would still be expected to provide significant and bold leadership; the roles of those in public health would include workforce development; and everyone had a public health role. The Chairman advised there would be further discussion once the report was issued.

**DECISION  
NOTED.**

**2. ACTION TRACKER**

2.1 There had been circulated copies of the Action Tracker for Strategic Board decisions. With reference to the decision at paragraph 6(a) of the Minute of Meeting of 11 June 2015, that Chief Inspector McLean and SBC Depute Chief Executive People would work together to produce an Action Plan to reduce death and injury on Borders' roads, the SBC Depute Chief Executive People confirmed that this work was being taken forward by the Community Safety Unit based at the Council. The Chairman further advised that he had already written to the Scottish Government Minister and would do so again, copying Mr Raine into the draft.

**DECISION**

**NOTED.**

- 2.2 With reference to the decision at paragraph 12(b)(ii) of the Minute of Meeting of 11 June 2015, that officers would look at the wider context of the Community Planning Partnership and include this in the report on governance due to be considered at the next meeting of the Board, Mr Raine of NHS Borders asked when governance of the Partnership was scheduled to be discussed. The SBC Chief Executive advised that officers had considered it important to have the presentation by the Scottish Government Officer on the Community Empowerment (Scotland) Act 2015 first then to set up a specific session for the Board to consider governance.

**DECISION**

**NOTED that a separate meeting was to be set up to allow the Strategic Board to consider future governance arrangements.**

**3. COMMUNITY EMPOWERMENT (SCOTLAND) ACT 2015**

- 3.1 With reference to paragraph 7 of the Minute of Meeting of 5 March 2015, Mr Iain Murray, Policy Officer from Scottish Government, gave a presentation on the Community Empowerment (Scotland) Act 2015, and what it meant for Community Planning. The new Act gave a clear purpose to Community Planning on how public bodies would work together along with the local community to plan and act to improve local outcomes. Duties were placed on Community Planning Partnerships to act to tackle inequalities which included not only preparing a Local Outcome Improvement Plan, reviewing and reporting on progress, but also preparing locality plans for localities in which communities experienced the poorest outcomes. Further duties were also placed on public sector partners to resource the Local Outcome Improvement Plan priorities and take account of these in undertaking their own functions. The Act now contained a much more expanded list of statutory partners, with joint responsibility for governance duties placed with a number of statutory Partners, not just the Council as had previously been the case. Participation was now required with communities in design, delivery of plans and services, and performance reporting. However, legislation could not do everything and ultimately the cultures which underpinned the Community Planning Partnership would decide whether it would work or not. Other features within the Act of relevance specifically to the Community Planning Partnership included: participation requests, community right to buy, asset transfer requests, and participation in public decision making. Mr Murray confirmed that supporting statutory guidance and secondary legislation was planned by summer 2016, with different parts of the new Act likely to come into force at different times.

- 3.2 Members of the Board considered the presentation and made a number of comments. At the Third Sector conference held the previous weekend, there seemed to be an enormous gulf between what the Partnership was doing and the expectations of some community groups. Reference was made to the Vision for Eyemouth and the Peebles Masterplan which had been developed by their respective communities but not discussed by the Community Planning Partnership. These needed to be integrated going forward. In some instances it was very difficult to get residents involved in planning and decision making for their own communities, but it was also recognised that communities could only be encouraged and not forced to participate. It was also considered helpful if guidance could be issued to contextualise the role of the Partnership e.g. Colleges currently took guidance from the Scottish Funding Council regarding planning and reporting cycles, and further guidance was required on how this would be impacted. The Act would hopefully lend weight to collectively deciding as statutory partners how to resource the Partnership and act together moving forwards. Members did express concern about the delay in issuing guidance both to the Partnership and to communities themselves. The Chairman thanked Mr Murray for his presentation.

**DECISION**

**NOTED.**

#### **4. REDUCING INEQUALITIES**

With reference to paragraphs 4 – 6 of the Minute of Meeting of 5 March 2015, there were circulated at the meeting copies of the Draft Strategic Plan for Reducing Inequalities in the Scottish Borders 2015 - 2020. The SBC Depute Chief Executive Place gave a presentation on the Draft Plan which had drawn together all the plans and strategies in place to focus on reducing inequalities. The vision for the Community Planning Partnership was: "By 2023, quality of life will have improved for those who are currently living within our most deprived communities, through a stronger economy and through targeted partnership activity." The 5 key themes for Inequalities in the Scottish Borders were health and wellbeing; employment and income; housing and neighbourhood; attainment, achievement and inclusion; and keeping people safe. The rural nature of the Borders and the challenges this brought was a cross cutting theme and would always be considered when examining the 5 themes. Details were given on the links from the Reducing Inequalities themes, national strategic objectives, community planning priorities, and national outcomes. The over-arching principles of Reducing Inequalities are early intervention and prevention to break the cycle of poor outcomes; working with our communities, building on the assets of individuals and communities; and ensuring that children and families' needs were at the centre of service design and delivery. There were 6 high level outcomes and 5 key strategic outcomes detailed in the Plan, each section setting out what the key issues were; what outcomes were to be achieved; what the planned activities were to do this; and the priorities. Early years centres at Burnfoot, Langlee and Philiphaugh were mentioned along with the new centre at Eyemouth which was due to open in Spring 2016. Reference was also made to the Healthy Start project, as well as exclusions from school, positive destinations for school leavers, attainment vs deprivation, literacy and numeracy and snapshots of work in high schools. In response to a question about whether there was a specific improvement in deprived areas, or if there was a general improvement across the board, the SBC Depute Chief Executive People advised that it was too soon to tell. Assurance was also given that domestic abuse was included in the Strategic Plan in the Safer Communities section on "Keeping People Safe", led by the Manager of the Safer Communities Unit, who also was a member of the Reducing Inequalities Theme Group.

#### **DECISION NOTED.**

#### **5. COMMUNITY JUSTICE**

With reference to paragraph 12 of the Minute of Meeting of 11 June 2015, there had been circulated copies of a report by the Chief Social Work Officer setting out the current transition arrangements for making the changes necessary to meet the requirements of the Community Justice Bill while building on the information provided to the June meeting of the Strategic Board. By 31 January 2016, the Scottish Borders was required to submit a Community Justice Transition Plan to the Scottish Government. Work was already underway to draft the Plan following the appointment of a Project Officer. To date, a Community Justice Board had been established, reporting through the Community Planning Strategic Board, with an agreed Constitution and Terms of Reference. Consultation and engagement activity had already commenced and would be sustained during and post transition. This formed part of the communication and marketing plan supported by a stakeholder analysis. The Community Justice Board was using analysis in the form of a Scottish Borders offender profile to aid decision making. In support of the national transition process, the Scottish Borders was acting as a test site for developing performance indicators, testing the Community Justice Authority 'Framework for the Support of Families affected by the Community Justice System', and had volunteered to work with the Criminal Justice Voluntary Sector Forum to undertake a self-evaluation exercise for the Third Sector providers within local authorities. A project plan had been developed and was being managed through the Microsoft Project application. The membership of the Community Justice Board included representatives from NHS, Fire and Rescue Service, the Council, Skills Development Scotland, Police Scotland, and the 3rd Sector and it was important that the Community Planning Partnership was engaged

with this work. It was recognised that the work of the 3rd Sector was crucial to initiatives in Community Justice, and Mrs Hume confirmed that Volunteer Centre Borders was in contact with SACRO on this issue.

**DECISION**  
**AGREED:**

- (a) to note the update on current transition arrangements for Community Justice; and
- (b) that responsibility for approving submission of the Community Justice Transition Plan was devolved to the Community Justice Board.

**6. HEALTH AND SOCIAL CARE INTEGRATION**

There had been circulated copies of a paper by the Chief Officer for Health and Social Care on the second draft of the Strategic Plan for Health and Social Care Integration for discussion and consultation prior to the close of the formal consultation period on 11 December 2015. A copy of the Draft Strategic Plan 'A further conversation: working together for the best possible health and wellbeing in our communities' had also been circulated. The paper also provided an update on engagement activities, the feedback from which would inform the final version of the Plan. The Chief Officer for Health and Social Care advised the Board that the first draft of the Strategic Plan had been out for consultation earlier in the year and had received helpful responses. These had been used to make specific revisions for the 2nd draft, which had been presented at Area Forum meetings and other public meetings, as well as being cascaded to staff to get helpful feedback and comments. The Strategic Plan formed part of the legislative framework for adults in the Scottish Borders, and stated what actions would be put in place to show that the national health and wellbeing outcomes would be achieved in the area. Comments from any of the Community Planning Partners were welcome on any aspects of the Strategic Plan.

**DECISION**

**NOTED the second draft of the Strategic Plan for Health and Social Care Integration.**

**7. SCOTTISH LOW CARBON ECONOMIC STRATEGY 2023 - UPDATED ACTION PLAN AND PROPOSED PERFORMANCE FRAMEWORK**

With reference to paragraph 4 of the Minute of Meeting of 11 June 2015, there had been circulated copies of a report by the SBC Director Corporate Transformation and Services on progress to refresh the Action Plan and proposing a draft Performance Framework to support the monitoring of delivery of the Strategy Aims and Objectives. It was agreed when the Strategy was approved in October 2013 that the Action Plan would be reviewed regularly and the process to refresh the Action Plan began in February 2015. The refreshed Action Plan, attached as Appendix 1 to the report, involved a thorough consultation process with a range of partners. To allow effective monitoring of progress against the Aims and Objectives of the Strategy, the Performance Framework, attached as Appendix 2 to the report, had also been developed. It suggested a series of performance indicators ranging across the key objectives within the Strategy. In response to a question about what difference the Community Planning Partnership made to the Action Plan and where was the added value, the Director Corporate Transformation and Services responded that the Partnership brought a focus and speed to projects, as well as a degree of expertise, which otherwise would have been missing. This in turn shared knowledge and experience round the Partners, specifically around skills development to encourage more training, and also established links between the different organisations.

**DECISION**  
**AGREED:**

- (a) the updated Scottish Borders Low Carbon Economic Strategy 2023 Action Plan and that implementation of the Action Plan continued to be overseen by the Economy and Low Carbon Programme Delivery Team; and
- (b) the draft Low Carbon Economic Strategy Performance Framework.

8. **COMMUNITY PLANNING MEMBERSHIP**

There had been circulated copies of an extract from a report to the Council by the SBC Corporate Transformation and Services, containing a recommendation that the new Integrated Culture and Sport Trust became a member of the Community Planning Partnership. At its meeting on 7 October 2015, the Council had agreed to the formation of an Integrated Culture and Sport Trust with Borders Sports and Leisure Trust. There was a requirement under the Community Empowerment (Scotland) Act 2015 that sport and leisure became a statutory partner in the Community Planning Partnership, a role to be undertaken by Sport Scotland. As it was unlikely Sport Scotland had the resources to be represented on all Community Planning Partnerships across Scotland, discussions would take place to establish if it was appropriate for the new Integrated Trust to take on the statutory role with regard to sport. It was intended that the new Integrated Trust would manage the following business areas: Libraries and Information Services, Museums and Galleries Services, Archives and Local History Services, Arts Development, Heart of Hawick, Public Halls, Community Centres, Sports Development, Active Schools, and all sports facilities.

**DECISION**

**AGREED that the new Integrated Sport and Culture Trust be adopted as a Community Planning Partner and be represented at Strategic Board level and at the Joint Delivery Team.**

9. **SCOTTISH BORDERS THIRD SECTOR INTERFACE PILOT COMMUNITY PLANNING IMPROVEMENT PLAN**

With reference to paragraph 13 of the Minute of Meeting of 11 June 2015, Mrs Hume of the Third Sector Interface, advised that the Plan had not yet been received back. It was recognised that Community Planning Partnerships and the Third Sector were not yet coming together. The Third Sector was quite diverse and while it had connections with communities and individuals, this was often not in a recognisable overarching form. Consultations had been carried out with 616 voluntary sector organisations, with responses received from 54; and 56 Community Planning bodies, with 12 responses received. At the Voluntary Action Scotland conference the previous month it had been recognised that the online methodology used in the consultation had been poor, and in future Focus Groups would be used. Communication was crucial and locally the Third Sector did not have as high a profile other members of the Community Planning Partnership. The Sector was currently looking at how to operate more efficiently and effectively; and how to become more involved in the Theme Groups. A Third Sector Interface facilitated day was being held on 10 December to look at what needed to be done to work more effectively. The Board expressed concern about the challenges faced by the Third Sector and offered to attend the facilitated day on 10 December to show support. Mrs Hume advised of her preference for that particular day to be attended by Third Sector representatives only. The Board would therefore wait on the outcome of the day instead. The Scottish Government had recently announced a review of Third Sector Interfaces and Voluntary Action Scotland which would concentrate on value for money and the role, function, impact and effectiveness of the structure. The review was due for completion in March 2016.

**DECISION**

**NOTED the update and that the final Improvement Plan would be presented to the Strategic Board once it was received back.**

**10. COMMUNITY LEARNING AND DEVELOPMENT: STRATEGIC PLAN FOR CLD IN SCOTTISH BORDERS 2015 - 18**

There had been circulated copies of a report by the SBC Service Director Children and Young People updating the Board on the Community Learning and Development (CLD) Strategic Plan for 2015 – 18. The CLD Strategic Guidance for Community Planning Partnerships (2012) set out expectations on Community Planning Partnerships (CPP) to use CLD approaches to public service reform and to develop a clear framework for the planning and delivery of CLD by the Local Authority and partners. The CLD Regulations of 2013 require a three year partnership plan for CLD to be developed by the Education Authority by 1 September 2015. This Plan would be subject to scrutiny through the Local Area Network. Local CLD partnerships had been developed in each of the nine High School catchment areas. They have mapped current CLD activity, consulted with learners and community groups and developed action plans to address local priorities. There was clear synergy between the identified CLD priorities and those of the CPP's Reducing Inequalities profile. These local plans had now been rolled up to create a Borders wide Strategic Plan for CLD 2015-18 (attached as the Appendix to the report). Mr Kevin McCall, SBC Senior Team Leader, gave a short presentation on the Scottish Borders context and the process for developing the Plan. Various partners were involved and measures would be in place to check that the Plan was working. There were plans for further engagement at local level.

**DECISION**

**AGREED to:**

- (a) note that the Council would be receiving a report to approve the Community Learning and Development (CLD) Strategic Plan for 2015-18, as contained in the Appendix to the report;
- (b) to note the issues requiring further action during the lifetime of the Plan; and
- (c) to support the CLD Strategic Partnership to engage effectively with key CLD Partners, facilitating contribution to the annual planning process with members taking active role within the local area partnerships.

**11. CHILDREN & YOUNG PEOPLE'S SERVICES UPDATE - INTEGRATED SERVICES PLAN AND JOINT INSPECTION**

There had been circulated copies of a report by the SBC Depute Chief Executive People updating the Board on progress with the Integrated Children and Young People's Plan and the multi-agency inspection process which was due to commence on 18 January 2016. There had been significant progress on the development of an updated multi-agency Children & Young People's Plan, which had now been agreed by all members of the Children and Young People's Leadership Group (CYPLG). The consultation on the Plan had commenced early November with activities to involve all key stakeholders including children and young people and their families. The Plan was contained in Appendix 1 to the report and Appendix 2 to the report contained details of the consultation process. The consultation was on both the NHS Borders and Council websites and the document had also been sent out to community groups, children and young people, and was on Facebook. The Plan summarised progress made over the period of the previous Plan and highlighted priorities and key actions which would be progressed over the next 3 years. The Care Inspectorate have recently advised the Chair of the Community Planning Partnership of the forthcoming planned multi-agency C&YP Inspection process to take place commencing 18 January 2016. Work was now progressing to prepare the information which would be required to be submitted in advance of the formal inspection period and to put in place the practical arrangements, which were outlined within the report. It was anticipated that, following the Inspection, the findings and recommendations from this would be received by March 2016, and a report on an action plan would be brought thereafter to the CPP Strategic Board. Preparation for the

inspection was crucial and partners were working well together, with very much a partnership approach being taken.

**DECISION**

**NOTED:**

- (a) the draft Children and Young People's Plan and agreed that partners provide any feedback directly to the Children and Young People's Leadership Group; and
- (b) the Inspection timescales and processes.

**12. DATES OF NEXT MEETINGS**

There had been detailed on the agenda the dates for the next 2 meetings of the Strategic Board and proposed dates for 2016/17. It was noted that the next meeting of the Board due to be held on 3 March 2016 clashed with a Board meeting of NHS Borders.

**DECISION**

**AGREED** that the Clerk to the Council liaise with the Secretary of the NHS Borders Board regarding the 3 March 2016 meeting date.

*The meeting concluded at 4.00 pm*

**SCOTTISH BORDERS**  
**COMMUNITY PLANNING STRATEGIC BOARD**

MINUTE of MEETING of the  
 COMMUNITY PLANNING  
 STRATEGIC BOARD held in the  
 Council Chamber, Council  
 Headquarters, Newtown St  
 Boswells on 3 March 2016 at  
 2.00pm.

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Present:- Councillors J. Brown (Chairman), S. Bell, C. Bhatia; Mr G. Farries (Scottish Fire and Rescue Service); Mrs M. Hume (3<sup>rd</sup> Sector Interface); Chief Superintendent G. Imery (Police Scotland)(to para.6.1); Mr T. Jakimciw (Borders College); Mr D. Rennie (Scottish Enterprise)(to para.6.2); Councillor S. Mountford (SBHA); Dr D. Steele (NHS Borders).

Apologies:- Councillors D. Parker and M. Cook; Mr T. Burrows (Eildon Housing); Councillor G. Edgar (SESTRAN); Mr A. McKinnon (Scottish Enterprise); Mr J. Raine (NHS Borders); Mrs R. Stenhouse (Waverley Housing).

In Attendance:- Mrs J. McDiarmid (SBC Depute Chief Executive [People]); Mr T. Patterson (Joint Director of Public Health – SBC/NHS); Ms S. Smith (SBC), Clerk to Council.

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**1. CHAIRMAN**

In the absence of the Chairman (Councillor Parker), Councillor Brown chaired the meeting. Councillor Brown welcomed Mr David Farries, the new Local Senior Officer for Midlothian, East Lothian and the Scottish Borders (Scottish Fire and Rescue Service) to his first meeting of the Board. There followed a round of introductions.

**2. MINUTE**

There had been circulated copies of the Minute of the Meeting held on 26 November 2015.

**DECISION**

**APPROVED the Minute for signature by the Chairman.**

**3. ACTION TRACKER**

3.1 There had been circulated copies of the Action Tracker for Strategic Board decisions. With reference to the decision at paragraph 10(c) of the Minute of Meeting of 8 March 2015, that the Chief Financial Officer carry out localized 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, there were circulated at the meeting copies of the information received from partners. Mr Rennie advised that Scottish Enterprise had not been included in the analysis as it would be very difficult to disaggregate national budgets to this level. Councillor Bell asked about resources provided by Forest Enterprise Scotland, SNH, SEPA, Historic Environment Scotland, as these were also public organisations and reference needed to be made to them even if figures were unavailable. Clarification was also sought on what was included in the 'other services' heading.

**DECISION**

**AGREED that the SBC Communities and Partnership Manager would liaise with the Chief Financial Officer to find out further information and send this out to the Board Members.**

3.2 With reference to the decision at paragraph 15(d) of the Minute of Meeting of 11 June 2015, that an amended Scottish Borders Third Sector Interface Pilot Community Planning Improvement Plan be considered at this meeting of the Strategic Board, Mrs Hume confirmed that a verbal update on the status of the Plan had been provided to the Community Planning Joint Delivery Team the previous week, but an updated Plan had only just been received. The updated Plan would be available for consideration at the next meeting of the Strategic Board. Mrs Hume then advised the Board of the current Scottish Government review of Third Sector Interfaces (TSIs). Eleven TSIs across Scotland had been identified to participate in the review, including the Scottish Borders TSI, and details should be available shortly. One part of the review would consider where TSIs fitted in to Community Planning so partners may be approached for information.

#### **DECISION**

**NOTED that:**

- (a) **the Scottish Borders Third Sector Interface Pilot Community Planning Improvement Plan would be presented to the Strategic Board at its next meeting; and**
- (b) **the Scottish Borders Third Sector Interface was one of eleven Third Sector Interfaces included in a Scottish Government review.**

#### **4. ADAPTATIONS**

4.1 Mr Nile Istephan (Chief Executive) and Mr Michael Patterson (Property Officer) of Eildon Housing gave a presentation on the operation of the Care and Repair Service run by Eildon Housing. Borders Care and Repair had been set up in late 2004 and opened to the public in January 2005. The Service was a partnership between Eildon Housing Association and Scottish Borders Council. Since its inception the Service had been continually developing and in 2010 had started to manage local Registered Social Landlords (RSL) adaptations to housing stock where a client had been identified as needing work on their house to allow them to remain in their home. This service was also provided to home owners and applied to any type of property. In 2015 the RSLs had agreed to a joint funding bid to Scottish Government for provision of a Stage 3 Adaptation Service which allowed funding to be spread across the 4 main local RSLs through the one Service. Care and Repair also provided a Handyperson service. Services were available for homeowners or tenants over the age of 60 or for disabled owners or tenants of any age. An Occupational Therapist was employed as part of the Adaptations Service to assess a client for their physical needs within their own home. Following this assessment, works were arranged and help provided for the client to apply for grant funding for the works (minimum grant award 80%). Having an Occupational Therapist assigned to the Service allowed a degree of specialism, with the Occupational Therapist working with the team to design and source the most effective aids, which in turn gave a more consistent approach. Adaptations ranged from level access showers, stair lifts, ramp access to a house, to minor items such as grab rails, banister rails or lever taps. These latter items could be fitted free and were mainly put in place to prevent falls or accidents.

4.2 Further details were given about Stage 3 RSL adaptations and the funding of the Service. Mr Istephan explained that if any of the RSLs had, for example, a replacement bathroom project for houses, the opportunity could be taken to replace traditional bathrooms with wet-floor shower rooms, if properties were more likely to be rented to elderly tenants. If a tenant moved, then RSLs would look firstly for a new tenant with similar requirements so adaptations were not removed. Adaptations helped older and disabled people to remain at home, and the aim was to avoid inappropriate admissions to care settings such as hospitals or residential/nursing homes. The Handyperson Service carried out safety and security work, such as changing light bulbs, installing door chains/viewers and window locks, home safety checks, and arranging for the Fire and Rescue Service to carry out fire safety checks and fit free

smoke alarms. The Service also carried out "comfort" low-level interventions to prevent accidents, such as fitting draught excluders and curtain rails; hanging curtains and pictures; replacing tap washers and unblocking sinks; moving furniture within the house; plus other minor jobs. The Handyperson Service initially worked on 70% direct client arranged tasks, and 30% referral from Social Work or Health Teams, but now 72% of work came via the Social Work and Health Teams.

- 4.3 The Handyperson Service cost £36 per annum for individuals for unlimited access, but the membership number had dropped by 12% in the last year. Although no specific analysis had been carried out, more than one factor was likely to be the cause of the decrease. The Service was stretched, with work which normally took place within a week of request now taking up to a fortnight. It was necessary to balance any increase in uptake with service capacity. The Service was paid for from the Council's Social Work budget. It was confirmed that the Borders Ability equipment store was a separate project, with the costs of that paid for jointly by the Council and NHS Borders, although the Care and Repair service could fit items from the Ability Store. Moving forward, the Care and Repair service had just completed a 12 month pilot allowing Borders residents to refer themselves directly for assessments. A final evaluation had been completed and was available. This pilot had been supported by the Scottish Government Joint Improvement Team as one of 5 demonstration sites across Scotland. Examples were given of savings which could be made with an adaptation intervention e.g. the life time cost prior to the installation of a shower for a client would have been £56k: with the adaptation, this cost reduced to £32k , a saving of £24k. Not only was there a cost saving but there was the additional benefit to the individual of independence and improved quality of life. Further details were given of the current position with funding, whereby bids had to be made each year for the amount estimated to be needed. Only 68% of funding requested had been granted. This meant that by the end of 2015, all funding had been spent and there was an estimated £220k of adaptations on the waiting lists across the 4 RSLs. Notification of new funding for 2016/17 was not expected to be announced until June 2016. Two alternate visions were then given for the future of Borders Care and Repair.

- 4.4 Mr Istephan explained that while the Care and Repair Service was mature and had a certain sophistication about it, there were anxieties that it could do so much more in terms of volume and range of services. It was a preventative service but it would only be possible to promote it further if it had the capacity to meet demand. Support was required from the Community Planning Partnership to lobby the Scottish Government about its process for Stage 3 Adaptations funding which did not allow for sufficient forward planning. Further funding was required to develop the Service and whether this came from the Integrated Care Fund or elsewhere, the important factor was spending money here allowed savings in other budgets later. While funding had not reduced from Scottish Government, demand was increasing, and the national budget was over-subscribed. Ms Smith advised members of the Slips, Trips and Falls project within the Fire and Rescue Service and the possibility of that project taking on some of the lower level adaptations. Mr Istephan confirmed that he had met with Mr Girrity of the Fire and Rescue Service about this and Mr Farries confirmed that a pathway was clearly established with the Fire home safety visits.

**DECISION  
AGREED:**

- (a) **to support the Care and Repair Service in its bid to establish a more stable funding process with Scottish Government to allow greater long term planning; and**
- (b) **that the SBC Communities and Partnership Manager, LSO Farries of the Fire and Rescue Service, and Mr Patterson of the Care and Repair Service take forward the possibility of the Fire and Rescue Service assisting with**

some minor adaptations as part of their home safety visits and a report be brought back to a future meeting of the Strategic Board in due course.

**5. GOVERNANCE OF COMMUNITY PLANNING PARTNERSHIP**

- 5.1 With reference to paragraph 2.2 of the Minute of 26 November 2015, there had been circulated copies of a discussion paper by the SBC Chief Executive presenting a draft proposal to enhance the governance arrangements for the Scottish Borders Community Planning Partnership. The proposal would also support the delivery of its priorities, the management of future business and the new arrangements required under the Community Empowerment (Scotland) Act 2015. As part of the review of governance arrangements for the Community Planning Partnership (CPP), the SBC Director of Strategy and Policy and the Communities and Partnership Manager had met with each of the Community Planning partners at the end of 2014 and had discussed various aspects of the CPP. The CPP Joint Delivery Team had met on 15 December 2015 to consider the findings of the CPP governance review and the implications of the Community Empowerment (Scotland) Act 2015. A number of issues were raised in the discussions including concern about the size of the Strategic Board once the Act was fully enacted; a lack of guidance for CPP members, their role and how they could be involved in active contribution; the level of CPP engagement with the communities of the Scottish Borders; concern regarding over reliance on SBC to lead and contribute; how partners were held to account, challenged and scrutinised; how decision making was an inclusive process; and lack of clarity around roles and discussion with CPP.
- 5.2 The Community Empowerment (Scotland) Act 2015 had made a number of significant changes covering community planning, giving it a statutory purpose focused on improving outcomes. Specific duties had now been placed on CPPs to act with a view to tackling inequalities of outcome across communities; the Single Outcome Agreement was to be replaced with an overarching Locality Outcomes Improvement Plan (LOIP), supported by a subset of locality plans; and the number of public sector bodies subject to these duties was expanded. Running the CPP and making sure it worked effectively was now a shared enterprise with named governance partners: NHS Board, Scottish Enterprise, Police Scotland, and Scottish Fire and Rescue Service; while participation with communities lay at the heart of community planning. It was proposed that the core membership of the Strategic Board be reduced to the named governance partners in the main, with the Board scrutinising the progress of the LOIP, the 5 locality plans, and considering reports from each organisation on how they were contributing to the agreed priorities. A performance management framework would be developed to allow monitoring and evaluation of the LOIP and locality plans. An annual planning and development day would be held for all CPP partners which would be used to set the strategic direction and priorities for the LOIP, based on an annual strategic assessment, national priorities and other key strategic documents. The CPP Joint Delivery Team would continue to be accountable to the Strategic Board and would oversee the development and delivery of the LOIP and the locality plans, which would happen through Themed Delivery Teams (3 currently: Economy and Low Carbon; Reducing Inequalities; and Future Services). As well as the 3 Themed Delivery Teams there were also the Children and Young People's Leadership Group and the Community Justice Group.
- 5.3 It was proposed to bring back a further report to the June meeting of the Strategic Board with the details of the proposed governance structure. Members considered various aspects of the proposals including the criteria for membership of the Strategic Board. It was explained that the starting point for the Board make up had been the named governance partners in the Community Empowerment (Scotland) Act 2015 and as a result of discussions with existing partnership organisations. In terms of operational delivery, all partners would be involved in the Joint Delivery Team and the Themed Delivery Teams. The proposed annual meeting involving all partners would be the foundation for the LOIP, and an effective network of information communication would be required to ensure sufficient sectoral representation and involvement. With

regard to community involvement, the SBC Communities and Partnership Manager had been in discussion with the Chair of the Community Councils Network to consider how best he could be involved; it was also envisaged that there would be greater community involvement at locality level. It was explained that only the Strategic Board would be a formal Committee of Council and not the Joint Delivery Team or Themed Delivery Teams as these were operational in nature. Members discussed the possibility of having private sector representation on the Board but there was difficulty in getting someone from the private sector who could represent the whole of the private sector. Mrs Hume confirmed the wide ranging nature of the many different voluntary organisations in the Borders and the discussions the Third Sector had had around representation. Some concern was also expressed around allowing substitutes which could lead to a lack of continuity, as well as the issue of not putting specific funding into a joint budget.

**DECISION**

**AGREED that a further report on governance for the Community Planning Partnership be considered at the meeting in June 2016.**

**6. REDUCING INEQUALITIES FOR YOUNG PEOPLE**

- 6.1 SBC Depute Chief Executive – People advised the Board that the Scottish Borders contained 5 areas of deprivation which were within the most deprived in Scotland, affecting 3.5% of the population. Household income in the Borders was below the national average. Working was ongoing in Hawick, both in the High School and across the town. In the High School there were programmes looking at raising ambition (48% increase in pupils from the most deprived areas staying on to S5 and S6); mentoring for girls; maternal and ante-natal. Early years centres across the Borders were increasing opportunities for Services to interact with the more vulnerable. An additional £920k of welfare benefits had been accessed through the Maximisation of Income Officer. Help was being provided for women who smoked during pregnancy (23% compared to a national average of 20%) including an offer of carbon monoxide monitoring. 176 pregnant women had been referred to smoking cessation classes and that was followed up with smoke free for babies awareness. There was targeted work in Burnfoot to increase the numbers of mothers who were breastfeeding. Examples were also given of improvements in speech and language, as well as maths development, as part of 27 30 month assessments. In 2013/14, 78.7% of primary school children had no obvious signs of dental decay and by 2015 84% of P7 children were caries free (national level, 75%).
- 6.2 The Service Director Children & Young People advised that all of this work was done in partnership, with the whole child now being considered so outcomes on successes and achievements were not just academic but social and health, including mental health. Head Teachers now wanted to accept that at one point every child would have a vulnerability and they needed to be ready to deal with this. There was a 5 year trend of improving attainment, including the % of leavers attaining literacy and numeracy. Examples were given of the types of analyses available to Head teachers on a weekly basis, not just for their own school, but for others, which allowed Head teachers to learn from and support each other. Other areas with improved outcomes included positive destinations; reduction in exclusions; youth unemployment – with the 16 – 24 year old group improving by 52% over the previous year. Work was ongoing to ensure that trends for attainment were going up across all Deciles and the gap between Deciles 1 and 10 was not widening.

**DECISION**

**NOTED.**

**MEMBER**

Chief Superintendent G. Imery left the meeting during the above item of business. Mr D. Rennie left the meeting at the end of the item of business.

**7. INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015 - 2018**

With reference to paragraph 11 of the Minute of 26 November 2015, there had been circulated copies of the final version Integrated Children & Young People's Plan 2015 – 2018. SBC Depute Chief Executive – People advised the Board that an action plan was being developed to put the Integrated Plan into effect. The draft Integrated Plan had gone out to consultation before Christmas, with feedback leading to the production of two easy read versions (one for adults and one for children) as well as the inclusion of additional photographs of children with disabilities, including complex needs.

**DECISION**

**NOTED the Integrated Children & Young People's Plan 2015 – 2018.**

**8. COMMISSIONING SERVICES FOR CHILDREN & YOUNG PEOPLE**

There had been circulated copies of a report by the SBC Depute Chief Executive – People advising the Board of the work of the Children and Young People's Leadership Group on a Commissioning Review of Children and Young People's services. Within the Scottish Borders, the Children and Young People's Leadership Group (CYPLG) set the strategic direction for the integrated planning and delivery of services for children and young people. The CYPLG had produced an Integrated Children & Young People's Plan 2015-2018 which identified key priorities. In order to plan and deliver on these key priorities, it had been agreed to undertake work to understand the totality of current spend on children and young people's services. Analysis of this budget spend would then lead on to the development of a streamlined delivery of children and young people's services; improved responses to, and outcomes for, children and young people; greater assurance that resources are targeted towards the areas of greatest need within the Strategic Plan; budget savings from increased efficiency and avoidance of duplication; and improved partnership working and the ability to level in additional resources. Stakeholder involvement, including work with young people, was planned as part of the project and a detailed communications plan was being developed to this effect. In order to commence any new services from April 2017 this work would need to be completed by September 2016. Contracts with services currently commissioned by the CYPLG had therefore been extended to March 2017 to allow for completion of the review. The overall aim of the review was to prevent duplication and ensure that spend was being channelled to deliver the priorities in the Integrated Plan. In response to a question about transitioning arrangements, the Depute Chief Executive confirmed that she had met with the Principal of Borders College recently and work was being taken forward on that.

**DECISION**

**AGREED to receive a further report on the outcome of the review of Commissioning Services for Children & Young People in Autumn 2016.**

**MEMBERS**

Councillor Bhatia and Mr A. Jakimciw left the meeting.

**QUORUM**

The meeting was inquorate from this point onwards, but continued on an informal basis.

**9. ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT**

There had been circulated copies of a report by the Interim Director of Public Health on the Alcohol and Drugs Partnership (ADP) Annual Report 2014 – 15. The Borders ADP was a partnership of agencies and services involved with drugs and alcohol and provided strategic direction to reduce the impact of problematic alcohol and drug use. The ADP was required to produce an annual report on its 2012 - 2015 Delivery Plan. This Annual Report was prepared according to Scottish Government Guidance and provided information relating to a self-assessment of ADP processes and structures and resulting actions for the ADP; core outcomes, core indicators and local indicators;

and an update on work to progress Ministerial Priorities for 2014 - 15 and address priorities for 2015 -16.

**DECISION**

**NOTED the Alcohol and Drugs Partnership Annual Report 2014-15.**

**10. HEALTH AND SOCIAL CARE INTEGRATION**

With reference to paragraph 6 of the Minute of 26 November 2015, the SBC Depute Chief Executive People advised the Board that the Health and Social Care Integrated Joint Board was due to become a legal entity on 1 April 2016. The Strategic Plan for Health and Social Care Services was due to be presented to the Integrated Joint Board the following week and would come back to the Community Planning Partnership in due course. Input and feedback from the public had helped shape the final version of the Strategic Plan, which would be delivered with funding from NHS Borders, the Council and the Integrated Care Fund.

**DECISION**

**NOTED.**

**11. DATES OF NEXT MEETINGS**

There had been detailed on the agenda the dates for the meetings of the Strategic Board for 2016/17.

**DECISION**

**NOTED.**

**12. ANY OTHER BUSINESS**

**Accounts Commission Update Report on Community Planning**

The SBC Communities and Partnership Manager advised that the Accounts Commission had published that day an update report on Community Planning. A copy of this report would be circulated to members by email. Appendix 1 to the report gave a summary of progress against previous recommendations.

**DECISION**

**NOTED.**

*The meeting concluded at 4.15 p.m.*



**CRITICAL SERVICES OVERSIGHT GROUP**  
**MINUTE OF MEETING of 25 MAY 2015, HELD IN THE CORPORATE  
MANAGEMENT BOARDROOM COUNCIL HEADQUARTERS, NEWTOWN ST  
BOSWELLS, MELROSE AT 2.00 P.M.**

Present:	<p><b>CSOG :</b></p> <p><b>Attendees:</b> Jeanette McDiarmid, Depute Chief Executive People (Chairman)(JM), 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, Police Scotland (GI), Evelyn Rodger, Director of Nursing and Midwifery, NHS Borders (ER)</p> <p><b>Apology:</b> Tracey Logan, Chief Executive, SBC, Jane Davidson Chief Executive (Interim), NHS Borders.</p>
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	<p><b>Order of business</b></p> <p>The order of business was changed and items were taken as indicated below.</p>
1.	<p><b>Child Protection Committee Update</b></p> <p>There had been circulated copies of a report advising that the Child Protection Committee (CPC) had met twice since the last CSOG meeting, on 26 February and 30 April 2015. There had been one membership change with Cathie Fancy, Group Manager, Housing Strategy and Services, SBC, returning to the Committee in February 2015. DM highlighted the main points of the briefing as follows:</p> <p><b>(a) Child Protection Training</b></p> <p><b>Child Sexual Exploitation training</b> was held on 4 March. DM attended this new training course which was being well received, this session being over-subscribed. Due to high demand, 3 more training courses were scheduled in May, September and November. Scottish Borders Council Corporate Management Team has asked for a short version of this training which would be delivered on 27 May.</p> <p>ER added that some training should also be organised for NHS at this level. GN advised consideration should be given at management level to identify staff with public contact to invite to this training.</p> <p><b>Professional Driver training</b> - 134 professional drivers had received Bespoke Child Protection Awareness Raising training since February 2015. More sessions were scheduled. DM confirmed these were mostly taxi drivers, this training sitting under the normal awareness training. There was a move to include attendance of this training into licensing conditions.</p>

	<p><b>Public Protection Briefing sessions</b> – GN referred to the request from CSOG to provide joint Child and Adult Protection training at low level to get balance of awareness, targeting groups that do not need full training, e.g. Borders College, Large employers, Pipe Bands. The PowerPoint Presentation was complete and was being rolled out. Trainers had been trained to deliver this briefing and a flyer would be sent out. The availability of the training would be communicated through the media.</p> <p><b>Child Protection Online induction</b> - 1937 employees of the Scottish Borders Council had completed this mandatory course to date.</p> <p><b>(b) Appeals</b></p> <p>An appeal was received on 8 April against the decision at Review Case Conference which was upheld and a further Review Case Conference was to take place. DM advised that this was the first appeal upheld since he took the Chair of the CPC.</p> <p><b>(c) Scottish Government's National Strategic Leadership Summit on Child Wellbeing</b></p> <p>DM and John Peaston attended this summit on 25 February which focussed on Child Sexual Exploitation. Included was a focus on the identification of key national issues and challenges in implementation of the GIRFEC duties and how these could be solved. DM advised that he would be keen to take part in further such meetings.</p> <p><b>DECISION</b>  <b>AGREED that in respect of Child Sexual Exploitation training:-</b></p> <ul style="list-style-type: none"> <li><b>(a) ER to link with GN to organise a training session for Executive level within NHS;</b></li> <li><b>(b) ET to send to ER a copy of the CPC preamble report that went to SBC CMT; and</b></li> <li><b>(c) Management to identify staff groups who need to attend this training in addition to basic awareness-raising training.</b></li> </ul>
2.	<p><b>Review of IRD Process</b></p> <p>With reference to paragraph 2(j) of the Minute of 23 February 2015, a report for CSOG: 'Review of cases subject to Interagency Referral Discussion (IRD) which did not proceed to Child Protection Case Conference' had been circulated. DM advised that the review considered every second family unit, reviewing 78 IRDs. The research focussed on a review of records. It did not extend to contact with families to establish their views. With regard to the findings there was no evidence to suggest that the IRD process and the multi-agency discussions which took place around risk to children were not serving Scottish Borders children well. There was a very broad spectrum of observations where positive outcomes were evidenced. There were a small number of families where, in the reviewers' opinion with the benefit of hindsight more or different action may have resulted in the children receiving a better service. In all of the latter cases the outcome had been subsequently followed up by the Team Manager responsible and Senior Managers in the Social Work Department had ensured appropriate action had been taken. Although the results of the review were largely positive the CPC identified a number of recommendations and actions which were listed at the conclusion of the report. The purpose of this research was to ascertain the reason for the low numbers on the Register and had not provided any evidence to support that the IRD process and multi-agency discussions were not keeping children safe. A reason for the fall in numbers had not been identified but this exercise had provided a useful consideration of the Interagency processes involved in the protection of Scottish Borders children.</p> <p>The Group welcomed the report and discussed the findings of the review. It was confirmed that parallel work was being carried out within Adult Protection. The CPC would check that actions had been picked up and delivered. ET advised the timescales and feedback would be</p>

	<p>embedded in the Business Plan.</p> <p><b>DECISION</b> <b>AGREED</b></p> <p>(a) Update report on actions following Review of IRD process to be brought back to CSOG meeting of 23 November 2015; and</p> <p>(b) A report on parallel work on processes being carried out with regard to Adult Protection to be brought to a future meeting.</p>
3.	<p><b>Minute of meeting of 23 February 2015</b></p> <p>There had been circulated copies of the Minute of 23 February 2015.</p> <p><b>DECISION</b> <b>NOTED the minute.</b></p> <p>With regard to the actions under paragraphs :-</p> <p>2 (j) - Tracey Logan had a date arranged to meet with GPs in Eyemouth;    4 - Report on Community Justice to come to next CSOG meeting;    5(e) - ER advised that funding had now been identified by Susan Manion to enable the Sexual Offender Liaison Service to continue</p> <p>With regard to:-</p> <p>(a) Item 7 – Data Sharing Update - copies of the Pan-Lothian and Borders Partnership document ‘General Protocol for Sharing Information’ had been circulated for information. JM requested that a copy of this be filed for reference.    (b) Item 8 – copies of the Constitution and Terms of Reference for the Scottish Borders Council Chief Officers Group Critical Services Oversight Group had been circulated. With regard to Section 3.1.1 it was agreed that the Group Manager Criminal Justice Services (SBC) be included in the attendance group.</p> <p><b>DECISION</b></p> <p>(a) <b>NOTED the Pan-Lothian and Borders ‘General Protocol for Sharing Information’.</b></p> <p>(b) <b>AGREED the Critical Services Oversight Group Constitution and Terms of Reference subject to the amendment to membership outlined above.</b></p>
5.	<p><b>Adult Protection Update</b></p> <p>There had been circulated copies of an update report by JW on behalf of the Adult Protection Committee. There had been a number of changes to representation on the APC and Sub Committees but importantly all agencies were appropriately represented.</p> <p><b>Financial Harm</b> Following on from the national campaign a local advert publicising the issue of financial harm had been broadcast on Radio Borders. There had been an increase in phone calls to helplines as a result.</p> <p><b>Self evaluation</b> The Operational Sub Committee was currently collating the information and findings of the recent interagency Self-Evaluation day. This would be presented, once available, to the next full meeting of the APC.</p> <p><b>Quality assurance</b> DP had undertaken an audit of all Adult Protection cases for the last quarter. Members of the Group discussed the audit and requested a report to be brought to the next meeting.</p>

**Bespoke Adult Protection Training in Care Home.** A programme designed specifically for care home staff had been developed. The current programme designed specifically for frontline staff had highlighted the need for a bespoke programme for managers and preparation was underway to deliver the same. As an update to the report JW advised that all 22 Care Homes had bought in to the training offered.

**Self-Directed Support/Adult Protection** Specific level 3 training session was being delivered to address the concern that SDS would lead to an increase in the use of unregulated carers, potentially placing service users at risk. ET advised that work was being carried out on a protocol around SDS in order to tighten up on the process, bearing in mind that carers may work for more than one employer. It was recognised that where clients opting for SDS had capacity there was no right to determine who they chose to employ. A guidance leaflet on this particular issue was being developed to be given to clients using SDS. An update report to the Group was requested.

In further related discussion around Adult Protection, GI raised the issue of the impact on services of the increase in referrals within Police Scotland to the interim vulnerable persons database. There followed a discussion on the need to address resource implications to Local Authorities, it being recognised that this was a national issue. It was pointed out that of the number of referrals the majority were care issues rather than adult protection concerns but as such were also of importance. There was a suggestion of having an additional screening hub in place to direct referrals to the appropriate partner agency and also to identify those needing immediate attention. It was agreed that the issue was how to manage the increased number of referrals and that the worst outcome would be to take any action that would depress the number.

#### **DECISION**

**AGREED that:-**

- (a) **a report on the AP Quality Assurance audit be brought to the next meeting;**
- (b) **an update report on actions to address Adult Protection risks around SDS be brought to either the August or November meeting**
- (c) **an update on further discussions around management of increased referrals by Police Scotland be brought to a future meeting.**

6.

#### **Offender Management Update**

A report had been circulated detailing key areas for noting following a meeting of the Offender Management Committee on 27 April 2015. ET highlighted the main points:

**National MAPPA Thematic Inspection** The local fieldwork for Lothian and Borders had been completed by the Care Inspectorate and HMIC in early May. The findings would inform a national report on MAPPA arrangements. No significant issues had been fed back from the inspectors regarding local practice.

**Training** A successful MAPPA workshop training event was held on 23 April and the Committee had agreed a rolling series of events to take place every 6 months to raise understanding of MAPPA.

**Environmental Risk Assessment** ET reported that approximately 84 assessments had been carried out in the Borders. There were resource implications and there was a need to monitor the ongoing effect on resources. GI advised that Police Scotland were trying to get a consistent approach so that protection was consistent. Guidance was available. GI agreed to provide the relevant protocol to JF. GI added that Police Scotland had increased resources around offender management. It was agreed a report on resource implications should be brought to the next meeting.

	<p><b>DECISION</b>  <b>AGREED that a report on resource implications associated with Environmental Risk Assessment be brought to the next meeting.</b></p>
7.	<p><b>Code of Practice for the review of Significant Case Reviews of children and young people in Scotland.</b></p> <p>There had been circulated copies of the above Code of Practice, published by the Care Inspectorate on 31 March 2015, in order to bring this document to the Group's attention.</p>
8.	<p><b>Terms of Reference for Review of Child Protection Unit</b></p> <p>There had been circulated copies of a document detailing the background, tasks of review, method and timescale relating to the Review of Scottish Borders Interagency Child Protection Unit – its relationship with Locality Teams and other agencies. The review had been requested by Scottish Borders Council but with the full approval of interagency partners. The findings of the review would be reported to the Child Protection Committee. ET highlighted the tasks of review listed in the paper and advised that the review was progressing.</p> <p><b>DECISION</b>  <b>AGREED the terms of reference for the Review of Child Protection Unit.</b></p>
9.	<p><b>Critical Cases</b></p> <p>The Group was advised of a number of critical cases.</p> <p><b>Child Protection.</b> In relation to the recent suicide of a 13 year old girl an ICR would be carried out, followed by a SCR if this was required. GN referred to investigations and lessons learned following inappropriate behaviour of a teacher on a school trip. In another case concern was expressed relating to a multi-agency decision to allow the mother of an unborn baby to return to the home of a sex offender on the Child Protection register.</p> <p><b>Adult Protection.</b> JW reported on a recent inspection of a Care Home which was scored unsatisfactory. ET had challenged the language of the Care Inspectorate Report as the company in question was involved in home care as well as the Care Home but the report had not differentiated between the two. ET had written to the clients involved in the Care Home and would look at an appropriate communications statement that could be issued. The company concerned had put in a new manager as a consultant.</p> <p>GI highlighted that, since the last meeting police had reported episodes involving vulnerable people in the Borders who, in the absence of other support, eventually ended up in police custody. GI agreed to pass the details to DP.</p> <p><b>DECISION</b>  <b>AGREED to carry out a full review of these AP cases referred to and to look at mitigating measures that could be put in place.</b></p>
10.	<p><b>Data Sharing Up-Date</b></p> <p>There was nothing further to report.</p>
11.	<p><b>Performance Information</b></p> <p>Copies of a paper detailing management information figures, relating to Child Protection, Adult Protection and MAPPA had been circulated. This information provided for CSOG was in the form of tables and charts and related to the time period between October and December 2014. The CP information showed five charts/tables giving details of referrals by</p>

	<p>number and type. The final table gave the number of IRDs and children re-register within 2 years and children on the register for over 15 months (the latter figure being nil for the quarter). Members discussed the figures and in feedback to DM suggested that yearly, rather than quarterly, information would be useful in order to identify any trends. It was agreed that it would also be helpful to have referral figures categorised by geographical location to inform a more strategic view. With regard to the MAPPA figures it was agreed that exception reporting would be appropriate. JW highlighted the key issues around the figures provided in relation to AP referrals. Members of the Group discussed the information provided. As with the CP information it was suggested that it would be useful to have figures that were capable of indicating trends over time and information that was more succinct. It would be useful to look at the way performance was reported in other Local Authorities.</p>
12.	<p><b>Any other business</b></p> <p>(a) ER advised that a full-time nurse consultant for dementia had been recruited within NHS Borders who would be working closely with the psychiatric team. She also reported that there had been an unannounced acquired infection inspection of theatres in addition to a planned Health Care Improvement Scotland visit in May.</p> <p>(b) There followed a discussion on issues around the preparation and content of self-evaluations in relation to inspections, in particular with respect to how much information to include. ET advised that there would be a Childrens Services self-evaluation day on 23 June with all agencies being represented.</p> <p>(c) DP referred to work being carried out with regard to the standardisation of ICR and SCR processes across Edinburgh and the Lothians. The findings would be brought together and reported at the next meeting.</p> <p>(d) JM informed the Group that Tracey Logan had expressed particular concern about an apparent increase in child mental health cases being identified. GN was asked to organise collection of any figures from each school in the Borders relating to children known to CAMS and known to the school or community mental health team and to report back at the next meeting.</p>
	<p><i>The meeting concluded at 4.05 pm</i></p>



## CRITICAL SERVICES OVERSIGHT GROUP

### MINUTE OF MEETING of 23 NOVEMBER 2015, HELD IN THE CORPORATE MANAGEMENT BOARDROOM COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, MELROSE AT 2.00 p.m.

Present:	<b>CSOG :</b>  <b>Attendees:</b> Tracey Logan, Chief Executive, SBC (Chairman) (TL), Jeanette McDiarmid, Deputy Chief Executive People (JM), 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), John Peaston, Police Scotland (JP), David Powell, Adult Protection Coordinator, SBC (DP), John Fyfe, Group Manager, Criminal Justice Services, SBC (JF), Evelyn Rodger, Director of Nursing and Midwifery, NHS Borders (ER), Stuart Easingwood, Social Work Team Leader (SE). <b>Apologies:</b> Gillian Nicol, Child Protection, SBC, Gill Imery, Divisional Commander, Police Scotland.(GI)
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1.	<b>Drug Death Review Group Annual Report 2014</b>  There had been circulated copies of a report on Data for Drug Related Deaths January – December 2014 by Susan Walker on behalf of the Scottish Borders Drug Death Group. Susan Walker (SW) and Fiona Doig (FD) (ADP) were in attendance for the discussion on this item.  SW reported that there had been nine confirmed drug related death in 2014, an increase from five cases in 2013. Due to this increase a review had been carried out to ensure that no factors were being missed that required attention by services, no areas of action had been identified. SW highlighted that in May there had been a significant rise in drug related deaths, a cross check had been carried out but no trends had been identified. Of the nine deaths, six had been male and three female, the average age at death was 34 years. The majority of deaths were located in deprived areas which was a similar profile to the national statistics. In more than seven out of the nine deaths, more than one substance was implicated. Heroin/morphine was implicated in seven of the deaths. Eight of the individuals were known to Police or Drug Services and at the time of death three were accessing drug treatment services. Four of the individuals had access to Naloxone kits, however only one had the kit at the time. The individuals tended to be long term drug users with other medical conditions.  A review of all the individuals had taken place and the Adult Protection Policy & Procedures document had been revised. If a case did not meet the three point criteria for adult protection a Risk Management meeting could be requested via the Locality Team Leader.  Recommendations from the report were:- <ul style="list-style-type: none"> <li>• continue to raise awareness of risk factors of drug deaths.</li> </ul>
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	<ul style="list-style-type: none"> <li>• continue to improve links across service locally and representation at National Drug Death Coordinators meeting.</li> <li>• Implement any relevant actions from the Drug Death Review Group Conference 'Understanding and preventing Drug-related Deaths in Scottish Borders'.</li> </ul> <p>TL asked if there was any pattern to the individuals' drug use and when it had commenced. FD advised that the trends showed that the drug use started at school. The complexity of behaviour, availability and the individual circumstances all contributed. The majority of the individuals concerned had experienced previous overdoses. An information share between Borders Addiction Service and the Scottish Ambulance Service had recently been signed off. No information had been received as yet, but it was hoped that this information exchange would assist prevention and intervention. It was likely that the individuals had contact with their GPs; often other medical conditions such as a respiratory infection contributed to the drug death. The Group requested that training for GPs contain a brief on risk factors in relation to drug death. It was noted that statistics on data for alcohol related deaths would be presented to a future meeting of CSOG.</p> <p><b>DECISION</b> <b>AGREED:</b></p> <p class="list-item-l1">(a) To request SW provide details on the number of individuals who had access to naloxone kits and how many utilised the kits;</p> <p class="list-item-l1">(b) To request alcohol related death statistics be brought to a future meeting of CSOG; and</p> <p class="list-item-l1">(c) That GP training contained a brief on the risk factors in relation to drug deaths.</p>
2.	<p><b>Minute of meeting of 24 August 2015</b></p> <p>There had been circulated copies of the Minute of 24 August 2015.</p> <p><b>DECISION</b> <b>NOTED the minute.</b></p>
3.	<p><b>Child Protection Committee Update</b></p> <p>There had been circulated copies of a report advising that the Child Protection Committee (CPC) had met once since the last meeting of CSOG. There had been no changes to Membership during the period. DM highlighted the main points of the briefing as follows:-</p> <p class="list-item-l1"><b>(a) Child Protection Training</b> Retail Bespoke Training had taken place at the Peebles Hydro for their staff. A training course had also taken place at the Borders College.</p> <p class="list-item-l1"><b>(b) Public Protection Training</b> The Citizens Advice Bureau had received a training session in public protection.</p> <p class="list-item-l1"><b>(c) Child Protection Team Staff</b> Two new members of staff had been appointed:- The Training and Development Officer post was full time and would cover the education part of child protection training; The Audit and Improvement Officer position was part time and would audit and evaluate inter-agency child protection practice.</p> <p class="list-item-l1"><b>(d) Child Protection Committee</b> Joint meetings of the Child Protection Committee would now be held. ET suggested that the Offender Management Group could be part of these joint meetings, JW noted to include.</p>

	<b>DECISION NOTED.</b>
3(a)	<p><b>Review report on Child Protection process</b></p> <p>There had been circulated an Executive Summary of the Review of the Child Protection process together with a report from CPC in response to Scottish Borders Review of the Child Protection process by Jacquelyn Conway (JC). ET advised that JC had consulted with staff, held focus meetings and met with multi-agencies. There had been no major issues identified during the process. The report findings on Structures and Organisations showed that CPRO was highly valued by practitioners within Scottish Borders. However, meetings with a quality assurance role required more business focus to appreciate the requirement for evidence to link to self-evaluation and improvement with clear lines of accountability. It was also highlighted that Referral Findings required more specific clarity on identifying and naming risk. Early identification of risk could lead to effective referral, enhanced assessment and decision making. The Group noted that some staff had felt that their views and assessment of what a child required were not valued equally.</p> <p>TL raised concerns regarding the suicide of an individual who had not met the criteria as having a mental health issue and therefore had not received the support required. An approach more sympathetic to the individual, without having a 'label' attached was needed in order to assess the support required. It was also important to understand what constituted a mental health issue and how this fitted into our services. DM advised that educational staff were linking to local teams in order that they could have a reflective discussion. ET added that there was funding for a temporary new position, this position would link with the Locality Social Worker. A report would be brought to CSOG when the post was established, the report would take into account cases similar to the above and discuss what improvements could be made in the future. JM advised that from a child protection aspect he was confident that no-one would fall through the gap.</p> <p><b>DECISION</b> <b>AGREED to request an update report to CSOG on the improvements to be made to the Child Protection process.</b></p>
3(b)	<p><b>Review of cases subject to Interagency Referral Discussion (IRD)</b></p> <p>There had been circulated a report on IRD which did not proceed to Child Protection Case Conference. ET advised that the review findings report had been considered by the Child Protection Committee and have highlighted areas of improvement which would form the basis of the CPC's 15/16 Business Plan. Specific actions would be monitored as part of this process.</p> <p><b>DECISION NOTED.</b></p>
4.	<p><b>Adult Protection Committee</b></p> <p>There had been circulated a report from Jim Wilson, Independent Chair, Adult Protection Committee (APC). The Business Plan 2015 - 2017 had been drawn up and would serve as an inter-agency strategy for the next two years. All areas identified for development had measurable outcomes and would be tracked through audit and APC.</p> <p>The draft annual report 2014 – 2015 has been completed and would be presented to Council at the beginning of 2016.</p> <p>There had been still no response from the Minister to the Biennial Report 2012 – 2014. Committee had agreed to distribute the report throughout partner agencies.</p> <p><b>DECISION NOTED.</b></p>

4(a)	<p><b>Adults who frequently present in crisis through emergency services</b></p> <p>There had been circulated a report by David Powell, AP Coordinator, on Adults who frequently presented in crisis through emergency services. The report aims and objectives were to review the cases that required Adult Support and Protection and if these cases could have been dealt with through multiagency response. The report also highlighted gaps in service provision and made recommendations to address these gaps.</p> <p>DP advised that the report detailed 17 cases, 13 of which were open to social work or mental health, four of which were not. The key themes were: Post-traumatic stress disorder or personality disorder; mental health and learning disability; alcohol; self-harm and suicide attempt; poor social skills/relationship issues; anti-social behaviour. The average age of the reported group was 20 – mid 40s which corresponded to the national age profile.</p> <p>JP highlighted the importance of early intervention to identify and give appropriate support. There were opportunities to link with community justice reform and also engagement with woman's groups. Funding had been secured to appoint a project worker and one of their actions would be to extend the referral criteria.</p> <p>TL stated that early intervention would give the best chance of success. The report should be taken to the next step with actions to address issues and give summary conclusions.</p> <p><b>DECISION</b> <b>AGREED to refer to the Operational Group for further discussion to address issues identified.</b></p>
4(b)	<p><b>SDS Report</b></p> <p>There had been circulated a Practice Review from David Powell, AP Coordinator on Lessons from SDS Practice review of May 2015. DP advised that the review had been on two cases. The first one involved a personal assistant who was managing a direct payment on behalf of her employer (the client) which was a conflict of interest and should not have happened. The second case involved a personal assistant accused of stealing from the client's family. This case highlighted that personal assistants did not have to register with the PVG Scheme nor SSSC. In this case, the personal assistant was dismissed. The conclusions from the Practice Review were that policy and procedures within SBC were robust. However, there should be a national discussion for Scottish Government to review the position on the lack of regulation for personal assistants.</p> <p><b>DECISION</b> <b>AGREED the list of actions as detailed in the Practice Review attached to the Agenda.</b></p>
5.	<p><b>Offender Management Update/MAPPA</b></p> <p>There had been circulated copies of a document detailing the key themes from the meeting of the Scottish Borders Offender Management Committee held on 26 October 2015. ET highlighted the main points:-</p> <ul style="list-style-type: none"> <li>• The Committee continued to monitor performance information and regular case file audits had continued to be undertaken.</li> <li>• Training/Briefing session for elected members and staff were being arranged.</li> <li>• A review of the Environmental Risk Assessment process had been undertaken.</li> <li>• The MAPPA Report had been published and circulated with the Agenda for information. No issues had been identified.</li> <li>• SCR – DR was now very overdue.</li> </ul> <p><b>DECISION</b> <b>Noted the report.</b></p>

5(a)	<p><b>Environmental Risk Assessment (ERA) Report</b></p> <p>There had been circulated the Environmental Risk Assessment Report by the Offender Management Committee. MAPPA guidance stated that an ERA should be undertaken for all offenders managed at MAPPA levels 2 and 3. However, Police Scotland considered that an offender at MAPPA level 1 also required an ERA. Page 4 of the report showed the number of ERAs instigated. There had been 13 in 2014 and 42 in 2015, of the 42 ERAs eight were MAPPA Level 2/3. There were a number of recommendations contained in the report. One of which was that permission be given to the Homelessness SOLO to access Council Tax Records; this would enable identification of households near to RSOs. The majority of the other recommendations pertained to the template and timescales. In terms of resources the greatest impact had been on the Homelessness and Criminal Justice Social Work. It was highlighted that Homelessness had had an interim 35 hours per week SOLO funded by Scottish Government, when the CJSW SOLO had retired the decision was taken to not replace the role. The Police had increased the number of dedicated PCs from three to four to accommodate the new guidance.</p> <p>The report recommended that CSOG commission an independent review to consider the required level of resources to support agencies to undertake functions under MAPPA or, alternatively, that CSOG agree for funding to be made available to appoint a Prevention Officer, Homelessness Services (0.5 FTE) and Team Leader, CHSW (0.5 FTE) to support the delivery of MAPPA in Scottish Borders. The Group discussed the recommendations and agreed that resources should be targeted to the highest risk.</p> <p><b>DECISION</b> <b>AGREED</b></p> <ul style="list-style-type: none"> <li>(a) the recommendations in the ERA report;</li> <li>(b) JM/JF to raise with East Lothian and report back to the next meeting of CSOG;</li> <li>(c) Police Scotland to liaise with SOG and report back;</li> <li>(d) To investigate additional staffing to support the delivery of MAPPA in the Scottish Borders; and</li> <li>(e) JF to progress the practice recommendations until a decision had been reached on the long term procedure.</li> </ul>
6.	<p><b>JM in the Chair</b></p> <p><b>Critical Cases - SCR and Case Review</b></p> <p>There had been circulated a report by Elaine Torrance, Chief Social Worker. ET advised that the SCR (DR) was delayed due to completion of the final report by Police Scotland. The report had been expected in June 2015. This had been escalated to Detective Chief Superintendent Lesley Boal to finalise. The finalised report was now expected by the end of November and would then be presented to the Offender Management Committee.</p> <p>ET advised that there was an ongoing difference of opinion as to how to manage risk with a young woman with a mild/moderate learning disability. The case was being closely monitored by the CSWO, who was the Guardian. The case had been escalated to the Mental Welfare Commission and an independent review of the case was being undertaken by the Independent Chair of the Adult Protection Committee. An independent review of the individual's capacity had also been agreed. A further meeting to discuss the AWI Act with the team involved would be arranged. DP confirmed that the individual was receiving the appropriate support while the case was being reviewed.</p> <p><b>DECISION</b> <b>AGREED that the recommendations be brought back to CSOG.</b></p>
7.	<p><b>Dating Sharing Update</b></p> <p>JW advised that he had begun profiling date for adult male and adult female. It would be helpful if he could cross reference with admissions to A&amp;E. There would be an update at the</p>

	<p>February CSOG meeting.</p> <p><b>DECISION</b></p> <p><b>AGREED a report be brought back to the February 2016 meeting.</b></p>
8.	<p><b>Performance Information - Quarterly Statistical Reports</b></p> <p>Copies of a paper detailing management information figures relating to Child Protection, Adult Protection and MAPPA had been circulated. The information provided to CSOG was in the form of tables and charts. The Child Protection information showed four charts/tables giving details of referrals by number and type. The Adult Protection information showed that the number of referrals had dropped by 10% for the period April 2014 to March 2015. The type of harm most prevalent was Financial and Physical. The reduction in the number of APCCs to 15 was also noted; this was probably because cases were being managed differently. It was highlighted that SBC recorded more information than was requested. Comparison with other local authorities' recording practices was being undertaken and would be reported back in the near future. With regard to the MAPPA figures it was noted that since January 2014, the number of sex offenders had been between 82 and 94. The number of level 2 cases had also remained fairly consistent.</p> <p><b>DECISION</b></p> <p><b>NOTED.</b></p>
9.	<p><b>Young People and Emotional Health &amp; Wellbeing</b></p> <p>There had been circulated a report by Elaine Torrance, Chief Social Worker. ET highlighted the comprehensive membership of the working group and that the report had been delayed until February 2016 owing to lack of specific resources as staff were progressing on top of their own workload. Members discussed the report and agreed that young peoples' views should be included in the report.</p> <p><b>DECISION</b></p> <p><b>AGREED to request that the views of young people are included in the report on Young People and Emotional Health &amp; Wellbeing.</b></p>
10.	<p><b>Review of Findings from the Family Improvement Pilot</b></p> <p>There had been circulated a report by Elaine Torrance, Chief Social Worker. ET reported that eight families had been identified, of which one had been selected. A project co-ordinator had been appointed one day a week. However, the circumstances for the family had changed and little progress had been made. Despite this, the pilot had highlighted that communication between agencies had improved however there were learning points:</p> <ul style="list-style-type: none"> <li>• the selection of families needed to be carefully thought through;</li> <li>• a fixed budget needed to be available for the project to allow development of the project prior to starting work;</li> <li>• a clear project plan needed to be developed and input promoting positive engagement with the parents/family;</li> <li>• future work was being undertaken to review progress with West Lothian and representatives to attend a national best practice event in February.</li> <li>• A future proposal would be brought back to CSOG in the Spring 2016.</li> </ul> <p><b>DECISION</b></p> <p><b>TO request a future proposal be brought to the Spring 2016 meeting of CSOG.</b></p>
11.	<p><b>Any other business</b></p> <p><b>DECISION</b></p>

	<b>NOTED that an update report on IRD to be brought to the February meeting of CSOG.</b>
12.	<b>Next Meeting Date</b> The next meeting of CSOG was scheduled for Monday 22 February at 2.00 pm in the Corporate Management Boardroom, Council Headquarters.
	<i>The meeting concluded at 3.40 pm.</i>



## CRITICAL SERVICES OVERSIGHT GROUP

### MINUTE OF MEETING of 22 FEBRUARY 2016, HELD IN THE CORPORATE MANAGEMENT BOARDROOM COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, MELROSE AT 2.00 p.m.

Present:	<p><b>CSOG :</b></p> <p><b>Attendees:</b> Jeanette McDiarmid, Deputy Chief Executive People (JM), 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), David Powell, Adult Protection Coordinator, SBC (DP), John Fyfe, Group Manager, Criminal Justice Services, SBC (JF), Evelyn Rodger, Director of Nursing and Midwifery, NHS Borders (ER), Gill Imery, Divisional Commander, Police Scotland (GI).</p> <p><b>Apologies:</b> Tracey Logan, Chief Executive, SBC (Chairman), Jane Davidson, Chief Executive (NHS), Gillian Nicol, Child Protection, SBC.</p>
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<p>1.</p> <p>1.1</p>	<p><b>Minute of Meeting of 23 November 2015</b></p> <p>There had been circulated copies of the Minute of 23 November 2015.</p> <p><b>DECISION</b> <b>NOTED the minute.</b></p> <p><b>Matters Arising</b></p> <p>With reference to paragraph 7 of the Minute of 23 November 205 it was noted that the heading should read - Data Sharing Update, there was also reference to .....profiling date... and this should have read data.</p> <p><b>DECISION</b> <b>AGREED:-</b></p> <p class="list-item-l1">(a) the amendments to the minute as detailed above;</p> <p class="list-item-l1">(b) that the Data Sharing Update be removed as a standing item on the Agenda.</p>
<p>2.</p>	<p><b>Actions Update</b></p> <p>As detailed in the Action Sheet.</p>
<p>3.</p>	<p><b>Child Protection Committee Update</b></p> <p>There had been circulated copies of a report advising that the Child Protection Committee (CPC) had met once since the last meeting of CSOG. There had been no changes to Membership during the period. DM highlighted the main points of the briefing as follows:-</p> <p class="list-item-l1">(a) <b>Child Sexual Exploitation Training</b></p>

	<ul style="list-style-type: none"> <li>• One course had taken place and 23 staff members had attended.</li> <li>• A Child Sexual Exploitation briefing had been delivered to the NHS Executive on 21 January 2016</li> </ul> <p><b>(b) Essential Issues in Child Protection Practice</b></p> <ul style="list-style-type: none"> <li>• 3 courses had taken place – 46 attended, 22 of which were students</li> <li>• One course for Early Years Practitioners from the private and voluntary sector took place and 17 attended.</li> </ul> <p><b>(c) A Child's Journey through Child Protection</b> One course in December and 19 attended.</p> <p><b>(d) Public Protection Briefing</b> A briefing session was held for Citizens Advice Bureau in Galashiels on 29<sup>th</sup> January 2016 and 18 members of staff attended.</p> <p><b>(e) Retail Training – Bespoke Training</b> Five CP Training course were completed and 87 staff from BSLT had been trained. BSLT had asked that the CPC Learning and Development Officer review their CP procedures and all updates had been completed. An annual contact system had been built into catch new members of staff who need to be trained and are unable to attend CP courses locally.</p> <p><b>(f) Local Scottish Ambulance Service (SAS)</b> The CP Learning and Development officer has been in contact with the SAS since 2013 and had now successfully delivered 3 briefing sessions in June and July 2015 and 21 SAS members.</p> <p><b>(g) Asda</b> One Bespoke Child and Adult Awareness Briefing for Licences and Retail Premises had been delivered to 5 members of staff. The Learning and Development team were in communication with McDonalds, Tesco and Sainsbury about setting up CP Training course/briefing sessions.</p> <p><b>Child Protection Online Procedures</b> Reconstruct had informed CPC that they would be closing down their operation to host the CP Procedures website. The new host was Scottish Borders Council and the new CP Procedures website had been live for 2 months. The procedures were also being updated due to staff post changes throughout the various agencies and were almost complete. As a result of a suggestion from a staff to the recent review of CP conducted by J Conway, there was additional advice being added to help staff think about and name risk.</p> <p><b>Inspection</b> The CPC had been interviewed as part of the process, members continued to contribute to the various focus groups and support the inspection planning as far as possible.</p> <p><b>DECISION NOTED.</b></p>
3.1	<p><b>Annual Report – Child Protection Committee</b> There had been circulated copies of the draft Child Protection Annual Report 2014-2015.</p> <p>DM highlighted page 4 in terms of engaging with Young People and the Training and Staff Development update contained on Page 5. In terms of Child Sexual Exploitation contained on pages 7- 9, DM highlighted the variety of courses and training available. The significant case reviews contained on page 11 were highlighted, particularly Southampton SCR for Child K.</p> <p><b>DECISION</b></p> <p><b>(a) AGREED that figures to July 2015 be included in the National Child Protection and</b></p>

3.2	<p><b>Comparator data contained at Page 16, if available.</b></p> <p><b>(b) NOTED that the final report would be presented to Council in March 2016.</b></p> <p><b>Business Plan 2015 -16</b></p> <p>There had been circulated copies of the Draft Scottish Borders Child Protection Committee Business Plan 2015 -2016 which detailed the priorities for the forthcoming year. DM highlighted the section on Policies and Procedures and Protocols.</p> <p><b>DECISION</b></p> <p><b>NOTED contents of the Business Plan and that it was a living document.</b></p>
4.	<p><b>Adult Protection Committee</b></p> <p>There had been circulated copies of a report from Jim Wilson, Independent Chair, Adult Protection Committee (APC). The Adult Protection Committee (APC) had met twice since the last meeting. JW reported that some of the funding for Adult protection may be withdrawn and this would be updated at the meeting in May. There was discussion about the communication between SBC and NHS through Twitter and Facebook and the involvement of the Police. GI highlighted the 'I am me' Disability Hate Crime Training which was available and that the Borders were engaging with this.</p> <p><b>DECISION</b></p> <p><b>AGREED:</b></p> <ul style="list-style-type: none"> <li><b>(a) that DP speak to Safer Communities to establish better connections</b></li> <li><b>(b) that a representative from Safer Communities be appointed to the Adult Protection Committee</b></li> </ul> <p><b>Biennial Reports</b></p> <p>It was reported that at a recent meeting of the Scottish Adult Support and Protection Convenors Group, the Scottish Government representative indicated that they would conclude analysis of reports later in the month. Unlike previous years there would not be individual responses and a general letter would cover themes across the country. Discussion would take place concerning the content of future reports.</p> <p><b>Business Plan</b></p> <p>The 2015 - 2017 Business Plan was approved at the APC in February, a copy of which had been circulated for information. The 3 sub-groups of the APC would take responsibility for overseeing specific sections of the report and ensuring progress was reported to the APC. A Number of KPI's had been introduced to address issues raised at the self-evaluation day which should help and evidence areas of improvement.</p> <p><b>National Adult Protection Media Campaign</b></p> <p>The above Campaign had been launched. The campaign 'Seen something? Say something' was aimed at raising awareness of the issues of adult harm and adults who were at risk of being harmed. The Campaign encouraged people to act on their suspicion or instinct that somebody may be experiencing harm. At a local level this would involve press and social media coverage. Customised posters and leaflets were being distributed.</p> <p><b>National Data Collection</b></p> <p>Information had just been released from Scottish Government providing an analysis of activity across all council areas. It was recognised that there was considerable variation in recording practice and accordingly careful interpretation of the data was necessary. A copy of the initial analysis was attached at item No. 8 of the Agenda.</p> <p><b>DECISION</b></p> <p><b>NOTED.</b></p>

4.1	<p><b>Annual Report – Adult Protection</b></p> <p>JW reported that referrals were up slightly and highlighted that a review of the Adult Protection activity during the period showed that the majority of concerns related to older people and those adults who had a learning disability. Financial Harm followed by Physical Harm were the highest type of harm reported. Older Adults were generally more at risk of financial or physical harm. Very positive work was being undertaken by Trading Standards to reduce harm by bogus callers and scams. JW reported that bogus schemes were becoming very complex and sophisticated and while there was a lot of work being done in schools there was little for the 19 -20+yr olds. There was discussion about a joint meeting between the Child Protection and Adult Protection and a briefing from John Peatson. GI reported that the Police were pushing for National Co-ordination. It was highlighted from the figures contained in Page 24 of the report that there were few referrals being made to the Advocacy Service which was receiving funding and DP advised that the BIAS contract and use of advocacy was being reviewed in relation to this.</p> <p><b>DECISION</b> <b>AGREED:-</b></p> <p><b>(a) that consideration and referral to Advocacy Service be brought to the AP Committee in August 2016; and</b></p> <p><b>(b) there should be 100% completion of episodes, detailing referral to advocacy and where use of advocacy was not appropriate, the rationale <u>must</u> be completed.</b></p>
4.2	<p><b>Business Plan</b></p> <p>There had been circulated copies of the Adult Protection Committee Business Plan for Protection of Adults at Risk 2015-2017. It was reported that there had been nine annual reports prepared since 2006, which evaluated progress towards the objectives in the strategies, and also of activity to protect during that time. The new strategy therefore needed to include outstanding issues, and lessons learned from experience. There continued to be reports of Inquiries, by bodies such as the Mental Welfare Commission, or ad hoc inquiries set up as a result of serious incidents. There were three sub sections – Operational; Learning and Development and Audit Group which fed into the Adult Protection Committee. There was discussion about the need for the Business Plan to feed into performance.</p> <p><b>DECISION</b> <b>AGREED.</b></p>
5.	<p><b>Drug Related Deaths Update</b></p> <p>With reference to paragraph 1 of the Minute of 23 November 2015, there had been circulated copies of a document which addressed the queries raised in relation to the number of individuals who had access to naloxone kits and the number of kits utilised. It was noted that there were a high number of kits recorded as lost, however many of the individuals had very chaotic lives.</p> <p><b>DECISION</b> <b>Noted the information.</b></p>
6.	<p><b>Offender Management Update</b></p> <p>There had been circulated copies of an update. The next meeting of the Offender Management group was scheduled for 29<sup>th</sup> February 2016 and there had not been a formal meeting since the last CSOG.</p> <p><b>SCR (DR)</b> - A draft had recently been made available for comment. It was still to be discussed by the OMC (Offender Management Committee) and the Lothian and Borders Strategic Oversight Group and a full report would be provided to the next meeting of CSOG when a final report would be available.</p> <p><b>MAPP Extension</b> - would take effect on 31 March 2016 and would extend MAPPA to serious violent offenders. Training was underway for all Criminal Justice staff, Police and MAPPA chair's prior to implementation and would look at impact on local resource, process and new templates.</p>

	<p><b>Access to VISOR</b> - no national or local agreement had yet been reached regarding the enhanced vetting required for Criminal Justice staff to access VISOR, which required very high disclosure and may require family members to be vetted, which may deter people from applying and a number of issues remained to be addressed. A further update in May 2016.</p> <p><b>Minute Taking</b> - RMCC/Level 2 panel. There had been some concerns about the quality of Minute taking but this had been addressed with the Manager of the service.</p> <p><b>DECISION</b> <b>NOTED the Update.</b></p>
7.	<p><b>Critical Cases - SCR and Case Review</b></p> <p>JW reported that Interviews had been concluded for the CR case and would have a concluded report for the next meeting. Elaine Torrance, Chief Social Worker reported that there was some residual tension between SBC and Health in terms of managing risk with young woman with mild/moderate learning disabilities. ER advised that there was a need to look at training and respecting professional judgement and joint learning.</p> <p>ICR – Child Protection. DM single agency look at practise and report back in 6 wks. the SCR (DR) was delayed due to completion of the final report by Police Scotland. There was discussion around ongoing ICR's and it was agreed that a summary of ICR's be presented at the next meeting for Adult Protection, Child Protection and Offender Management.</p> <p><b>DECISION</b> <b>AGREED that a summary of ICR's be compiled from April 2015 to April 2016 and presented at the next meeting in respect of Adult Protection, Child Protection and Offender Management.</b></p> <p>ET advised that there was an ongoing difference of opinion as to how to manage risk with a young woman with a mild/moderate learning disability. The case was being closely monitored by the CSWO, who was the Guardian. The case had been escalated to the Mental Welfare Commission and an independent review of the case was being undertaken by the Independent Chair of the Adult Protection Committee. An independent review of the individual's capacity had also been agreed. A further meeting to discuss the AWI Act with the team involved would be arranged. DP confirmed that the individual was receiving the appropriate support while the case was being reviewed.</p> <p><b>DECISION</b> <b>AGREED that a report be presented to the next meeting of CSOG and then a staff debrief.</b></p>
8.	<p><b>Dating Sharing Update</b></p> <p>It was noted that ASP referrals were in line with the Scottish average. The number of investigations appeared to be on the low side but this was due to a recording issue. The Annual report had indicated that very few cases go onto a case conference. There was discussion around getting the basics right before anything else and then look at it again with benchmarking authorities. Need to look at whether a practice issue as it may be dealt with in another way. Reviewing evidence and come back to Adult Protection. GI reported that Aberdeen appeared to be sifting referrals and then the rest are going straight to case conference. GI further reported that Police Officers were being reminded regularly that Adult Protection cases should be referred .</p> <p><b>DECISION</b> <b>AGREED a report be brought back to the May 2016 meeting.</b></p>
9.	<p><b>Performance Information - Quarterly Statistical Reports</b></p> <p>Copies of a paper detailing management information figures relating to Child Protection, Adult Protection and MAPPA had been circulated. The information provided to CSOG was in the form of tables and charts. The Child Protection information showed four charts/tables giving</p>

	<p>details of referrals by number and type. The Adult Protection information showed that the number of referrals had dropped for the period April to December 2015. The type of harm most prevalent was Financial and Physical. It was highlighted that SBC recorded more information than was requested. With regard to the MAPPA figures for Jan 2015 to Dec 2015 it was noted that the number of sex offenders had been between 82 and 88, with an increase to 94 between July and September. MAPPA cases had been re-distributed to ensure clients were seen by those with appropriate training.</p> <p><b>DECISION NOTED.</b></p>
10.	<p><b>Any other business</b></p> <p><b>Children Services Review</b> Initial report will be presented to CSOG in May 2016 with final report in June 2016.</p> <p><b>Older People Inspection</b> Some inspections anticipated for this year and preparation for the Adult Protection required. Learning from Children Inspection and the mini Executive leading on the inspection had worked well for the Children Inspection.</p> <p><b>DECISION NOTED.</b></p>
11.	<p><b>Next Meeting Date</b></p> <p>The next meeting of CSOG was scheduled for Monday 23 May 2016 commencing at 12.30 p.m. with a sandwich lunch to discuss the significant cases and the CSOG Meeting to commence at 2.00 pm in the Corporate Management Boardroom, Council Headquarters.</p>
	<p><i>The meeting concluded at 4.15 pm.</i></p>