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:-
- Strategy & Performance Committee: 07.09.17
- Clinical Governance Committee: 13.09.17
- Public Governance Committee: 17.08.17
- Area Clinical Forum: 01.08.17
- Health & Social Care Integration Joint Board: 28.08.17, 23.10.17
- South East & Tayside Group (SEAT) & East Region Programme Board: 22.09.17
- Community Planning Strategic Board: 22.06.17, 07.09.17
- Critical Services Oversight Group (CSOG): 21.08.17

Recommendation

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

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

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Iris Bishop	Board Secretary		

Borders NHS Board

Minutes of a meeting of the **Strategy & Performance Committee** held on Thursday 7 September 2017 at 10.00am in the Board Room, Newstead

Present:	Mr J Raine	Mrs J Davidson
	Mrs K Hamilton	Mrs C Pearce
	Cllr D Parker	Mrs J Smyth
	Mr T Taylor	Mrs E Torrance
	Mr M Dickson	Mr T Patterson
	Dr S Mather	Mr J Cowie
In Attendance:	Miss I Bishop	Dr J Bennison
	Dr A Cotton	Ms S Henderson
	Mr C MacDonald	Mr N Willis
	Mr K Lakie	Mr P Lunts
	Mrs C Oliver	

1. Patient and Carers Stories

The Chair welcomed Ms Susan Henderson, Mr Callum MacDonald and Mr Neil Willis to the meeting.

Mrs Henderson introduced Neil and Callum who were Chairs of their Local Citizens Panels in the Scottish Borders. She explained that the Charter had been written for and by people with Learning Disabilities and of the 12 statements it contained, Neil and Callum would be speaking to Statement 8.

Mr Callum MacDonald spoke about collaborative working; gaining skills; your voice as an individual and as part of a collaborative; formulation of local citizens panels in 2013 in 5 localities; development of roles and a generic welcome pack; easy read documents; cutting out jargon; Borders Buzz to reduce isolation and create friendships; access panels; access guide to buildings and premises in Peebles; and checking whether hearing loop systems were working in premises they were advertised as being installed in. Mr Neil Willis spoke about access to buildings in the Hawick area; charter of involvement; link workers and working with local area coordinators; confidence building for members of the panels; re-launch of keep safe; how to help decision making; cross party action; getting involved in local community projects such clearing paths and building bird hides; film making skills; volunteer roadshow on what people think and what they want for those with Learning Disabilities; formulation of Project Search and NHS Borders involvement in the project with 5 of 8 interns now having jobs with NHS Borders; and helping to write the Learning Disabilities Service Commissioning Strategy and Structure and supporting Susan Henderson to turn them into easy read versions.

Mr Neil Willis commented that he had been asked to pass on to the Board the thanks from the Local Citizens Panel on the work carried out by NHS Borders to assist people using health services across the Borders and gave the example of assistance by Mr Alan Lawson at the Borders General Hospital, and

good patient care from surgeons and anesthetists to calm and support anxious patients. Mr Willis invited NHS Borders to sign up to the Charter of Involvement.

Mrs Susan Henderson commented that those with more profound learning disabilities did not always feel that they were listened to, so there were still challenges to make sure the right structures, accessibility and support were in place and when there had been an issue NHS Borders had been very responsive to managing that, and there had been some significant changes made with NHS Borders seen as a responsible service.

A discussion ensued which focused on: learning within the charter for all people in all walks of life; organisational structure of the learning disabilities service; improved quality of life and growth in individuals confidence levels; production of main documents and easy read versions in tandem; supporting the Health & Social Care Integration Joint Board priorities of early intervention; success of the healthy eating project; and links to the equality agenda.

The Chair thanked Neil Willis and Callum MacDonald for their presentation and commented that it had been an inspiration for the Committee to hear from them and their confidence in delivering the presentation

The **STRATEGY & PERFORMANCE COMMITTEE** noted the involvement of the Local Citizens Panels and the Chair and Chief Executive signed up to the Charter for Involvement on behalf of the Board.

2. Apologies and Announcements

Apologies had been received from Mr David Davidson, Mr John McLaren, Mrs Alison Wilson, Dr Cliff Sharp, Mr Warwick Shaw and Mrs Carol Gillie.

The Chair confirmed the meeting was quorate.

The Chair formally welcomed, Cllr David Parker, Mr Tris Taylor and Mr Malcolm Dickson to their first meeting of the Board in its Strategy & Performance Committee capacity.

The Chair welcomed Dr Amanda Cotton, Associate Medical Director who was deputising for Dr Cliff Sharp.

The Chair announced that it was the last meeting of the Board for Mrs Elaine Torrance who had decided to retire. He thanked her for stepping into the role of Interim Chief Officer for Health & Social Care and being a fundamental influence in providing a new impetus to the work of the Integration Joint Board.

3. Charter for Involvement

The Committee discussed its reflections on the charter for involvement presentation and highlighted: the need to involve various groups in formulating easy read versions of documents to ensure they did not become patronising to different sections of society; Public Governance Committee to formulate thoughts, actions and progress on the requirements of the charter; support from the Communications Team and Planning and Performance Department to assist the Public Governance Committee with the requirements of the charter; it was evident that genuine involvement was powerful in capacity building

and transformation; links to the Chief Medical Officer's conversation on Realistic Medicine; being open to hearing good feedback and poor feedback to aid improvements; and Project Search assisted people with Learning Disabilities to find work and 5 of the 8 interns at NHS Borders had been employed and the organisation continued to work with the other 3 people in regard to suitable placements.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to add the Charter for Involvement actions to its Action Tracker.

4. Declarations of Interest

The Chair sought any verbal declarations of interest pertaining to items on the agenda. There were none.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the declarations of interest for Mr Malcolm Dickson and Mr Tris Taylor.

5. Minutes of Previous Meeting

The minutes of the previous meeting of the Strategy & Performance Committee held on 4 May 2017 were amended at page 4, item 9, paragraph 2, line 1, replace "depravation" with "deprivation" and with that amendment the minutes were approved.

6. Matters Arising

6.1 Action 1: The Committee requested that the update be provided to the next meeting.

6.2 Actions 21 and 22: The Committee agreed to roll both actions together.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the action tracker.

7. Scottish Borders Health & Social Care Partnership Draft Winter Plan 2017/18

Mr Philip Lunts introduced the draft winter plan and highlighted several key elements including: detail on the areas of activity and actions being taken to address increased demand over the winter period; specific actions in regard to prevention of admissions in the plan; emphasis on alternatives to hospital beds for those no longer requiring to be in hospital; seeking to ensure additional beds will be out of the acute hospital and where possible out of the community hospitals; monitoring mechanisms; equating the major actions to the number of beds used last year; data on expected length of stay in each service; inclusion of high level project plan with detailed sub plan; risk assessment and costings of initiatives; developing whole systems performance scorecard to show performance in each area of the pathway; major risks in the plan are timescales to deliver on key actions and surge capacity, management capacity and financial support; and contingency plans on delivery difficulties.

Dr Stephen Mather enquired about the consequences of a severe winter or substantial outbreak of norovirus impact on the winter plan. Mr Lunts commented that a substantial outbreak of norovirus would equate to a maximum of 20 beds and that had been built into the plan and it was currently being stress tested. Mrs Jane Davidson commented that a harsh winter would lead to an increase in admissions and Mr Lunts further commented that a number of actions were included in the plan in

regard to severe weather resilience plans for services and the provision of self management plans for patients.

Mrs Jane Davidson advised that the organisation had already exceeded occupied bed days for the whole of the previous year and the quandary was as an acute system there were now no winter surge beds to go to. Previously surge bed areas would have been opened but they were open already. There was a need to rapidly establish something that was different, such as discharge to assess more rapidly through discharging to different areas out of the acute hospital where assessment could then take place.

Further discussion included: Borders Emergency Care service (BECs) capacity and recruitment of advance nurse practitioners; resilience in BECs; challenging risk averse behaviour; availability of care home places; provision of assessment beds in Waverley as well as a move to rapid access home care to move people to their home environment and continue their social work assessment in their home; provision of out of hours emergency social care duty team during the festive period and access to local authority services; difficulty with home carers provision during the festive period; access to housing services for the mental health service; anticipated increase in respiratory admissions by 30% over the winter period; intention for 40% of patients ready for discharge to be out of bed by midday on the day of discharge; and shortage of dementia nurses and development of outreach team to care homes to assist patients with challenging behaviours.

The Chair believed the target rate for the vaccination of staff leading in to the winter period was insufficiently rigorous. Dr Tim Patterson advised that the Scottish Government encouraged a 60% target rate. The Board Executive Team would be discussing the vaccination programme and clinical leadership to encourage take up by ward staff and all those working in clinical environments.

The Chair enquired if there were any contractual arrangements in regard to vaccination uptake and Mr John Cowie commented that he would look into it.

The **STRATEGY & PERFORMANCE COMMITTEE** approved the 2017/18 Winter Plan.

8. Medical Education Update

Dr Amanda Cotton provided an overview of the content of the paper and referred to the triggered visit by the Deanery in 2016, formulation of an action plan following that visit and the return visit by the Deanery in March 2017. She confirmed that the Deanery would not undertake a further follow up and that the majority of items in the action plan had been addressed following the initial visit. There were however two matters currently be reconciled which related to the provision of wifi for junior doctors and dedicated training space.

Dr Janet Bennison confirmed that the Deanery, on their follow up visit, had welcomed the progress made against the action plan.

The Chair enquired about the provision of simulation training. Dr Bennison advised that "sim man" and "sim baby" were taken into the hospital for simulation training; however the recommendation from the Deanery was for dedicated simulation ward space to be set aside for all simulation training for junior doctors. She advised that currently a small area was set aside however a large area was required to provide a proper ward simulation environment.

Mrs Jane Davidson confirmed that the recommendation in regard to the provision of wifi for junior doctors had been resolved and indeed wifi would shortly be available for the public across the Borders General Hospital. There was also an intention to provide wifi across the community hospital sites as well as Huntlyburn. In terms of space Mrs Davidson advised the Committee that options had been identified for consideration.

Mr Malcolm Dickson enquired if the simulated ward area was a recommendation of the Deanery or an identified need from the service. Mrs Davidson advised that it was an identified need from the service.

Mrs Karen Hamilton enquired of the training provision for the future. Dr Bennison confirmed that all of the "sim" mannequins and other equipment were used for training purposes and as training and education evolved it was moving in the direction of simulated environments and equipment being the main training focus.

Further discussion focused on learning and feedback from adverse events; protecting the continuity of work for junior doctors through their rotas and annual leave provision.

The Chair commented that it had been a helpful concise report and he recorded his thanks to Dr Jane Montgomery on its production.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the progress made against the visit requirements.

The **STRATEGY & PERFORMANCE COMMITTEE** supported the identification of further accommodation for simulation training.

The **STRATEGY & PERFORMANCE COMMITTEE** considered the impact of better IT provision on the Education of both undergraduate and postgraduate medical education and noted that it had been addressed in the residences and the Borders General Hospital with further access across other sites to become available in due course.

9. Strategic Risk Register 2017/18

Mrs Claire Pearce gave overview of the content of the report and the process followed. She spoke of the increased risk of non achievement of the financial targets and the additional controls that had been put in place. She also spoke of the partnership working with the Integration Joint Board risk which had been refreshed and mitigated as far as possible.

The Chair enquired why the partnership risk had been increased. Mrs Elaine Torrance commented that she had reviewed it in terms of changes in key personnel given the areas of progress that were required to be made by the Integration Joint Board.

Dr Stephen Mather commented that risks were made on the assessment of information at that point in time. He was keen to emphasise that the health and social care partnership was making great strides forwards in how it worked and how the Integration Joint Board related to it. He suggested that whilst there was still more to do the partnership was in a far better place than it had been 12 months previously.

Further discussion focused on: expanding the narrative on the development of an action plan for medical cover; GP cover for community hospital; discussions with Scottish Government to mitigate financial risks in the current financial year; role of the Board Executive Team in managing and mitigating the risks; the role of the Board in owning the strategic risk register.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the revised Strategic Risk Register and the ongoing actions to identify additional strategic risk.

The **STRATEGY & PERFORMANCE COMMITTEE** recommended the Strategic Risk Register to the Board for formal approval.

10. Strategy & Performance Committee: Terms of Reference

The Chair opened a discussion in regard to the role and purpose of the Strategy & Performance Committee and the difference between it and the Board. He was mindful of decision making processes and that the Committee's role was to review strategy and performance and make recommendations but, not to take decisions that, for reasons of accountability and transparency, required to be taken by the full Board.

Dr Stephen Mather commented that the Committee was formulated to interrogate the organisations' strategy and not to create it. He suggested public involvement was normally encouraged at the outset through the Public Governance Committee and then publicity and engagement sessions with the public and other stakeholders.

Mrs June Smyth reassured the Committee that the Clinical Strategy was being widely engaged on with the general public through a range of different settings and community groups. She suggested there would be more that could be done to build on the progress to date and to feedback to the different services and strategies encompassed within the whole Clinical Strategy.

The **STRATEGY & PERFORMANCE COMMITTEE** approved its revised Terms of Reference.

11. Board Committees

The Chair commented that he had reviewed and reduced the number of groups that Non Executive members had been involved with in order to concentrate on placing Non Executive members where they could add the most value and where their scrutiny would be most needed. He suggested he would again review committee memberships when another new Non Executive member commenced in post in April 2018.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed the current membership and attendance of Non Executive members on the Board and other Committees as appended and noted the current level of vacant places.

The **STRATEGY & PERFORMANCE COMMITTEE** agreed to recommend the current membership of Board and other Committees to the Board for formal approval.

12. Hawick Mobile Dental Unit

Mrs Elaine Torrance advised the Committee of the current position with regard to the Hawick mobile dental unit and confirmed that it would cost in the region of £300k to replace the unit. Letters had been issued to interested parties to advise that the service was currently unavailable.

Dr Stephen Mather enquired if those children affected would attend an alternative dental surgery and if there would be any savings achieved as a consequence of decommissioning. Mrs Torrance advised that the unit only operated in certain parts of the Scottish Borders and she was confident that alternative arrangements would work if the unit was decommissioned.

Cllr David Parker noted that the unit visited several remote and rural communities and some within areas of deprivation. He suggested a public consultation exercise be carried out ahead of any decision being made. Mrs Torrance advised that an engagement and communication plan had been produced which included a consultation element.

Mrs Jane Davidson welcomed that alternative arrangements had been put in place as the mobile dental unit was unavailable. She suggested that as the dental service was a function delegated to the Health & Social Care Integration Joint Board (IJB), a paper on the matter setting out the options available, should be taken to the IJB to ask them if they wished to decommission or carry on with the service as they were the commissioning body.

Mr Tris Taylor enquired about the current transport arrangements for children requiring dental services who lived in remote and rural communities. Mrs Torrance commented that families were asked to consider what was available in their areas and if there was an impediment to accessing services then the service would look at what support it could offer. The information she had been provided with to date was that there were more services available and more opportunities to access services than when the mobile unit had been first operated.

Mr Taylor enquired about transport issues to accessing services for the young as well as older people. Mr Torrance advised that the service would explore what assistance it could provide.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the current position and supported a public consultation exercise be carried out on the proposed decommissioning of the service.

The **STRATEGY & PERFROMANCE COMMITTEE** recommended that an options appraisal paper be submitted to the Health & Social Care Integration Joint Board for a formal decision on the future commissioning of the service.

13. Efficiency Update as at 31 July 2017

Mr Kirk Lakie gave an overview of the key points within the paper including: the revenue plan included a requirement to achieve savings of £15.7m; at the end of July the delivery forecast is £8.6m with £4m being delivery recurrently; and the projected underlying recurring deficit at the year end of £8.8m.

Cllr David Parker enquired about the next steps in regard to the savings targets that would not be met in full at the year end. Mr Lakie advised that he continued to work with General Managers and Senior

Managers to achieve full delivery of the identified savings schemes, however where the savings target may not be met in full at the year end the commitment to savings would change.

Mr Malcolm Dickson enquired in regard to national benchmarking systems, and whether unit cost comparisons within the organisation and other Health Boards were undertaken. Mr Lakie advised that performance was benchmarked based on capacity as a marker of relative performance and areas of poor performance tended to be areas of higher activity making it was difficult to compare performance against cost. He further commented that there were pieces of work commissioned regionally which looked specifically at specialties where there was a problem within the region and the national performance team had commissioned work nationally to look at relative performance and costings nationally in certain specialties.

Further discussion focused on: benchmarking service areas, productivity opportunity, productivity in theatres, ophthalmology, clinical productivity programme looking at reducing variation and maximising patient facing time; where there was clear variation reviewing pathway by pathway; aware of some unit costs and comparisons but dependent on if unit cost is in relation to the pathway or the surgery; and bottom out the scope of unit cost and use the same parameters for identification.

Mr John Cowie commented that in regard to unit labour costs, some 60-70% were employment costs. He advised that there was a tool available to calculate unit labour costs, however the differences were substantial between different employers and there were no like for like comparisons being undertaken across Scotland.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the current position at the end of July in relation to savings delivered, being £2.239m in the current year and £1.1m on a recurring basis.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the forecast delivery of £8.6m in year giving an estimated deficit of £7.089m against NHS Borders overall savings target of £15.703m by the end of the year.

The **STRATEGY & PERFORMANCE COMMITTEE** noted that the risk associated with the shortfall in efficiency plan delivery will be mitigated through the development of a recovery plan which will be presented to the Board in October.

The **STRATEGY & PERFORMANCE COMMITTEE** noted the forecast that NHS Borders underlying recurring deficit will rise to £8.8m from £4.9m by the end of the year based on current proposals and plans.

14. Performance Scorecard

Mrs June Smyth gave an overview of the content of the report.

Dr Stephen Mather commented on the areas of good performance such as diagnostics waiting times, cancer waiting times and the Child & Adolescent Mental Health Service (CAMHS) and congratulated the staff concerned. However he also recognised there remained areas of poor performance such as out patients and enquired what corrective action had been taken? Mrs Smyth commented that in most cases consultant recruitment was an issue however, to date the organisation had a positive consultant recruitment record.

Dr Mather noted the improvement in psychological waiting times and reminded the Committee that Dr Cliff Sharp had advised at the last meeting that the service was often a victim of its own success. Dr Amanda Cotton commented that the service undertook weekly meetings to look at the situation and was looking at how it evaluated referrals and how it utilised capacity to ensure consistency across the service. Whilst progress was being made more effort was being placed on the beginning of the pathway in reviewing triage and assessment to ensure only those referrals that were absolutely appropriate were made.

The Chair asked for confirmation that there were no patients waiting over 18 months for psychological therapies. Dr Cotton confirmed there were none waiting that length of time.

Further discussion focused on: risk adverse behaviour for discharge; winter beds availability; anticipated achievement of Electronic, Knowledge and Skills Framework (eksf) and Personal Development Plans (PDPs) standard within the final quarter of the year; alcohol brief interventions performance and lower recording by General Practices and anticipated further reduction in recording when funding concludes in 2018; and deep dive into waiting times at a future Board Development session (scheduled for October).

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Performance Report as at end of June 2017 and the redesign work in respect of out patients that was underway.

15. Financial Performance Group Minutes

The **STRATEGY & PERFORMANCE COMMITTEE** noted the Financial Performance Group minutes.

16. Any Other Business

There was no further competent business.

17. Date and Time of next meeting

The Chair confirmed that the next meeting of Strategy & Performance Committee would take place on Thursday 2 November 2017 at 10.00am in the Board Room, Newstead.

The meeting concluded at 1.15pm.

Signature: ……………………………………..

Chair

APPROVED

Minutes of a meeting of the **Clinical Governance Committee** held on 13th September 2017 at 2pm in the BGH Committee Room.

Present:	Dr Stephen Mather (Chair)	David Davidson
	Alison Wilson	Malcolm Dickson
In Attendance:	Dr David Love	Dr Keith Allan
	Claire Pearce	Sam Whiting
	Dr Cliff Sharp	Peter Lerpiniere
	Nicky Berry	Christine Proudfoot
	Dr Allyson McCollam	Fiona Doig
	Mrs Victoria Dobie	Irene Bonnar

1. APOLOGIES AND ANNOUNCEMENTS

The Chair noted apologies had been received from Jane Davidson, Simon Burt, Ros Gray, Dr Janet Bennison, Sheila MacDougall and Dr Tim Patterson. The Chair confirmed the meeting was quorate.

The Chair welcomed Dr Keith Allan who was in attendance on behalf of Dr Tim Patterson and Malcolm Dickson, a newly appointed Non-Executive Director and member of the Clinical Governance Committee. The Chair also noted some slight amendments to the agenda.

2. DECLARATIONS OF INTEREST

The **CLINICAL GOVERNANCE COMMITTEE** noted there were none.

3. Minutes of the Previous Meeting

The minutes of the previous meeting of the Clinical Governance Committee held on the 19th July 2017 were approved as a true record.

4. MATTERS ARISING

The **CLINICAL GOVERNANCE COMMITTEE** updated and noted the Action Tracker accordingly.

7.2 Clinical Board Update (Mental Health)

Peter Lerpinere informed the Committee that an action plan has been developed on the back of the recent Older People in Acute Hospital (OPAH) inspection which includes actions

around dementia heat standards and diagnosis. Peter added that the report has not yet been published but we have had sight of the draft. Plans are in place to address the areas where we need to improve and the action plan should be formalised by the end of September 2017. Peter highlighted positive areas of good practice to the Committee which included a recently implemented safety huddle in Mental Health, modelled on BGH safety brief. Peter also noted that he has nominated one of the Operational Managers within Mental Health for a leadership award. Stephen Mather asked for assurance around the Psychological Therapies HEAT target and Peter stated that efficiency work around appointments is currently underway which should address the issue. Stephen also noted that the CAMHS is performing well and wished to pass on his congratulations to those involved.

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

7.3 Clinical Board Update (Learning Disabilities Services)

Peter highlighted an accessibility issue when dealing with incidents that have taken place in the BGH and recorded in Datix. These incidents are flagged to BGH managers; however Peter has dealt with these issues. Peter informed the Committee that Streets Ahead is a commissioned service that provides carer support to people who have Mental Health problems or a Learning Disability. Peter explained that Streets Ahead were seen as providing a weak service so some focussed improvement work and staffing resource has been provided to support the service. Peter offered to provide an update on this at a future meeting.

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

8.2 Adult Protection Annual Update

There were no questions from the Committee on the Adult Protection Annual Report.

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

5.1 Infection Control

Sam Whiting informed the Committee that in June the Infection Control team moved from a paper based system to an electronic system that provides an automatic flagging function for historic MRSA positive patients which enables the team to be more proactive around managing these patients. Sam now has access to data on Discovery and when he looked back over last 4 quarters it shows that NHS Borders has the lowest healthcare acquired SAB rate across Scotland. For community acquired SABs, numbers are small but fluctuate. In the first 6 months we had the highest rate of community SABs, however in the last 6 months we have had the lowest in mainland Scotland. Sam also wished to highlight the cleanliness standard to the Committee with recent data showing the BGH as having the 2nd highest cleanliness score within comparable Boards. David Davidson felt that praise should be given to staff to recognise the work that has been done. David also asked whether the statistics showing the community as high for the first 6 months warrants some investigation around why this is and whether there are any lessons that could be learned from this. Sam replied that as the numbers are so small it is seen as a coincidence therefore there is no obvious area to

tackle. Stephen Mather queried whether there was a needle exchange in the Borders, Sam confirmed that there was and that some positive work has been undertaken in Dumfries and Galloway to actively promote needle free initiatives. Sam has acquired some information from them to see if we can try and support this in the Borders. Keith Allan added that he assumed that this was also being looked at within the remit of Public Health.

Hand hygiene was discussed and why it would appear that doctors have poorer compliance than nurses. Cliff Sharp felt that this had improved with regularly reminding doctors of the importance of hand hygiene. Alison Wilson queried the dates for the Infection Control compliance monitoring, Sam explained that the team are now working differently but have plans to address this to get back on track. David Davidson asked whether we receive any statistics on the number of patients using needle exchange programmes. Alison added that there is a system in place that records numbers only. Alison noted that we have needle exchanges in 6 pharmacies within the Borders. It was agreed that some liaison with Public Health around opportunities for education, including when drug users come into contact with Police could be explored. Keith Allan offered to take this suggestion back to the Strategic Lead for the Alcohol and Drug Partnership.

5.2 Hospital Standard Mortality Rate (HSMR) Update

David Love updated the Committee on the Healthcare Improvement Scotland (HIS) visit that took place on the 23rd August 2017 to look at our HSMR and what may be behind current performance. NHS Borders has been asked to provide HIS with a specific improvement plan including details of improvements, timescales and persons responsible by the end of this month. David added that he felt there would be a big focus on deteriorating patients and the infrastructure required. HIS also felt that our coding would benefit with more scrutiny and a team from Information Statistics Division (ISD) will work with us on this. It was also highlighted to HIS that palliative care is different in the Borders in that we admit patients to die in the Margaret Kerr Unit. HIS are unwilling to remove these patients from the system but they have agreed to continue to provide us with a private split (non palliative care HSMR) and this may help us to get a better idea of the direction. Cliff Sharp added that it should encourage us to improve palliative care in the community and manage death outside of the hospital. Cliff queried whether it would be possible to have a footnote included on our reports instead of removing them. David explained to the Committee that our data is artificially lifted as we have 25% of our deaths in palliative care and they will always increase our HSMR rate. This artificially inflates our death rates and when these are removed Borders are the 2nd lowest across Scotland. Stephen Mather felt it was important that Scottish Government and the public are clear on the reasons behind our HSMR figures. David Davidson asked whether our Communications department should be more proactive around messages relating to HSMR but David Love felt it was important that we continue to work with HIS and not take our own private actions that may upset them. Any negative press can be dealt with when it arises. David Love added that a meeting to discuss who should take this forward and agree what we will continue to measure to demonstrate our improvement is required. Stephen Mather commented that we cannot ignore the harm but we need to know what the harm is and the capacity needs to come from reducing other measures.

Nicky Berry informed the Committee that testing of a new Person Centred Coaching Tool has been introduced and rolled out to other wards within the BGH. This is used by Senior Charge

Nurses (SCNs) and nurses as an education tool when reviewing documentation. Nicky asked the Committee if they would support a proposal that for the month of September we cease the OPAH audit and use the resource more effectively to address the basics. Claire Pearce agreed with Nicky and added that we need to target our energy into tasks that are meaningful but we would not stop auditing. Christine Proudfoot agreed and commented that this would free up resource within the Clinical Governance & Quality team to support other areas. It was agreed that we need to stop measuring everything and improving knowledge, morale and skills is a better use of resource. Stephen said it was not the Committee's role to tell Nicky what to do but the Committee accepted her comments and would support whatever is considered to be most appropriate. Claire explained that there are many areas to improve on and it will be 6-12 months before we start to see change. Cliff added that there is an action plan detailing crucial workstreams and the 5 things we must concentrate on. David Davidson asked for regular feedback on each of the 5 sections. It was noted that Cliff and Claire will be taking a paper to BET detailing this approach on Tuesday 19th September.

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

9.1 Quality Improvement

Christine Proudfoot noted that the previous discussion covered much of the Quality Improvement update. Christine added that so much data was being collected that when we looked at the quality it was giving us inaccurate information and this is the reason for looking at other opportunities. The amount of work that went into preparing for the HIS visit was also noted by the Committee.

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

5.3 Adverse Event Overview and Thematic Reports

Christine Proudfoot presented the Adverse Event paper and informed the Committee that this does not paint a positive picture. Numbers are similar from 2016-17 to previous year however there has been an increase in category 3, severe adverse events. Christine added that there is a limited bank of lead reviewers and those that do undertake this role do so in addition to their own workloads. Ownership of events is currently being looked into to guarantee assurance around actions and recommendations. Cliff Sharp added that sight and scrutiny of these, must be core business. Claire agreed that someone must have an oversight for the Board, particularly around learning and themes. David Davidson queried the potential duplication in reporting of pressure damage detailed in the report and Christine clarified that this means patients that move between areas get reported twice. Christine also added that more assurance to try and explain the increase in the total number of developed pressure damage incidents is required. Claire explained that NHS Borders did have a tissue viability nurse but the post did not continue. Staff need to be given education to be able to spot and treat pressure damage. If a tissue viability nurse were to be appointed they would also provide support to nursing homes. Nicky informed the group that concerns she had over a patient that was admitted with a grade 4 pressure ulcer required escalation to the Community Nurse Manager and as a result, District Nurses are now coming in to provide support. It was noted that we haven't had a great process around reporting of pressure ulcers but having a lead for tissue viability and champions within the wards would help to address this. Stephen

noted that pressure damage has increased by 50% and this showed that the decision to remove the tissue viability nurse post does not seem to have worked. Alison Wilson pointed out that this was not a nurse post but a facilitator role. Claire noted that Erica Reid is now leading on tissue viability within NHS Borders and conversations are taking place with NHS Lothian around potentially funding some support. The Chief Executive is happy to go ahead and hopefully someone will be in post within 3 months with Lothian providing support in the meantime.

Stephen asked for more detail in the next paper on the ‘progress on work’ column in the adverse events table as this currently doesn’t tell us much. Discussion took place around the 12 week process for SAERs and the concerns around the number of adverse events and deadline breaches. Christine Proudfoot informed the Committee that a paper is currently being prepared highlighting areas for improvement. Stephen felt that the Executive team must take note of our concerns and asked that this paper go to BET. Nicky noted issues within Maternity around sourcing external reviewers and that every board is experiencing difficulties with this. There are very few people in the organisation with the knowledge and skill set to undertake this resource intensive role. A verbal update has been requested for the next meeting. Alison Wilson noted a typo – 2015/16 should be changed.

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

6.1 Scottish Public Service Ombudsman (SPSO) Update

Christine Proudfoot provided a summary of the report and asked for any comments or questions. Stephen Mather noted that it would be helpful to have more detail around the seriousness of the complaints. Malcolm Dickson agreed and asked if we know if any of these complaints were investigated internally first. Christine explained that all Ombudsman cases have already gone through our complaints process first. Cliff provided some background on the first case and confirmed a chaperone policy will be created on the back of the recommendation and noted that this was not a matter of patient safety or serious concern to us.

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

8.3 Medical Appraisal Annual Update

Mrs Victoria Dobie presented the paper and noted that of the 281 doctors eligible for appraisal in the previous year, 271 doctors had been appraised. Those that had missed the deadline have been asked to set a date within 3 months by the end of the year. Mrs Dobie explained that there is an increasing demand as the number of locum doctors and juniors in locum posts are increasing. Cliff noted the excellent work undertaken by Mrs Dobie and added that we need to encourage people to undertake appraiser training as there is not an even contribution throughout the organisation. Cliff is trying to address these anomalies by looking at capacity with job planning or whether funding would be required as it is in primary care. Malcolm asked what happened to appraisals after they had been completed and Mrs Dobie confirmed that these are stored on a secure site and outcomes available to the Lead Appraiser, Responsible Officer and for doctor’s revalidation.

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

8.4 Health Promoting Health Service Programme Update

Dr Allyson McCollam and Fiona Doig attended the Committee to inform of progress in NHS Borders and highlight challenges. The Public Health team facilitate the process of completing the annual report but rely on Clinical Boards to contribute to the content. The current priorities are to reinforce accountability and responsibility and increase emphasis on inequalities and poor health outcomes. Allyson noted that the Lifestyle Advisor service sees less than 10% referrals from BGH which highlights this as an area where further progress could be made. The team are looking into how we can support mental health service users as this has been a difficult area to make progress on and there may be a request by Scottish Government for NHS Borders to look further into this critical area. Allyson added that she was looking for the support of the Clinical Governance Committee and ideas on how we can embed this further. David Davidson noted that he thought this was excellent report and asked Allyson how negotiations with Live Borders were progressing and if there was any opportunity to expand this relationship. Allyson said that the relationship with Live Borders was improving and Fiona Doig added that they have bought into an initiative to support a decrease in Type 2 Diabetes and are looking at new ways of working and partnerships.

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

8.5 Children & Young People's Health Strategy Improvement Framework Update

There was an action from last meeting to take a discussion to Executive Management Team. Allyson confirmed that this update was taken to the group but unfortunately there was no opportunity to discuss, however it is part of a continuing discussion with the Integrated Joint Board.

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

8.6 Occupational Health Annual Update

Irene Bonnar presented the update which details the service activity. Irene noted that there are still ongoing issues with non-attendance at appointments, training and pre-screening. David Davidson asked how we get people to attend. Irene commented that there are variable reasons including staff being released and people not communicating that they are unable to attend. It was noted that we have a duty to look after our staff and there should be no circumstances where staff cannot be released. Nicky added that she has never cancelled any training this year. Issues around why people are not attending are being dealt with and Nicky is not accepting 'couldn't be released' as a reason for non attendance. Claire Pearce is now sending letters to those who do not turn up to training to ascertain why. Stephen Mather queried the needle stick injury data as there was a suggestion in the Public Health report that there had been a 33% fall in needle sticks. Irene highlighted the implementation of safer devices and that these are used but not always correctly. There is some poor practice and work to do but progress has been made. Irene confirmed that the Occupational Health team are removing old equipment when they come across it during training and risk assessing non

safe equipment still in use while continuing to look for safer options. Cliff advised that we discourage staff from using devices that make their way into organisation through reps. Irene also highlighted that the approach to moving and handling training had changed to train people on site. There have been some slight teething problems but this has made a difference.

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

7.1 Clinical Board Update (BGH and Primary & Community Services)

Nicky informed the Committee that there have been two inherited and two developed pressure ulcers. Study days on compression and tissue viability have taken place and further study days are planned for champions, not link nurses as they were known as previously. Nicky also noted that sickness absence is currently above the national average of 4.76 but work is taking place to try to address this. The use of agency Healthcare Support Workers (HCSWs) has ceased to the point it was a regular occurrence, work is also underway to reduce the usage of agency registered nurses. It was noted that 60 HCSWs have joined the nurse bank. David Davidson asked Nicky why we are behind on the sickness absence target. Nicky stated that she is working with the Clinical Nurse Mangers, SCNs and General Managers to look at rosters and be more proactive when vacancies arise. Nicky also highlighted that all agency requests now come to her for approval but she noted that we still have a challenge around registered nurses. Stephen Mather asked how we can be sure our staff are taking notice of what has been learned on study days, Nicky said that we now have clear descriptions for the champion roles which states you must be passionate around the topic and staff are being asked why they want to undertake this role. Nicky also highlighted to the Committee that every Wednesday along with the Clinical Nurse Managers she is on the wards providing support to staff. It was noted that some leadership had been taken away from the SCNs and there is a need to reinvigorate the responsibility in their roles. Nicky was asked if it was possible to use the reduction on agency spends to release people to attend good quality training. Nicky advised that she was working with Janice Cockburn on costs in the first instance.

Stephen noted that 14 of the 25 SAERs are now overdue and queried what actions are being taken to address this. Nicky related back to the previous discussion that took around the Adverse Events paper and said that the paper and discussion at BET is required. Stephen asked if there was anything the Committee could do to assist and Nicky requested that the Committee continue to keep an eye on this and they will look at themes and improvement plans.

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

7.4 Research Governance

Christine Proudfoot presented this report but noted that she did not write it. Alison Wilson added that she chairs the Research Governance Committee so can answer any questions. The main challenge is around the timely approval of studies, which is currently being looked into. Stephen Mather asked if there was a research lead among the Consultants. Alison advised that there are a number of Consultants that sit on the group and attend meetings but

there is no nominated lead. David Love added that historically, the other part of his Clinical Governance and Quality role provided support to Research. It was suggested that having a lead consultant showing enthusiasm around research could increase the amount of studies being undertaken and that this person could have an overall view and provide support to trainees. Alison noted that we have a nurse advocate who supports teams to take on research studies however usually requests for research are driven from out with the organisation, mostly from the Chief Scientist Office. It was noted that participation in research provides the organisation with kudos and that commercial studies can be lucrative. Alison agreed to ask at the next Research Governance Committee if anyone would be interested in being clinical champion for research.

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

8.1 Pharmacy Annual Update

Alison Wilson presented the Pharmacy Annual Update and asked the Committee for feedback on how they would like to see this report evolve in the future. David Davidson queried whether faults in dispensing and medicines handling should be included in this report but Alison advised that there are 2 separate reports, one for the Pharmacy department and a separate annual review report which includes Datix incidents and trends. The inclusion of costs in the report was discussed and David Davidson queried whether this information is supplied elsewhere. Alison advised that the Board receives this detail on a regular basis. David Love queried the chart on page 6 relating to drug history showing a drop of 13%. Alison advised that this is picked up by the Clinical Pharmacist but she will follow up on what is happening and the reason for the decrease. Alison also noted that data is now being collected on whether prescriptions are correct on discharge as well as whether they are correct within 24hrs of admission.

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

10 ITEMS FOR NOTING

10.1 Minutes

The following minutes and papers for:

- Adult Protection Committee Minutes
- Public Governance Committee Minutes
- Primary and Community Services Clinical Governance
- Mental Health Clinical Governance Minutes
- Joint Executive Team Minutes
- Regulatory Agency Medical Device Alert (metal on metal hip replacements) letter and NHS Borders response

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

11 ANY OTHER BUSINESS

There was no other business noted.

12 DATE AND TIME OF NEXT MEETING

The next Clinical Governance Meeting will be held on the 29th November at 2pm in the BGH Committee Room.

The meeting concluded at 16.30

PUBLIC GOVERNANCE COMMITTEE

Minutes of Public Governance Committee (PGC) Meeting
held on Wednesday, 17th August 2017 from 2.00 – 4.00 p.m.
in the Boardroom, Newstead

Present: Karen Hamilton (Chair), Frank Connolly, Margaret Lawson, Fiona McQueen, Andrew Leitch, Margaret Simpson, Bob Devenny, Heather Fullbrook, Ros Gray, Nicky Hall

In Attendance: Susan Hogg, John Raine, Sandra Pratt

1. Welcome & Introductions

Karen welcomed everyone to the meeting.

2. Apologies & Announcements

Apologies were received from: Allyson McCollam, Cliff Sharp, Shelagh Martin, Clare Malster, Lynn Gallacher, Warwick Shaw & John McLaren.

3. Minutes of Previous Meeting:

These were approved as a true record. See previous minutes.

4. Matters Arising from Minutes & Action Tracker:

4.1 Action 27 – John Raine asked if there was anything anyone could do to move this forward. Ros commented that she would follow this up with Karen Wilson.

Action: Ros

4.2 A draft of the Spiritual Care National Delivery plan was brought to the attention of management remarked Bob and it was felt that there will be a requirement for us to have our own local plan. Christine Clark has attended national training on the community chaplaincy listening service and will be taking this forward. We have recruited a further three Chaplains, in a part time capacity, to cover the community hospitals. A bid was put into the integrated care fund but this was rejected. Karen as Chair agreed to take this back through the Integrated Joint Board and see where it sits with the Integrated Care Fund. It was decided to resurrect the brief and Bob would send to Karen and Elaine Torrance. **Actions: Karen & Bob**

5. PUBLIC GOVERNANCE BUSINESS ITEMS:

5.1 Integrated Joint Board (IJB) Update – Sandra Pratt

The major focus at the moment is the transformational change programme. Frank asked about the performance report and how is this stacking up against what has

been progressed are we reaching our target? We are making good progress and we were unable to reflect all of the successes and true picture but we have tried to show where progress has been made and what has still to be achieved.

In comparison to other Boards how are we comparing? There is a Chief Officer Working Group and we share our thoughts and actions through this vibrant network. In terms of learning of what is happening elsewhere we have a way to go commented John.

Karen asked about the locality plans, do they include any identified need within those localities. Yes to a point and we shall take this forward but we can't have a "post code lottery" it has to be equitable to everyone. With regard to the GP clusters do we have an update? There are four in place and our quality leads have been in post since April and at the moment they are meeting with their constituents and each practice has a quality lead identified. This enables them to get a fell of what their cluster constituents want to improve and to look at their clinical concerns. This will drive forward our work plans and our focus.

Frank asked with regard to input from the public is there anything else we can do to gather interest into the general plan? The plans are out for consultation so the public can feed in that way and there is regular engagement with the community hubs with regards to the engagement plan, which we can share around.

5.2 OPAH Sustainability:

Frank asked who conducts the reviews on the wards just now. Our audit in the older people wards has been done by trained members of staff and our public involvement team run the public partner approach. This is more a narrative approach reported in tandem but separately.

Is there a place for volunteers asked Frank? We are testing an approach at the moment with intervention and we are trialling 'bay watch', which is an in bay presence 24 hours a day and this we trialled for a two week period. However, we have not been able to sustain that project. We are looking at different ways in which we can engage those high risk fallers i.e. in music. During the last quarter staff in DME and ward 12 have not referred a single client remarked Heather. In the past we have done a lot of with staff in these areas and they engaged well with relatives and carers. The key issue is around communication and we need to get this right said John.

We did some work with one of the wards where morale was rock bottom and what came out to me strongly from the nurses was why they got into nursing in the first place commented Bob. It was generally through very personal experiences in their life and it was a vocational drive and commitment, which was being quashed. There is a new approach of enhanced engagement said Ros and this includes a nutritional balance.

Often families and carers may use the time their loved ones are in hospital as respite so they may not wish to engage with staff as they are exhausted commented Heather. This is not always understood by staff and communication can dip quite substantially.

5.3 Discussing the terms of reference with John McLaren yesterday he felt that other committees require three non executives and if we change the terms of reference this would need to be approved by the Board. John agreed to update the group on the

recruitment of three non executives and when they are due to take up their posts. He will reiterate to them that attendance at this group is crucial. **Action: John**

It was noted by the group that this was Andrew Leitch's last attendance as Chair of the Public Partnership Forum and John thanked Andrew for his commitment to the PPF. Karen Maitland would be supporting the group as Chair for the next year.

It was agreed that the Nursing Director and Medical Director could deputise for each other.

6 . SHC Update:

6.1 Karen talked to the paper and highlighted the links.

7. For Noting:

7.1 These were noted by the group.

8. <u>AOCB:</u>

8.1 Equalities issues arising from the agenda – None.

8.2 Risks identified from the agenda - None

9. <u>Future Meeting Dates 2017</u>

1st November

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

NHS Borders - Area Clinical Forum

MINUTE of meeting held on

Tuesday 1st August 2017 – 17:00-18:30
Pharmacy Meeting Room, Pharmacy Dept., Borders General Hospital

Present: Alison Wilson (Chair; Area Pharmaceutical Committee) (AW)
Nicky Hall (Area Ophthalmic Committee) (NH)
Peter Lepiniere (Lead Nurse for Mental Health & Learning Disability; BANMAC) (PL)
April Quigley (Consultant Clinical Psychologist) (AQ)

In Attendance: Dr Tim Patterson, Interim Director of Public Health (TP)
Kate Warner, Minute Secretary (KW)

Not present: Austin Ramage (Medical Scientists) (AR)
Dr Tim Young (GP) (TY)
Dr Cliff Sharp (Medical Director) (CS)

1 WELCOME AND APOLOGIES

AW welcomed those present to the meeting. Apologies were received from the Allied Health Professionals (previously Anne Livingstone); Alice Millar (Principal Dentist, Duns Dental Practice) (AM); Elaine Torrance (Interim Chief Officer – Health & Social Care Integration) (ET); Dr Chris Richard (Senior Medical Staff Committee/Area Medical Committee) (CR); John McLaren (Employee Director) (JMcL); Chairperson (Area Dental Advisory Committee) (JT)

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest expressed.

2 DRAFT MINUTE OF PREVIOUS MEETING 27.06.17

The Minute of the previous meeting, held on 27th June 2017, was read and approved as a correct record with the following changes:- Update AQ job title to "Consultant Clinical Psychologist".

3 MATTERS ARISING/ACTION TRACKER

Action Tracker updates:-

#19 COMPLETE
#28 AW to attend Professional Advisory group meetings - On-going (AW)
#45 Dr T Patterson to also attend the October meeting to present Clinical Strategy (KW)
#46 Circulate Clinical Strategy when available to ACF members for discussion with groups (KW)
#47 Ensure access for all members to the Committees drive/appropriate folders (KW)
#48 Request that NHS Board Development Session presentations are available to ACF (KW)

4. PRESENTATION – CLINICAL STRATEGY

Dr Tim Patterson, Interim Director of Public Health, attended the meeting to update ACF on the Clinical Strategy. After 3 months of working on the Strategy and consultation with Clinical Executive Strategy Group and GP Sub, a draft paper was tabled at the Board meeting in June 2017. Amendments were made and the paper was approved with those changes. This high level plan allows for service changes to be included in future. A 3 month engagement exercise will now commence; sending a summarised version, highlighting the key points, to a list of stakeholders including Area Clinical Forum. A Questionnaire will be included for stakeholders to respond to the strategy and the proposed future direction of work streams. Responses will have an impact on the work plan, not the Clinical Strategy. The 9 work streams give a broad framework for future – supporting people in the most appropriate place of care; close to home and in the community. The Better Borders Transformation Program will pick up these priorities over the next year. In response to questions raised, ACF heard that a pilot engagement exercise is scheduled to commence in August and to be rolled out to all in September. Additional project support has been made available.. Workshops and presentations are planned to be delivered to groups such as ACF. The Clinical Strategy pulls together strands of work, such as Health & Social Care Strategic plan, Primary Care, Mental Health. It was agreed that the draft Clinical Strategy would be shared with ACF prior to the October meeting to enable time to cascade to professional advisory groups and gather responses.

ACF noted this update on the Clinical Strategy **ACTION**: TP to send draft Clinical Strategy for circulation to ACF as soon as available. Clinical Strategy presentation from Dr Patterson to be included in October ACF agenda (KW)

5 CLINICAL GOVERNANCE COMMITTEE: FEEDBACK

Feedback was given by AW from the meeting held on 19th July 2017. Cleanliness monitoring has shown NHS Borders to be average in Scotland and there is to be some analysis of cases with an update at the next meeting. The removal of mortality figures in Margaret Kerr Unit has been requested as the figures are not comparable with other Boards who do not have a palliative care unit. The figures indicate the success of MKU; 60% of deaths in the Borders are in the BGH. PL commented on the Southern Healthcare investigation looking at sudden death in people with learning disabilities as this is an area of concern that vulnerable people are supported and appropriately looked after. ACF heard that data presentation is being looked at to ensure that trends can be analysed. Waiting times for psychological therapies was raised as a concern . sSaff resources are not adequate; the waiting list is being reviewed and Simon Burt has set up group to work on identified areas. It was agreed that more public awareness of Mental Health has reduced stigma and also resulted in people more likely to seek help. The Living Life to the Full telephone service is still available but not used as much as GP referral.

ACF noted the feedback from the Clinical Governance Committee. **ACTION**:

6 PUBLIC GOVERNANCE COMMITEE: FEEDBACK

Feedback was given by NH: The next meeting will be 17th August 2017 and a report will be given at next ACF meeting.

7 NATIONAL ACF: FEEDBACK

Feedback from the National ACF Chairs meeting, AW: The next meeting will be 6th September 2017.

ACTION: Circulate the minute of National ACF meeting held 7th June as soon as available (KW)

8 NHS BOARD PAPERS: DISCUSSION

AW asked if anyone had any items that they wished raised at the forthcoming Board meeting. Some members are unable to view the papers. The Board papers are made available through the Committees drive. The Agenda is sent to ACF members and if there is any item of interest KW can forward papers to individuals; rather than circulating all papers to all. Often papers have been seen by members at other meetings before they are tabled at the Board meetings.

ACTION: Email Iris Bishop to request access to the Committees drive for all new members to ACF to be able to review the Board papers (KW); Request that the Board Development Session presentations be made available to ACF members (AW).

9 PROFESSIONAL ADVISORY COMMITTEES

11(a) Allied Health Professionals Advisory Committee (AL) – no update available. The committee is continuing to meet with a rotating chair. Each sub-group completes an SBAR of key issues which the committee minute secretary has agreed to summarise and forward to KW in future for the update. Feedback on the Meridian clinical productivity programme for AHPs is expected.

11(b) Area Dental Advisory Committee (AM) – no update available.

11(c) Area Medical Committee (CR) – no update available.

11(d) Area Ophthalmic Committee (NH) – It was agreed at the meeting held on 27th June to form a sub-committee looking at the work of ophthalmology and how cover/work can be shared. Grant Laidlaw and Heather Tait are involved in these discussions.

11(e) Area Pharmaceutical Committee (AW) – Meeting held 24th July 2017 discussed an expected update to Prescription for Excellence; funding is again being made available for prescribing clinics however NHS Borders cannot utilise the full funding available as not enough Pharmacists have signed up; Primary Care funding is now recurrent with an increase in allocation to NHS Borders; Pharmacy Champion visits have been completed and AW explained how those work and the success of these meetings, technical issues were raised that are both challenging for GPs and Pharmacists with lost prescription data and data not transferring being common. Feedback from patients reviewed as part of the Medicine Review Service has been excellent however time is an issue for Pharmacists in completing reviews. Pharmacy Champion funding is to be made available for another year; Local Enhanced Service has gone to GP practices; ideas for savings are welcomed from all community pharmacy staff; Borders Pharmacy Hawick have had changes to opening hours agreed; opening Mon-Fri at 09:00 instead of 08:00; Saturday and Sunday remains the same; a new, full-time Mental Health Pharmacist is in post – Kyna Platts from NHS Lothian.

11(f) BANMAC (PL) – Although there has not been a recent meeting, PL reported on new nurse training as part of NMC consultation due soon. This is looking at reducing the clinical time for

nurses in training with less time on the wards. The aim is to have nurses ward fit and **"procedure ready"** prescribing from the start. It was agreed that nursing has become more academic over years and that clinical practical tasks are still important. The consultation is looking how this can be reshaped. BANMAC will discuss the consultation to enable the organisation to give a formal response. Holistic care is important to consider in mental health, as well as other areas and it was agreed that prescribing is not the only intervention. The changes would be **"influential on the future of the nursing workforce"** applied to nurse training from 2030.

11(g) Medical Scientists (AR) – no update available.

11 (h) Psychology (AQ) – The service reports a new research trial around falls and the fear of falling; looking at treatment for falls patients compared with CBT/Dementia; cost savings of reducing falls and therefore bed days. Greater Glasgow has trialled demonstrating huge savings and this resulted in a new Psychology Research assistant. ACF asked about numbers of staff in Psychology – 4-5 child service; 1 learning disability; 10 in adult service. This is a small service experiencing an increase in referrals.

ACF noted the updates and thanked the committee representatives present for their input. **ACTION:** Check meeting dates of the Area Medical Committee (KW)

10 NHS BORDERS BOARD: FEEDBACK TO THE BOARD

No items or issues were highlighted to feedback to the Board.

ACTION: Forward ACF Minute to NHS Borders Board meeting (KW)

11 ANY OTHER BUSINESS

1. NH asked if it would be appropriate for John McLaren to feedback to ACF from the Public Governance meeting if NH is unable to attend.

ACTION: Email JMcL regarding this request (NH)

16 DATE OF NEXT MEETING

The next Area Clinical Forum meeting is scheduled for Tuesday 24th October 2017 at 17:00 in the BGH Committee Room.

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 28 August 2017 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:	(v) Cllr T Weatherston	(v) Dr S Mather (Chair)
	(v) Cllr J Greenwell	(v) Mrs K Hamilton
	(v) Cllr S Haslam	(v) Mr T Taylor
	(v) Cllr H Laing	Dr A McVean
	(v) Cllr D Parker	Mrs C Pearce
	Mrs E Torrance	Mrs A Trueman
	Mr D Bell	Mr J McLaren
	Mrs J Smith	
In Attendance:	Miss I Bishop	Mr P McMenamin
	Mr S Burt	Mrs J Stacey
	Mrs C Gillie	Mr P Lunts
	Mrs S Swan	Mr J Lamb

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Mr David Davidson, Mr M Leys, Mrs L Gallacher and Dr Cliff Sharp.

The Chair welcomed Mr Tris Taylor as a voting member of the Integration Joint Board. Mr Taylor was a Non Executive of NHS Borders.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Philip Lunts and Mr Simon Burt to the meeting.

The Chair welcomed members of the public to the 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 no verbal Declarations of Interest.

3. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 26 June 2017 were approved.

4. Matters Arising

4.1 Minute 20.2: Prof John Bolton: Mrs Angela Trueman enquired about progress. Mrs Elaine Torrance commented that a lead person was to be identified and then the working group would be set up. She advised that the working group would be made as inclusive as possible.

4.2 Action 13: LIVE Borders: Mrs Elaine Torrance advised that she had met with Mr Euan Jackson who had offered to provide a presentation to a future meeting of the Integration Joint Board. Mrs Tracey Logan welcomed the suggestion given the progress that had been made in regard to various initiatives to address diabetes such as, direct access to sport facilities, and prescriptions for fitness.

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

5. Chief Officer's Report

Mrs Elaine Torrance gave an update on the current status of items of interest to the Integration Joint Board, and highlighted: publication of annual performance report; launch of locality plans; draft commissioning and implementation plan; regional collaboration in the South East between Chief Officers and themes formulated, such as mental health, diabetes, workforce and sharing best practice.

Mrs Torrance advised the Board of the recruitment timeline for the Chief Officer Health & Social Care appointment and also advised that Mr Paul McMenamin was keen to conclude his appointment as Interim Chief Financial Officer to the Integration Joint Board. An agreement had been reached between NHS Borders and Scottish Borders Council to put in place a seconded interim arrangement whilst a recruitment process was formulated.

Mrs Angela Trueman enquired if the full locality plans were available in hard copy. Mrs Torrance advised that the summary documents were available from libraries and health centres with full copies available on line.

Further discussion focused on: feedback on the locality plans format – more detail required – under representation of groups – not enough on mental health in some areas; refresh of the workforce development plan; areas of collaboration for recruitment; consultation and engagement process for the locality plans; south eastern regional collaboration between local authorities, health boards and integration joint boards; and process for the appointment of a new Chief Officer and Interim Chief Financial Officer to the Integration Joint Board.

The Chair was keen that the Integration Joint Board was seen to be involved in the selection of the Chief Officer and Chief Financial Officer appointments. Mrs Jane Davidson confirmed that both the Chair and Vice Chair of the Integration Joint Board would be members of the interview panels for the appointments.

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

6. Transformation and Efficiencies Update

Mr James Lamb spoke to a presentation providing information on background, progress to date, resources required and efficiencies.

Mr John McLaren sought assurance that the right people were being invited to be involved in the on-going and future work. Mrs Elaine Torrance commented that a session was being organised to bring together all the managers with a communication brief being formulated and key stakeholders being invited along.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made in developing the Transformation and Efficiencies Programme.

7. Integrated Care Fund Update

Mrs Elaine Torrance gave an overview of the content of the paper and focused the attention of the Board on several key elements including: funding amounts in the future and how much had been committed to date; uncommitted funding and proposals utilise that to move forward with the transformation work and improve the pathway for people through the hospital and back to their homes; projects and spend to date; evaluation work; £10 being realised for every £1 invested in community capacity building; community hubs; and the transitional care facility at Waverley Care Home.

Cllr Shona Haslam enquired about the Community Capability teams. Mrs Torrance commented that they were funded through the Integrated Care Fund (ICF), which was a time limited fund set up specifically to allow test of change initiatives. It was anticipated that the projects supported through the ICF would be mainstreamed at the end of the funding if appropriate.

Cllr Haslam enquired about the timescales for the Community Capacity team initiative. Mrs Torrance advised that the project was due to conclude in March 2018 and she would ensure the next ICF report listed the timescales of each of the current funded projects and their proposed exit strategies.

Further discussion included: success of the “men shed” initiative; bringing the elderly out of social isolation; walking netball; healthcare support worker service 7 day a week, 12 hour day pilot; inclusion of baseline benchmark figures and percentages in future reports; conclusion of locality coordinators contracts in September and the provision of a single extended appointment to take on the planning and delivery of the locality areas; and fuller reports to be produced for schemes seeking additional funding.

Dr Angus McVean commented that there appeared to be further bids for funding from the ICF however he was under the impression the fund had been closed to further bids. Mrs Torrance reported that the ICF had been closed to bids. She advised that the further bids listed were actually pieces of work to be commissioned that would assist the transformation programme to address the key priority of delayed discharges. Mrs Jane Davidson commented that the bid fitted with the Buurtzorg approach of testing and agreeing integrated working.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested that future ICF reports containing schemes requiring further funding contained, baseline figures, outcomes, evaluation and impact on patients, to allow a considered decision to be taken.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the current expenditure position of the ICF and the progress of key projects.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** ratified proposals for further ICF funding (£10,500 Matching Unit and Health Care Support Workers £51,999 in Berwickshire).

8. Joint Winter Plan 2017/18

Mr Philip Lunts presented the Joint Winter Plan 2017/18 to the Board. He highlighted the lessons learnt from the previous years' winter plan; areas of work and progress to date.

Mrs Jenny Smith commented on the support available through volunteers in communities and enquired if there were plans to work more closely with the Red Cross over the festive period. Mr Lunts confirmed that discussions would be taking place with the Red Cross during September. Mrs Smith highlighted that the provision of services for home to hospital, basic supplies and shopping were all important during the winter period.

Further discussion focused on: agency spend and the staffing of surge beds during the winter period; recruitment to anticipated vacancies; value of social work and community services input to the winter plan; focus on reducing admissions; access to home care; and re-ablement approach; identify and make care packages simpler; and re-emphasis care staff career paths.

Mrs Karen Hamilton enquired why it was so difficult to achieve a greater proportion of morning discharges. Mr Lunts commented that there were a series of things that needed to happen before someone could be discharged and it was a challenge to align those groups of staff and items to achieve early discharge. However the intention was to now move those awaiting discharge to the discharge lounge to refocus attention on that patient awaiting discharge.

Cllr Helen Laing acknowledged that the reduction in cancelled surgery the previous year appeared to be a success. She queried however if it had been an anomaly. Mrs Jane Davidson commented that it had been a direct reflection of not having to cope with norovirus. Mr Lunts further commented that the introduction of the Acute Assessment Unit had also enabled patients to be processed better.

Cllr Tom Weatherston enquired if staff were offered enhanced pay rates to cover staff shortages. Mrs Claire Pearce advised that all NHS staff were bound by national terms and conditions under Agenda for Change, however if full time staff worked over their 37.5 hours a week they were entitled to time and half pay.

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

9. Scottish Borders Mental Health Strategy

Mr Simon Burt gave an overview of the content of the mental health strategy and advised that it had been developed in line with relevant national strategies and the local strategic plan which provided a focus for the future direction of the service.

Cllr Shona Haslam enquired about the audience for the strategy. Mr Burt confirmed it was a public document.

Cllr Haslam enquired of the Children and Adults Mental Health Service (CAMHS) timetable, when the working group would be established. Mrs Torrance advised that the working group had been set up and the current service would continue until something different was commissioned.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the mental health strategy.

10. Inspections Update

Mrs Elaine Torrance gave an update on the current status of the inspection report. She advised that initial feedback had been received from the Care Inspectorate and Health Improvement Scotland. A substantial number of amendments to the draft report had been submitted and a meeting had been held with both organisations. The next draft of the report was awaited as well as notification of the formal publication date.

Mrs Torrance also advised that an action plan had been drawn up as she was aware that there would be some actions to address from the report.

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

11. Terms of Reference

Mrs Elaine Torrance presented the Terms of the Reference to the Board.

Discussion focused on: 2 year rotation of the Chair and Vice Chair; number of meetings; terms of reference for the Strategic Planning Group; terms of reference for the Public Partnership Forum and how it feeds into the Integration Joint Board or Strategic Planning Group; updating the communication and engagement plan;

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered the report and approved the proposed Terms of Reference, subject to the inclusion of a 2 year rotation of the Chair and Vice Chair and amending the scheduled meetings to be six per year.

12. Monitoring of the Health & Social Care Partnership Budget 2017/18 at 30 June 2017

Mr Paul McMenamin provided an overview of the content of the paper and highlighted: Large Hospital Budget Set-Aside; Borders Ability & Equipment Service; monitoring position; further direction of social care funding; and mitigation and recovery plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnerships 2016/17 revenue budget at 30 June 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved recommendations for further direction of social care funding (specifically £407k Older People Residential Care, £100k Housing with Care, £200k Adults with Learning Disabilities).

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked the Chief Officer to bring forward a plan for the delivery of remedial savings to address the shortfall attributable to the part-year only impact of the Integrated Transformation Programme in 2017/18.

The Chair recorded the thanks of the Integration Joint Board to Mr Paul McMenamin for his input and support to the Board over the previous 18 months.

13. Committee Minutes

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

14. Any Other Business

14.1 Development Session: Mrs Elaine Torrance reminded the Board that the next development session would be held on Monday 25 September and would focus on the Commissioning and Implementation Plan as well as Pharmacy Development and Prescribing Pressures.

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

14.2 Newsletter: Mrs Elaine Torrance tabled a copy of Issue 6 of the Health & Social Care newsletter which was aimed at all stakeholders, third sector and the public and would be released electronically in due course.

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

14.3 IJB Audit Committee: Mrs Jill Stacey circulated the Internal Audit report from the Development session held earlier that day. She sought agreement from the Board to amend the Audit Committee Terms of Reference to reflect the rotation period for the Chair & Vice Chair of the Integration Joint Board.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the amendment to the Audit Committee Terms of Reference.

15. 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 23 October 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.10pm

Signature: ……………………………….
Chair

Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 23 October 2017 at 2.00pm in Committee Room 2, Scottish Borders Council

Present:
(v) Cllr J Greenwell
(v) Cllr S Haslam
(v) Cllr H Laing
(v) Cllr D Parker
(v) Cllr T Weatherston
Mr R McCulloch-Graham
Mr M Leys
Mr D Bell
Mrs J Smith
Mr C McGrath
(v) Dr S Mather (Chair)
(v) Mr D Davidson
(v) Mrs K Hamilton
(v) Mr T Taylor
Dr C Sharp
Dr A McVean
Mrs C Pearce
Mr J McLaren
Ms D Rutherford
Mrs S Swan

In Attendance:
Miss I Bishop
Mr P Lunts
Mrs J Davidson
Mrs J Stacey

1. Apologies and Announcements

Apologies had been received from Mr John Raine, Mrs Tracey Logan and Mrs Carol Gillie.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Robert McCulloch-Graham, Chief Officer Designate.

The Chair welcomed Mrs Susan Swan, Interim Chief Financial Officer.

The Chair welcomed Mr Colin McGrath the new Public Partnership Forum representative to the Health & Social Care Integration Joint Board.

The Chair welcomed Ms Debbie Rutherford who was deputising for Mrs Lynn Gallacher.

The Chair welcomed members of the public to the meeting.

2. Formal Appointment of Chief Officer Health & Social Care

Mr Robert McCulloch-Graham left the room.

The Chair confirmed that the Health & Social Care Integration Joint Board was required to appoint a Chief Officer. He had received confirmation from the Chief Executive of Scottish Borders Council that she was content for Mr Robert McCulloch-Graham to be seconded from Scottish Borders Council to fulfill the Chief Officer role.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** formally appointed Mr Robert McCulloch-Graham as Chief Officer Health & Social Care.

3. Declarations of Interest

Mr Robert McCulloch-Graham rejoined the meeting.

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

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

4. Minutes of Previous Meeting

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 28 August 2017 were amended at page 3, paragraph 7, line 1, amend "brining" to "bringing" and again at page 4, paragraph 8, line 4 delete "rotation" and with those amendments the minutes were approved.

5. Matters Arising

5.1 Minute 11: Terms of Reference: Mr Colin McGrath suggested the Terms of Reference might be revisited in light of the Joint Older People's Services Inspection Report.

5.2 Action Tracker: It was suggested and agreed that the progress box should always be completed.

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

6. Chief Officer's Report

Mr Robert McCulloch-Graham thanked the Board for formalising his appointment. He advised that this was day 11 of him being in post and had met a range of Board members and officers. He recognised the difficulties experienced by the partnership in regard to stranded patients and the financial position and intended to work through suggestions and directions with both Chief Executives and officers in the partner organisations. He commented that there appeared to be strong working relationships between the partnership organisations and he was looking forward to the future.

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

7. Commissioning & Implementation Plan 2017-2019

Mr Tris Taylor commented that he felt over-all the document that made up the commissioning and implementation plan was good. He then enquired if the plans within it were prepared sequentially, which he suggested would lead to a delay in their activation given the strategic plan was a 3 year cycle.

Mr Robert McCulloch-Graham advised that it was an iterative process and the partnership would improve its functions and processes as it evolved. There was a necessity to have different iterations and strategies and he concurred that if they could be pulled together quicker progress should be made.

Mr McCulloch-Graham advised that the Commissioning and Implementation Plan would be updated annually, based on the traction received in year, along with cognisance of the Joint Older People's Services Inspection report.

Further discussion highlighted suggested amendments including: "? Palliative"; more detail in the carers sections, especially on support for carers; suggested mention of IT as a key lever to increase efficiency; reducing health inequalities and reference to working with those who are disadvantaged; criteria for critical care needs; transformation programme specifically focusing on IT; increased narrative on carers and eligibility criteria; working with the disadvantaged; locality planning and community involvement; inclusion of a measure around engagement for reducing health and inequalities; and a broad overview of expenditure in the localities including deprived areas.

Mrs Jane Davidson suggested that more measures would be helpful, and the Board may also wish to be more sighted on the strategies that were overseen by the Community Planning Partnership.

Cllr Shona Haslam reminded the Board of the conversation at the previous meeting where the positive work of the Community Capacity Team had been recognised and discussion had suggested that funding would be concluded in March 2018. She sought assurance as to whether that work would continue circa March 2018. Mr Murray Leys advised that an evaluation of the project had been requested by the Executive Management Team before the festive period, so that consideration could be given to the future of the service and a recommendation made to the Integration Joint Board.

The Chair commented that he was pleased that Cllr David Parker, Vice Chair, would be the new Chair of the Strategic Planning Group and would be injecting a new pace and urgency and identity to that Group. Cllr Parker commented that it was early days and at the last meeting the Strategic Planning Group had agreed to refresh the plan and he would ensure that was actioned.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Commissioning and Implementation Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Commissioning and Implementation Plan 2017-2019 subject to the amendments suggested.

8. Issuing of Formal Directions

Mr Robert McCulloch-Graham commented that he had discussed with the Chief Executives the subject of stranded patients and significant pressures on the systems. He was aware that there were people who were medically fit for discharge and awaiting assessment. He was keen to move the assessment process into the community, people's homes or other appropriate facilities. He suggested the assessments would be more accurate if undertaken

in those environments, however it would require a Direction to be issued from the Integration Joint Board to the Health Board and Local Authority. He suggested an Extra Ordinary meeting of the Integration Joint Board be held within the next 2 weeks to agree the content of such a direction, given there would be a significant amount of work to be done by both partners to be able to enact the direction. There would also be a cost implication for such a change.

He further suggested that a paper on emergency procedures be brought to the Integration Joint Board for consideration to enable emergency decisions to be made quickly outwith the usual meeting cycle, when required.

Further discussion included: comments from those unable to attend the Extra Ordinary meeting, being received in advance; potential of movement of people from the acute sector to primary care services would potentially place a significant amount of work on community staff; recognition of the significant costs of stranded patients to both the Health Board and Local Authority; and urgent identification of a date for the Extra Ordinary meeting.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold an Extra Ordinary meeting to discuss and agree the issue of a Direction to the Health Board and Local Authority on a change in policy to move to discharge to assess.

9. Statutory Requirements: Climate Change, Model Publication Scheme, Complaints Scheme

Mrs Jill Stacey confirmed that as a public authority and under the local code of corporate governance the Integration Joint Board was required to produce a number of integrated public reports as per those submitted for noting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the requirements of the Integration Joint Board as a public authority to produce a Climate Change Report, an Integrated Complaints Handling Procedure and a Model Publication Scheme.

10. Joint Winter Plan 2017/18

Mr Philip Lunts presented the final version of the joint winter plan for the partnership and advised that the majority of actions within the plan had been addressed. He emphasised the criticality of the plan, additional staffing in key areas, management of the anticipated additional activity generated by the winter period, and the ability to have capacity and resource available within the community.

Mr David Davidson sought assurance in regard to staff and capacity to address anticipated additional surge activity. Mr Lunts assured the Integration Joint Board that plans were in place to address additional activity over the winter period as well as more creative options around alternatives to traditional staffing.

Mr Davidson enquired if funding was available. Mr Lunts advised that the majority of the proposals in the winter plan were funded. Each action that was identified had been required to include a funding source.

Mr Davidson enquired who would be undertaking the external review of Community Hospitals. Dr Cliff Sharp advised that Mrs Anne Hendry has been asked to undertake an external review of community hospitals. She had agreed to undertake the review over 10 days to analyse what they do, options for how they could be used taking into consideration the Prof John Bolton work, and how they could be shaped for the best outcomes for the Scottish Borders population.

Cllr Shona Haslam noted the slippage in commencing the external review of community hospitals and requested that the document be updated.

Cllr Helen Laing enquired if the 50% target rate for flu vaccination of staff should be higher. Dr Cliff Sharp advised that the Public Health Department were well sighted on the issue and were working on the winter flu plan given the flu epidemic currently being experienced in Australia. Publicity and open sessions had been organised for staff across the Scottish Borders to take up the flu vaccination, especially for those working with the most vulnerable in society, and whilst the target was set at 50% there was an expectation that it would be surpassed.

Mrs Karen Hamilton enquired about transport and discussions that were due to take place with the Red Cross during September. Mr Lunts advised that discussions were on going with the Scottish Ambulance Service and the voluntary and third sector in regard to transport issues.

Mrs Jane Davidson commented that the joint winter plan was for health and partners to have in place. It was an operational plan that had been tried and tested over the years and was reviewed and revised on a weekly basis, and was a mechanism well used by both the Health Board and the Local Authority. She suggested that the Integration Joint Board should be assured that the plan was robust and would address the winter period. She further commented that the impact of stranded patients would affect its operational value and therefore the suggestion of moving to a discharge to assess arrangement should strengthen the plan further.

The Chair commented that stranded patients had been at 30 plus for some time and he enquired how that would be mitigated considering the plan had been formulated on a smaller number of stranded patients. Mr Lunts commented that stranded patients had been 9 higher each day since April 2017 compared to the previous year. The plan had been developed on the basis of reducing the number of stranded patients or increasing the number of beds available to accommodate patients.

Further discussion highlighted: version control of the document, page numbers, paragraph numbers and updating the actions and addressing the outstanding matters; continual Borders wide programme of house insulation; integrated care fund utilisation for the transport hub project; and it was a live document to be constantly reviewed and updated.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Joint Winter Plan 2017/18.

11. Quarterly Performance Report

Mr Robert McCulloch-Graham gave an overview of the content of the report and drew the Integration Joint Board's attention to the schematic that had been tabled.

Cllr Helen Laing enquired if the Falls Strategy had been finalised. Mr Murray Leys commented that he would find out and advise outwith the meeting.

Several issues were raised during discussion including: page 12 update required on delayed discharges; page 23 carers section confirmation required that there were just 2 exceptions as opposed to 4; preference for run rates against the previous year and the Scottish average and the inclusion of RAG rates within the next quarterly report instead of legends; anomaly of the Margaret Care Unit being included within the Borders General Hospital end of life care statistics instead of the community based statistics; inclusion of narratives; immenseness of the issue of combining stranded patients with care closer to home; performance in community spend and receipt of the anticipated figures for 2015/16.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the additional themes and measures for reporting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key performance issues highlighted.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** advised of changes to be included in future quarterly performance reports.

12. Locality Plan Consultation Update

Mr David Davidson commented on the low number of responses received across the Borders. Mr Murray Leys assured the Integration Joint Board that the plans had been produced by communities through community involvement. Engagement sessions had been held across the localities on a regular basis and given the input that had been received to the locality plans, he had been surprised at the low consultation response rates.

Mr John McLaren commented that Berwickshire had a higher response rate than the other localities and he enquired if equality impact assessments had been carried out to evidence engagement from older people, those with disabilities and those identifying as carers. Cllr John Greenwell suggested that the higher response rate for Berwickshire could have been due to the Area Forum in that area which was always well attended.

Mr Colin McGrath suggested that from his perspective and as part of the Cheviot Locality Planning Group, that group had not engaged well with the public and volunteering groups. He suggested the process should be run again and issues of GP clusters should be looked.

Dr Angus McVean reminded the Integration Joint Board that when GP clusters were set up it was for GP Practices to group themselves with the colleagues that they thought they could

have the best working relationship with in their close area. It was apparent that 5 GP clusters to mirror the 5 localities would not work for GPs and whilst 4 GP clusters created an overlap it was not viewed as an issue by GPs either then or now.

Cllr Greenwell commented that as the Local Authority Equality & Diversity champion he had been pleased to see that equality impact assessments had been completed on the plans and he expected impact assessments to be undertaken on the responses received. He enquired if the positive and negative responses had been separated in the numbers reported. Mr Leys advised that he was unaware of how the responses had been analysed but would seek confirmation from the locality coordinators and provide assurance to the Integration Joint Board on the process that had been followed to bring together the views of the communities.

During further discussion various views were expressed in regard to: engagement and consultation processes; refresh of the communication and stakeholder plan; engagement processes to reflect partnership working; pick up concerns under the actions within each plan; and include the process of engagement with the public on a future Integration Joint Board Development session agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the number of questionnaires returned and the key themes emerging from feedback received and sought further information on the community engagement process.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the proposals to revise the plans based on feedback received and sought to further encourage the public to engage with the proposals.

13. Update on Buurtzorg in the Borders

Mrs Claire Pearce gave an update on the Buurtzorg project and explained the key principles of the initiative and the progress that had taken place to date.

Mrs Jane Davidson advised that whilst the project might seem miniscule it was a huge step forward in enabling integrated care to be delivered to people in the community. She suggested the pilot would assist in the cultural change required and be the first step in making real change happen on the front line in the community.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress to date and welcomed hearing more at a later date.

14. Inspections Update

Mr Murray Leys gave an update on the Joint Older People's Services Inspection report had had been published on 28 September. He advised that discussions continued with colleagues in the Care Inspectorate and Healthcare Improvement Scotland and an action plan had been produced following publication of the report, which would be shared with the Integration Joint Board once finalised.

Discussion ensued which focused on: the media response issued in regard to the publication of the Inspection report; differences between the positive verbal feedback received during the

inspection and the negative written feedback contained within the actual report; improvements to the process of producing the inspection report; perspectives from the Chief Executives of the Health Board and Local Authority; a review of the report; adult protection seen as an area of weakness; and improvement work to be undertaken.

Cllr Tom Weatherston commented that one of the criticisms within the report related to a facility within his constituency and when he had spoken to the public and users of the facility within his ward area they had been shocked at the report content as they viewed the facility as well run and a positive service.

The Chair asked for assurance that the matters that had been brought up in the report pertaining to adult care in both secondary and primary care were being addressed. Mrs Davidson suggested the Integration Joint Board receive the action plan once finalised by the Health Board and Local Authority.

Mr Robert McCulloch-Graham commented that the judgements published within the report, were not supported by details of the evidence used by the inspectorate, to reach their conclusions. He was seeking a meeting with the Care Inspectorate to examine their evidence base. In this way the partnership's improvement action plan would be better informed, and appropriate actions put in place to address concerns. The meeting would also seek to reach agreement with the inspectorate on the evidence to be collated which would demonstrate improvement.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and agreed to receive the Action Plan at the next meeting.

15. IJB Business Cycle 2018

Dr Angus McVean left the meeting.
Mr David Bell left the meeting.

Miss Iris Bishop gave a brief overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed meeting dates and business cycle for 2018.

16. IJB Annual Accounts

Mrs Susan Swan gave an overview of the content of the Annual Accounts and advised that they had been presented to and endorsed by the Integration Joint Board Audit Committee in September 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and the 2016/17 Annual Accounts as endorsed by the Integration Joint Board Audit Committee.

17. Interim Transformation and Efficiencies Programme Tracker

Mr Tris Taylor left the meeting.

Mrs Susan Swan provided the Integration Joint Board with an update to the presentation received at the previous meeting in August. She highlighted the detail in regard to the financial gap in terms of recurring efficiency savings, the review to be undertaken over the next 2 accounting cycles and aligning the financial plans of the partnership to the transformational programme projects to fill the financial gap.

Mr John McLaren suggested staff side representation could be offered to the programme leads and also enquired if there were any funds to work with the locality groups. Mrs Swan advised she would find out and advise outwith the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and requested an update on the delivery of efficiencies in 2017/18 and future years from the Transformation Programme.

18. Monitoring of the Health & Social Care Partnership Budget 2017/18

Mrs Susan Swan gave an overview of the content of the report. She advised that future iterations of the report would be revised to be more user friendly and less technical in terms of accountancy speak.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2017/18 revenue budget at 31st August 2017 and requested details of the financial recovery plan for 2017/18 at the next meeting.

19. Ring Fenced Resources - Update on Social Care Fund, Integrated Care Fund and Change Fund

Cllr David Parker left the meeting.
Cllr Shona Haslam left the meeting.

Mrs Susan Swan gave an overview of the content of the report. She highlighted the request to direct £1m of resources as discussed earlier in the meeting to assist in addressing the surge bed situation linked to stranded patients. She further explained the background to the request to direct £0.285m to the Border Ability Store equipment budget.

Cllr John Greenwell asked that the financial discussions be moved earlier up the meeting agenda given the current financial pressures facing the partnership.

Cllr Tom Weatherston noted the potential for adverse publicity given the content of the papers and that their status as public documents.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the status of resources on the Social Care Fund, the Integrated Care Fund and the Change Fund.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the recommendation by the Executive Management Team to direct £1m of Social Care Fund resources on a non recurring basis for 2017/18 to NHS Borders to cover the costs of surge bed capacity used across the health system linked to the level of delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the recommendation by the Executive Management Team to direct £0.285m of Social Care Fund resources on a non recurring basis for 2017/18 to the Borders Ability Store - equipment budget.

20. Committee Minutes

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

21. Any Other Business

21.1 Health & Social Care Integration Joint Board Development Session: 27 November 2017: The Chair highlighted the subject matter for the next Development session to be held on 27 November.

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

21.2 Transformation Programme: Mr Colin McGrath suggested inviting Mr Grant Laidlaw, Programme Manager for Planned Care and Commissioning to a future Development session to talk about patient optimisation. Mrs Susan Swan reminded the Integration Joint Board that the subject matter was operational and was being picked up under the Transformation Programme.

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

22. 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 18 December 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

The meeting concluded at 4.20pm

Signature: ……………………………………..
Chair

East Region Health & Social Care Delivery Plan Programme

Programme Office
Strathbrock Partnership Centre
189A West Main Street
Broxburn
EH52 5LH

NHS East Region

Minutes

Meeting: **SEAT & East Region Programme Board**
Date: Friday 22nd September, 10.45 – 1pm
Location: Meeting Room 7, 2nd Floor, Waverley Gate, Edinburgh

Present:

Lothian
Mr Tim Davison (Chair)
Prof Alex McMahon
Mr Jim Crombie

Fife
Mr Paul Hawkins
Prof Scott McLean

Forth Valley
Ms Janette Fraser

Borders
Ms June Smyth

Tayside

Regional Leads
Ms Jacqui Simpson
Ms Jan McClean
Mr Derek Phillips

Directors of Finance
Ms Carol Gillie
Ms Carol Potter
Ms Susan Goldsmith

HR Directors
Ms Barbara Anne Nelson
Ms Janis Butler

Directors of Public Health
Prof Alison McCallum

Nurse Directors
Ms Helen Wright

NES
Prof Bill Reid

Partnership Representation
Ms Wilma Brown

Scottish Ambulance Service
Mr Lewis Campbell

Medical Directors
Dr Frances Elliot
Dr Cliff Sharp

IJB Lead Officers

In Attendance: Ms Judith Mackay, Ms Fiona Murphy, Mr Roa Johnstone, Mr Christopher Mcgrogan, Mr Jake Laurie (Minute Taker)

Apologies for absence were received from: Ms Jane Davidson, Ms Claire Pearce, Mr John Cowie, Ms Jann Gardner, Ms Irene McGonnigle, Ms Fiona Ramsay, Dr Graham Foster, Dr Andrew Murray, Mr Colin Briggs, Ms Jacquie Campbell, Ms Tracey Gillies, Mr Alex Joyce, Ms Lesley McLay, Ms Lorna Wiggin, Dr Andrew Russell, Ms Margo McGurk, Ms Stephanie Phillips, Ms Angiolina Foster, Mr Craig Bell, Ms Yvonne Summers, Ms Caroline Lamb, Mr David Bedwell, Ms Eibhlin McHugh, Ms Sandra Pratt, Mr David A Small, Mr Michael Kellet, Ms Michelle Miller, Mr Jim Forrest and Mr Martin Fischer

Part One: SEAT Business

1. Welcome and Apologies

T Davison welcomed all to the meeting and introductions were made. Apologies were noted.

T Davison advised the group that regional implementation leads have now been recruited for Communications and Engagement, Human Resources and Finance. J Mackay is the regional communications lead, J Butler is the regional HR lead and S Goldsmith is the regional finance lead. T Davison added that they hope to recruit an eHealth lead in the coming weeks and will provide an update at the next Programme Board meeting.

2. Minutes from previous meeting

The group reviewed the minutes from previous meeting held on Friday 18th August. No amendments were required and the group agreed they were an accurate record of the meeting.

3. Update from RCAG

The RCAG Meeting preceded the SEAT and East Region Programme Board Meeting. P Hawkins gave a brief update of what was discussed in the meeting, he advised that there were a number of topics on the agenda which included prescribing, making small changes in patient pathways to produce big positive differences and discussions around the cancer aspect of the Regional Delivery Plan.

P Hawkins added that there had been discussions about the shortfall in capital requirement.

4. Update from NSD

F Murphy spoke to the paper which was circulated to the group in advance of the meeting which was around the current service developments/changes under consideration by NSSC. F Murphy said that there had been a lot of engagement around the proposals set out in the paper.

F Murphy advised that there was still engagement to be undertaken. She also advised that some gaps in funding had been identified and the paper would be returning to NSSC for discussion. S Goldsmith highlighted that it was important that DoFs had sight of the financial proposal; F Murphy highlighted that the paper had originally been reviewed by DoFs earlier in the year but due to the changes it will be re-submitted to DoFs.

J McClean advised that there had been concerns from clinicians in the South East Region about there being no outreach services as part of the CAMHS proposal. F Murphy said that the original request from Scottish Government was to repatriate patients from England but that it did not include outreach. She also added that outreach was a gap that has been acknowledged nationally.

F Murphy agreed to circulate the revised paper, which is being submitted to NSSC, with the group. **F Murphy**

5. Major Trauma

A McMahon provided an update on the work ongoing within Major Trauma; he said that eight bids were being submitted to the Scottish Trauma Network for funding. He added that for 2017/18, there was only £5m available nationally to bid for which would not cover the cost of services required in the East Region. The group agreed that they would not submit the proposal but instead submit a letter detailing the current risks associated with the speciality project.

J McClean highlighted that there had been some concerns around the timescales for submission to the Scottish Trauma Network which is why the proposals were brought to this meeting. She added that part of the proposals was to look at the rehab provision of Trauma, currently there are either no or unsuitable rehab services for patients. J McClean asked the group to agree that the rehab element of proposal is delayed to allow further work to be carried out; no objections were made to this proposal.

Part Two: East Region Programme

6. Regional Delivery Plan – Presentation and Discussion

T Davison gave a verbal update on the foreword of the working document as it had changed since the document was circulated. He said that the new foreword set out the challenges we face within the East Region.

The updated foreword informs that we have engaged with IJBs and now need to reconcile the approach being taken at a locality level with the approach being taken at a regional level; with a focus on moving care upstream. T Davison added that the foreword covers the five key objectives and the difficulty of delivering on those simultaneously. Once the draft has been submitted to Scottish Government we then only have six months to develop a credible plan and that we would want to continue with the existing workstreams.

T Davison advised that the working document had been shared with Board chairs and that he had also had meeting with the Board chairs from Fife and Lothian. T Davison asked the group not to share the document and that it is due to be submitted to Scottish Government on Friday 29th September.

T Davison asked the group for initial feedback on the revised foreword to the document. J Crombie feedback that the new foreword was a balanced summary of the position in the East Region – it covers the challenges we face and also the opportunities. A McCallum agreed with J Crombie's comments on the revised foreword.

J Simpson delivered a presentation to summarise the working document and, advised that the document sets out the long-term horizons for the East Region, there were 20+ contributors to the draft plan and that it would be submitted to Scottish Government in a week's time (29th September). She added that they are currently holding 5th October in diaries for feedback.

J Simpson advised that work had been undertaken on a regional level on the HR/workforce data and that they have been able to predict future workforce issues. Highlighting that A McCallum's team had produced data on population demand including deprivation, long term conditions and ageing population data.

J Simpson advised that work was well underway within the Acute workstream; that each of the specialty projects had adopted similar ways of working and that the DCAQs produced within the Acute workstream needed to be clarified

further.

A McMahon provided an update on the engagement he has had with IJB Chief Officers, he has been working with them to look at the themes which they would like to take forward.

As part of the upstream/preventative workstream, J Simpson highlighted that an invitation from NHS Borders, Scottish Borders Council and Borders IJB had been extended to the region to become involved in a regional piece of work to tackle diabetes and obesity.

J Simpson summarised the Regional Business Support Services workstream as a transformational/efficiency delivering workstream and that HR services would be the ‘trail blazer’ for work carried out under this workstream.

T Davison asked the group for any comments based on what J Simpson has covered. F Elliot feedback that what has been set out in the plan shows how we need to come together as a region to meet the challenges which lie ahead and that the images within the document, especially the patient flow, were helpful.

A McCallum said that it was clear from the draft and what was covered in the presentation that things are starting to come together. She advised that Research and Development had not been included and that we should ensure that that is covered within the plan.

B Reid highlighted that we seem to be concentrating on the short/medium term and that we should be trying to address the long-term – medical staffing is a key example of something which should be addressed.

T Davison advised that we should be challenging ourselves in workstreams, thinking outside the box and experimenting with new ways of working.

W Brown feedback that there was a lot of concern around the perception from staff that all services would be merged into one Board. There are concerns from staff around who will be in charge and where they will be based. She added that its likely patients will also be concerned. T Davison advised that it would J Mackay’s role to engage with staff and patients to ensure that concerns are minimised. He added that there would more opportunity to engage once the draft plan has been submitted.

W Brown advised that it was important to get staff signed up to commit to the changes proposed in the plan. D Phillips added to this that it was important not to forget the good work carried out by staff within Boards in the East Region.

P Hawkins highlighted that a lot of good work had happened to meet the deadline for draft submission and added to W Brown’s point that it is important that we engage with those who will be responsible for delivering the work set out in the plan.

J Simpson informed the group that the immediate next steps were to update the document based on the discussions ready for the submission next week. T Davison will work with J Simpson and J McClean to further develop the foreword of the plan. J Crombie asked who would be part of the evaluation group which will assess the draft document. J Simpson advised that it was unclear.

The group asked if they could see the final version of the draft version. J Simpson advised that further work was still required around the foreword and the finance section. T Davison advised that once the draft plan had been

submitted it would be circulated to the group, however, he asked that the group do not share the document as it could be open to misinterpretation. Communication and engagement will be coordinated to ensure that all staff receive the same message.

T Davison added that the Chief Executives and Regional Leads will meet on a fortnightly basis to drive the work and that we may consider moving the Programme Board from monthly to a meeting every other month.

7. Management of IA / Business Case through East Region

A letter from Christine McLaughlin, Director of Health Finance, Scottish Government was circulated to the group in advance of the meeting and sets out the formalisation of regional sign off of projects which are required to be submitted to the NHS Capital Investment Group (CIG).

S Goldsmith advised that it was important that we do not paralyse local services and that a Terms of Reference (ToR) should be written for the regional working bringing in aspects of delegated authority.

S Goldsmith added that the revenue position set out in the plan is based on local delivery plans and that we need to take a regional collaborative approach for 3-5 year financial plan for the region. There are also differences in the savings identified in financial plans. T Davison highlighted that he was keen we do not fall into the same problems which caused NHS England's Sustainability and Transformation Plans (STPs) to be criticised.

S Goldsmith advised that consideration needs to be given to the work which is happening under the Sustainability and Value programme, as each Board will have a different approach to the work and may be able to share knowledge with the rest of the region.

8. AOCB

T Davison thanked all who had contributed to the development of the draft plan and added that it was clear from the progress over the past 6-8 months that working relationships had been built and he hopes that the relationships built will continue to flourish as more work is undertaken within the East Region.

Date, Time and Venue of Next Meeting
Friday 20th October 2017, 11am – 2pm

Future Meetings
Friday 24th November, 10.45am – 1.30pm and preceded by the Regional Cancer Advisory Group from 9 – 10.30am

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SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD

MEETING

Date: 22 June 2017 from 12.50 to 13.55 p.m.

Location: Council Chamber, Scottish Borders Council, Council Headquarters, Newtown St Boswells

Attendees:
Councillor Mark Rowley (SBC) [Chair]
Councillor Sandy Aitchison (SBC)
Councillor Stuart Bell (SBC)
Mr David Gordon (Waverley Housing)
Mrs Marjorie Hume (Third Sector)
Mr Tony Jakimciw (Borders College)
Councillor Watson McAteer (SBC)
Mr Alistair McKinnon (Scottish Enterprise)
Superintendent Jim Royan (Police Scotland)
Mr Tim Patterson (NHS Borders)

Also in attendance: Colin Banks, Jenni Craig, Rob Dickson, Tracey Logan, Shona Smith, Elaine Torrance, Jenny Wilkinson (all SBC); Gina Dickson (Community Safety Unit).

MINUTE AND ACTION POINTS

1. Apologies
Apologies had been received from Mr David Farries (Scottish Fire & Rescue), Mr John Raine (NHS) and Ms Rita Stenhouse (Waverley Housing).

2. Minutes of Previous Meetings of the Community Planning Strategic Board

2.1 The Minute of the meeting of the Community Planning Strategic Board held on 24 November 2016 had been circulated.
AGREED to approve the Minute.

2.2 The Minute of the meeting of the Community Planning Strategic Board held on 9 March 2017 had been circulated.
AGREED to approve the Minute.

3. Action Tracker
The Action Tracker had been circulated.
Noted.

4. Local Outcomes Improvement

4.1 Colin Banks, SBC Lead Officer for Localities, gave a brief overview of the requirements within Part 2 of the Community Empowerment (Scotland) Act 2015, for each Community Planning Partnership to publish a Local Outcomes Improvement Plan and report progress annually; and divide the area of the local authority into smaller areas, identifying those experiencing significantly

poorer outcomes than those elsewhere, and publish a Locality Plan for each area, reporting on progress annually. These Plans required to be published by 1 October 2017. The Plans also needed to show an understanding of local needs, circumstances and aspirations of communities; how participation by communities, business and the third sector had helped to develop and influence this understanding; clear and agreed priorities for improving local outcomes and tackling inequalities; short (1 year), medium (3 years) and long term (10 years) outcomes; and how community planning partners were deploying resources in support of the agreed outcomes.
Noted.

4.2 **Draft Local Outcome Improvement Plan (LOIP)**
Mr Banks continued with his presentation on the Draft LOIP which covered the Vision for the Plan "by working with our communities and through targeted partnership action the quality of life will improved for all who live in the Scottish Borders" which was set against the context of population projections. There were 5 themes in the Plan: our ageing population; our children & young people; our vulnerable adults and families; our health and wellbeing; and our economy and skills. The LOIP looked at Borders-wide issues, while Locality Plans would look at specific issues within particular communities. A range of information sources - including national and local statistics, community views, and professional knowledge and expertise - was used to help identify inequalities and differences to give an understanding of the key issues and challenges and arrive at the outcomes for each of the 5 themes in the Plan. An example was then given of an outcome. To support the delivery of the outcomes, the Partnership would also adopt a number of principles/ways of working. In February/March 2017, community views were sought in a variety of ways – the Scottish Borders Household survey; community events and breakfasts; our place surveys; Instagram; and graffiti wall posters (like, dislike, change) from youth groups. There was a need to look further into greater use of social media in future, with an example given of the approach being taken by Perth and Kinross Council which was mainly on-line, dynamic and interactive. Feedback would now be requested from the Strategic Board, with public consultation on the LOIP starting in mid-July to the end of August. Timescales were flexible but Plans had to be published by the statutory deadline of 1 October 2017.

4.3 **Locality Plans**
With regard to Locality Plans, a similar approach and template would be used as that of the LOIP. This would include local evidence and resources, as well as local outcomes and priorities, which could differ from those in the LOIP. The draft Plans would need to be presented to the Strategic Board after wider public consultation.

4.4 Members of the Board discussed both the LOIP and the Locality Plans. Reference was made to the challenging timescale for production and publication of the Plans and the importance of getting the views of the community, in as innovative a way as possible, to ensure engagement and ownership. SBC Chief Executive, Tracey Logan, confirmed that the aim was to have enough content and outcomes in the Plans to be able to publish by the due date as a starting point, but the documents would be dynamic and outcomes/information added as localities got to work. Links to other relevant pre-existing plans would also be included so that there was as flat a structure as possible to avoid confusion. Elaine Torrance gave some details of the engagement which had been undertaken during the production of the 5 Health and Social Care Locality Plans which could be used to inform this process. The best solution was to have one

portal to access all plans and drill down further from there with links to other sites. It was recognised that those who would benefit most from this were those hardest to reach so everything needed to be simple, accessible, and readable. It was confirmed that online access would allow people to participate to build the plan and local forums would be used for face to face engagement and to establish which groups needed to be contacted and involved. Information would also be available in a variety of formats - including print - for local distribution to a wide range of places such as doctors' surgeries, libraries, leisure centres, SBConnect (the Council newspaper), etc. which would take cognisance of those who did not access information online. Jenni Craig, SBC Service Director Customer & Communities, confirmed that there would be a range of stakeholders involved in any consultation exercise and officers would be available to come and speak to Groups over summer and into September. Care would need to be taken that with a number of consultations underway at any given time that there was some cohesion so communities did not suffer "consultation fatigue". A further point for consideration was the demographics of the Borders so there needed to be a balance in terms of outcomes.

Action:

AGREED that a copy of the presentation be issued to members of the Board with the Minute of the meeting. **Jenny Wilkinson**

Note: Councillor McAteer left the meeting at 1:30 p.m.

5. Integrated Children and Young People's Plan in the Scottish Borders 2017 - 2020

A copy of the Integrated Children and Young People's Plan in the Scottish Borders 2017 – 2020 had been circulated. SBC Service Director Children & Young People, Donna Manson, presented the Plan, which set out the strategic direction for services, with clear priorities to create opportunities and conditions so that children and young people had the best start in life. The Plan had been developed through the Children and Young People's Leadership Group, comprising key stakeholders who delivered services, including from the Council, NHS Borders, Police Scotland, Scottish Children's Reporters Administration (SCRA) and the Third Sector (Youth Borders). As well as giving details on the vision and priorities for integrated services in the next 3 years, the Plan also gave details on workforce planning, resourcing and commissioning, ensuring priorities were achieved and outcomes improved, along with engagement and consultation. A huge commitment had been shown by young people to the development of the Plan. An example was given of how the Child Protection Committee had completely changed the way it engaged with young people, with set dates for the Chair to meet with young people and the development of priorities, which contained challenges e.g. young carers may not want to be identified as such. All in all, the Plan represented a much more inclusive approach with children and young people.

Noted.

6. Community Justice Outcomes Improvement Plan 2017 - 2020

A copy of the Community Justice Outcomes Improvement Plan 2017 – 2020 had been circulated. Elaine Torrance, Service Director NHS/Social Work Integration, presented the Plan, which was a requirement of the Community Justice (Scotland) Act 2016. The Plan set out how the community justice partners intended to work together to fulfil their responsibilities in achieving the 7 common community justice outcomes:

- communities improve their understanding and participation in community justice;

- partners plan and deliver services in a more strategic and collaborative way;
- people have better access to the services they require, including welfare, health and wellbeing, housing and employability;
- effective interventions are delivered to prevent and reduce the risk of further offending;
- life chances are improved through needs, including health, financial inclusion, housing and safety being addressed;
- people develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities; and
- an individual's resilience and capacity for change and self-management should be enhanced.

A significant amount of work had gone on over the previous 18 months and the Plan was now ready for final endorsement by the Board. Mrs Torrance explained that an Action Plan was included which gave details of improvement actions along with timescales and an annual report would be provided to the Board on progress. The production of the Plan had used a partnership approach and actions merged with those in other Plans. In response to a question about putting targets against outcomes on baseline quantitative indicators to allow effective monitoring, it was confirmed that this was being investigated, and further guidance was expected to come out nationally. The Board considered how more young people could become involved in developing and engaging with this and other Plans. Ms Logan advised that the Council's Corporate Management Team had committed to having meetings in schools and inviting pupils to come and talk to Directors about issues within their own areas, not just in schools, and this could be extended to a public engagement exercise. Other partner organisations could also follow this example.

Action:
AGREED to endorse the Community Justice Outcomes Improvement Plan 2017 – 2020.

7. Equally Safe 2016 - 21

A copy of the Equally Safe – Scottish Borders Strategy for preventing and eradicating violence against women and girls 2016 - 2021 had been circulated. Elaine Torrance, Service Director NHS/Social Work Integration, presented the Plan, which had been developed as a local follow up to the Scottish Government's Equally Safe Strategy 2014. The Strategy had 4 priorities, underpinned by partnership activity:

- Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls
- Women and girls thrive as equal citizens – socially, culturally, economically and politically
- Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people
- Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.

Equally Safe aimed to tackle the causes and consequences of gender based violence, holding perpetrators more accountable and addressing the societal attitudes that perpetrated gender based violence. An Action plan on the delivery of the Strategy would be considered at a future Board meeting. Superintendent Royan commented on the challenges of the online environment, including social media, which was an emerging issue for the Police.

Action:
AGREED to endorse "Equally Safe 2016 – 21" – the Scottish Borders Strategy for preventing and eradicating violence against women and

girls – for implementation.

8. AOCB

Mr Jakimciw referred to a previous meeting of the Board where there had been discussion on the possibility of having a presentation to the Board on horizon scanning of issues affecting the Borders. Ms Logan advised that a piece of work could be carried out by the Joint Delivery Team to produce this for presentation to the Board.

Action:

AGREED that the Joint Delivery Team would carry out a piece of work on horizon scanning of issues affecting the Borders and bring a presentation to the Strategic Board.	**Tracey Logan**

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SCOTTISH BORDERS COMMUNITY PLANNING STRATEGIC BOARD

MEETING

Date:	7 September 2017 from 2:00 p.m. to 3:50 p.m.
Location:	Council Chamber, Scottish Borders Council, Council Headquarters, Newtown St Boswells
Attendees:	Councillor Mark Rowley (SBC) [Chair] Councillor Sandy Aitchison (SBC) Councillor Stuart Bell (SBC) Mr Trevor Burrows (Eildon Housing) Mrs Angela Cox (Borders College) Councillor Carol Hamilton (SBC) Mrs Marjorie Hume (Third Sector) Councillor Watson McAteer (SBC) Mr Stephen Mitchell (Scottish Fire & Rescue) Superintendent Jim Royan (Police Scotland)
Also in attendance:	Colin Banks, Philip Barr, Rob Dickson, Donna Manson, Louise McGeoch, Shona Smith (all SBC), Nile Istephan (Eildon Housing)

MINUTE AND ACTION POINTS

1. Apologies
Apologies had been received from Mr David Farries (Scottish Fire & Rescue) and Mr Tony Jakimciw (Borders College)

2. Minutes of Previous Meetings of the Community Planning Strategic Board
The Minute of the meeting of the Community Planning Strategic Board held on 22 June 2017 had been circulated.
AGREED to approve the Minute.

3. Action Tracker
The Action Tracker had been circulated.
Noted.

4. Local Outcomes Improvement Plan

4.1 **Draft Community Plan (LOIP)**

Shona Smith, Communities & Partnership Manager (SBC), advised that there had been a good level of response to the consultation. Publicity continued and she asked partner organisations to include a link to the consultation on their own websites. The EIA was still to be done and there would be an interactive version available on-line. Meeting would be set up with the Chief Executives of all partner organisations to discuss. The Scottish Government was happy with the progress to date but actions and measures still had to be developed. The draft version would be available by the end of September to go to partner

organisation Boards. It was noted that the Plan would continue to evolve.
Noted.

4.2 **Locality Plans**
Shona Smith advised that there would be a Locality Plan for each of the 5 locality areas. The numbers from other Councils ranged from 1 to 24 but the average was 3 to 6 and Scottish Government had no issue with this wide range. The importance of capturing the needs and ambitions of local people was stressed and input would be sought from all partners to help build the plans up. Scottish Government acknowledged that the date of 1 October would not be achieved but were happy with progress to date. Audit Scotland would take a light touch approach on checking progress next year. A report would be considered by Scottish Borders Council at their meeting on 28 September 2017 on the operation of the new Area Partnerships. Colin Banks commented on the points raised in the consultation responses. Most had been supportive but there had been comments on why transport did not feature and the need to simplify the language. There had been few responses from Community Councils so far. It was noted that the outcomes may be reduced from 6 to 4. In response to the issue of transport, Philip Barr advised that a full analysis of transport in the Borders was ongoing. The Chairman asked that Communications be asked to issue further publicity aimed at Community Councils.
Action: Agreed that further publicity be issued to encourage Community Councils to take part in the consultation.

4.3 **Launch Event**
The launch date had been set for Thursday, 23 November 2017. The day would start with setting the context of community planning in the Borders and be followed by workshops. Partner contributions would be required and there would be an update/presentation from delivery team Chairs. It was suggested that the 5 Locality Committee Chairs and the Community Council Network Chair also be invited.
Action: Invitations be issued to Locality Committee and Community Council Network Chairs.

5. Updates on Delivery Teams

5.1 **Economy and Low Carbon**
Rob Dickson advised that the group had met on Tuesday 5th September. They had agreed the structure of the economic profile and the economic strategy was being refreshed. A draft would be available by the end of the year with final approval by February 2018. Input from partners would be required and the importance of this work had increased following the announcement of the South of Scotland Enterprise Agency.
Noted.

5.2 **Reducing Inequalities**
Donna Manson advised that the last meeting at all of the outcomes for accommodated and looked after children. The Group was building its own 'dashboard' and looking at target setting in that area. A presentation had been given by the Transitions Project who provided supported accommodation for 18-25 year olds in Galashiels which provided a concierge to help those young people. She asked that the Board also consider receiving the presentation. The unsuccessful funding application was to be appealed. With regard to a recent discussion with Joe Griffin, there was a renewed national commitment and structure to deal with child poverty. Funding was being sought for a Transitions Project (school to college and college to work). It was proposed that details of the Transitions Project be brought to the next meeting of the Board to seek

support. Funding applications were more likely to be successful if they were submitted on a partnership basis. It was noted that Scottish Borders had the lowest average wages in Scotland and were currently ranked 29 out of 32 in terms of meeting the attainment gap. It was further proposed that the Chief Executive of SBC write to Andy Bruce at Scottish Government to seek the involvement of relevant Government officers for the event on 23 November. Marjorie Hume commented on inequalities as they applied to older people particularly those who lived in a rural area. Mrs Manson agreed that having a representative of older people on the group would be considered.

Actions:
Item on the Transitions Project be included on the agenda for the next meeting.
Chief Executive of SBC to write to Andy Bruce at Scottish Government re Government participation at the event on 23 November
Consider membership of Reducing Inequalities Group to include representative of older people.

5.3 **Future Services**

Nile Istephan advised that the group had not met over the summer. However, it was expected that the Estate and Property registers would be published by 1 October and this would give Community Groups the opportunity to consider taking over underused buildings. Following publication of this document there should be specific discussions regarding the use of buildings for co-location and the disposal of surplus assets. He expected that as services began to be delivered in a different way that more property would become surplus. The Community Benefit and Procurement Group had now been stood down as they had completed their remit, although this group still operated outwith the CP Partnership. He also reported on the development of training and a leadership academy for all partners. It was planned to use the skills of Borders College but would need collective buy-in to make the development worthwhile and any support to get all organisations around the table would help to make it work. A sub-group was working on a package of branding which each agency could then tailor it to their needs. With regard to allowing people to access more services through digital means, this was something that also needed to be worked on collectively to make more of an impact.

Noted.

6. Horizon Scanning

Rob Dickson gave a presentation on the development of the new South of Scotland Enterprise Agency, the Edinburgh and South East City region Deal and the Borderland Initiative. With regard to SoSEA legislation was required so it would not be fully operation until 2020. However, there was a push for interim arrangements to allow the best possible start. A Ministerial announcement was expected in October. With regard to the City Deal, this was a 10 year strategy and focussed on housing and regenerations plans for Tweedbank and a skills development programme. The full request for funding had not been met but work was now undertaken to prepare the business cases and other work in support of the "heads of terms". In response to a question Mr Dickson advised that it had not been possible to include Reston Station as it was already an approved project. The Borderlands Initiative included Scottish Borders, Dumfries & Galloway, Northumberland County, Carlisle City and Cumbria County Councils. A draft vision and objectives had been drawn up and work was ongoing to progress the bid. The cross-boundary nature of the project did lead to possible political issues. Funding for projects by the English authorities would be 100% funded by UK Government but, depending on the nature of the project, those on the Scottish side might require joint funding from Scottish

Government. Mr Dickson advised that he expected the legislation for the SoSEA to have an impact on the remit of the CP Strategic Board. He undertook to circulate his presentation to Partners to share with their organisations. Marjorie Hume commented on the Third Sector Interface and the changes this was expected to bring for the Borders. A major conference was to be held in October.
Noted.

7. AOCB
No items were raised.

CRITICAL SERVICES OVERSIGHT GROUP

MINUTE OF MEETING of 21 AUGUST 2017, HELD IN THE CORPORATE MANAGEMENT BOARDROOM, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS, MELROSE AT 2.00 p.m.

Present:	***Attendees***:	***Tracey Logan, Chief Executive SBC (TL) (Chair)*** ***Jane Davidson, Chief Executive NHS (JD)*** ***Kim McPartland, Group Manager Criminal Services SBC (KMcP)*** ***Gillian Nicol, Child Protection Coordinator SBC (GN)*** ***David Powell, Adult Protection Coordinator, SBC (DP)*** ***Elaine Torrance, Chief Social Work Officer, SBC (ET)*** ***Jim Wilson, Chair of the Adult Protection Committee (JW)*** ***Duncan MacAulay, Chair of the Child Protection Committee (DMcA)*** ***Murray Leys, Chief Officer Adult Social Work, SBC (ML)*** ***Ivor Marshall, Chief Superintendent Local Police Commander (IM)*** ***Michael Batty, incoming Chair of the Child Protection Committee (MB)***
	Apologies:	***No apologies were received.***

1.	**Minute of Meeting of 29 May 2017.** There had been circulated copies of the Minute of 29 May 2017. **DECISION** **NOTED.**
2.	**Actions Update (refer to Action Sheet circulated with Minute)** The action sheet had been updated and completed items detailed. Further updates on actions were noted at the meeting. It was agreed that an item be added to a future Agenda in respect of Young People and Suicide Risk and the actions taken forward from the recent Workshop. **DECISION** **NOTED.**
3.	**Drug Related Deaths Annual Report 2016** There had been circulated copies of a covering report and the Annual ‘Report on data for drug related deaths January – December 2016 Scottish Borders’ by the Chair of the Drug Death Review Group (DDRG). Susan Walker, Senior Development Officer, Alcohol and Drugs

	Partnership (ADP), was in attendance to present the report. Ms Walker explained that the data from the group contributed to the National Drug-related Deaths Database. The DDRG investigated eleven deaths in 2016 compared with five in 2015 and nine in 2014. The average age of death was 42 years and this was in line with national trends. 64% of those who died were long term drug users and were not accessing treatment at the time of death. A number of individuals had a combination of drugs noted in the cause of death. Ms Walker explained that the final cause of death was often complex and was recorded based on toxicological, pathological and circumstantial evidence, with some individuals having mental health, physical and cardiac issues. The range of drugs reported in all cases for the final cause of death was Heroin, alcohol, Methadone, Dihydrocodeine, Methylenedioxemeth-amphetamine (Ecstasy) and Para-methoxymethamphetamine (PMA) and multi drug toxicity was recorded in seven of the deaths. All individuals were known drug users to either Police or Drug services. Two of the individuals had been previously supplied with a Take Home Naloxone (THN) kit with one person having accessed four supplies of THN. The ADP's Drug Death Prevention Strategy included a target to reduce the number of deaths by accidental drug use to fewer than four per year by 2020. The recommendations of the report were to: (a) Improve identification of those accessing multiple supplies for THN by (i) Implementing "real time" data entry in Addaction's injecting equipment provision ("needle exchange"); (ii) Identify process in Borders Addiction Service to ensure identification of multiple supplies was picked up; and (iii) Raise this with IEP pharmacists as part of refresher training planned for September 2017. (b) Develop and implement an action plan arising from completion of the Staying Alive in Scotland Good Practice Baseline Tool (DDRG). **DECISION** **NOTED the report.**
4.	**Alcohol Related Deaths Report January – December 2014** There had been circulated copies of a covering report and "Review of Alcohol Related Deaths in the Scottish Borders in 2014 by Catherine Jeffrey, Speciality Registrar Public Health NHS Borders. The report had been reviewed by NHS Borders and SBC Alcohol and Drugs Partnership (ADP) Executive Group and NHS Borders Mental Health Governance Group and was noted to be the first review of alcohol-related deaths completed for the population in the Scottish Borders. Susan Walker, Senior Development Officer, Alcohol and Drugs Partnership (ADP), was in attendance to present the report. Ms Walker explained that the aims of the Review were to: Improve understanding of the patient journey for individuals who had had an alcohol-related death; to identify NHS Borders services provided to those individuals who died of an alcohol-related death within Scottish Borders during 2014; and to identify any learning points arising from the Review, to inform potential interventions to prevent alcohol-related deaths. The Review had investigated twenty-four deaths in the Scottish Borders in 2014, noted as the highest local annual incidence since 1997. The report noted that there had been a general upward trend in the Borders towards an increasing number of alcohol-related deaths since the 1980s. ADPs had been tasked by Ministers to engage in improvements in order to reduce alcohol-related deaths as a priority going forward. Of those individuals who had died of an

	alcohol-related cause, two thirds were male and most were over sixty-five years old, retired and living at home. The most common cause of death was alcoholic liver disease, with other diagnoses including mental and behavioural disorders due to the use of alcohol, and unspecified cirrhosis of the liver. Most individuals were recorded as having had some alcohol consumption in their clinical records and the amount consumed varied between eleven and eighty four units per week. Beer, followed by wine and vodka were recorded as the most likely drinks to be consumed. There had been a range of interventions recorded over time, ranging from advice to abstain from alcohol consumption to being offered therapy. Less than one quarter of the individuals had been prescribed a community detox between 2010 and 2014 and none had been in contact with clinical psychology services. During this period, most individuals had attended the Emergency Department at least once and the total cost associated with all resources used across NHS services was £34,308 per individual. It was noted that these costs were not solely attributable to alcohol consumption. The report identified ways in which the local prevention and management of harm associated with alcohol misuse was delivered and the barriers to reducing harm for these individuals. It was noted that alcohol consumption and associated advice was routinely discussed by health care professionals and the individuals being treated. It was further noted that accurate and standardised recording of alcohol consumption was limited both in clinical and mental health records. Discussion followed and highlighted the need for the model of care and treatment to be modern and effective. The figures reported related only to those individuals who had died from alcohol-related conditions and concerns were raised as to the number of people who had not yet presented to health care professionals. The recommendations of the report were to: (a) Contribute expert opinion to test and refine the stated findings of the Review; (b) Develop a list of recommendations for action, to be included in the final draft of the report; and (c) Develop an action plan to implement improvements to the whole alcohol pathway, to reduce harm and mortality associated with alcohol misuse. It was recommended that these findings be taken forward by a short life working group with representation from services involved in the care of those individuals included in this Review. The report also detailed the areas which were recommended for consideration by the Working Group. **DECISION** **NOTED the report.**
5.	**Information Sharing Protocol – Police Scotland – I am me Keep Safe** There had been circulated copies of a Briefing Note by the Adult Protection Co-ordinator, David Powell. The briefing explained that any provider wishing to participate was required to complete a Keep Safe Criteria form and went on to detail how the protocol would operate, including the responsibilities of all involved participants and Agencies. Full training would be given to all staff and clients and advice provided in the Keep Safe Information Booklet. Mr Powell considered the protocol, including the checks and safeguards that had been built in, to be beneficial in terms of combating hate crime and promoting social inclusion. **AGREED to support the Keep Safe Campaign.**

6.	**Child Protection Update** **(a) Briefing Note** There had been circulated a briefing from the Child Protection Committee (CPC) and the following points were highlighted:- (i) Following the resignation of Mr Duncan MacAulay as Independent Chair of the Child Protection Committee, Mr Michael Batty had now been appointed to the role and would be introduced to a wider audience at the CPC event scheduled for October 2017. (ii) The new CPC sub-group structure was now in effect. The Quality Assurance and Improvement Group had replaced the Review Sub-Group and the Training Sub-Group had been replaced by the Training and Communications Group. (iii) Following presentation of the Business Plan for 2016-19 and Annual Report 2015-16 to Council in June 2017, it was noted that SBC had requested these documents be provided at an earlier meeting in 2018. (iv) It was noted that since the new MAC Reflective Review Procedure was implemented, one Review had taken place with a further two in process. Learning points would be cascaded through departments and would be considered by CPC to ensure that it informed and improved practice. (v) Neglect Toolkit training sessions were progressing and had been well-received. **(b) CPC Child Sexual Exploitation (CSE) Action Plan** Following inspection, the Action Plan was updated and presented to the Group. It outlined the end to end process and related to reducing the risk of sexual exploitation of children and young people. The Action Plan would provide continuity and would create better prevention mechanisms and recovery for individuals and their families. **DECISION** **NOTED.**
7.	**Adult Protection Update** **(a) Adult Protection Committee (APC) Update** There had been circulated copies of an update report from the APC and the following points were highlighted:- (i) Following the Review of the Adult Protection Unit and the File Reading exercise carried out by the Care Inspectorate, Improvement Plans for each had been drawn up and it had been agreed that one Action Plan would be produced following receipt of the final Inspection Report. (ii) Monthly Adult Protection Workshops were ongoing with Team Leaders to address practice issues raised by the Care Inspectorate Inspection. Further work would be required to ensure quality assurance across the teams. (iii) An Action Plan from the Seminar on Financial Harm would be produced in due course.

	(iv) The Scottish Government would be taking forward activities during 2017-18 which included producing guidance on Significant Case Reviews, reform of Adults with Incapacity legislation and improving national data. **(b) Adult Inspection Improvement Plan 2017** There had been circulated copies of the Adult Inspection Improvement Plan 2017. The Plan identified the issues to be addressed and the progress made for each Risk/Issue. It was agreed that it would be useful for the Plan to be extended with further detail added. **(c) Review of Adult Protection Unit** There had been circulated copies of the Review of the Adult Protection Unit. **(d) Adult Support and Protection** There had been circulated copies of a presentation by the Scottish Government on Adult Support and Protection National Data Collection 2015-16. **DECISION** **NOTED the reports.**
8.	**Police Concern Forms** The group discussed the process for submission and action of Police Concern forms. A question was raised in relation to which agency carried responsibility for overall accountability and in relation to Public Protection and any associated risk. In terms of the process, the focus should be centred more on the individual and should be designed in such a way that would not "clog the system". There was a need to look objectively at what the system was set up to achieve and how best to deliver public protection. **DECISION** **AGREED that the process for Police Concern forms be reviewed.**
9.	**Older People's Inspection Update** Mr Leys provided a verbal update on the Older People's Inspection report by the Care Inspectorate. He advised that the report had been very negative and that the department had referred the report to the Council's Legal Services to consider what next steps might be taken if the findings of the Inspection were not accepted. The Care Inspectorate had agreed to amend some of the text within the report but there was no guarantee that the grades awarded would be increased and the Group was advised that Edinburgh were currently dealing with a similar situation. **DECISION** **NOTED.**
10.	**Offender Management Update** There had been circulated copies of a Briefing Note providing an update from Offender Management Committee. The Business Plan had been updated with lead officers and timescales added. The MAPPA Thematic Review recommended that the Scottish Government and Responsible Authorities should produce additional guidance on parameters and practice standards for conducting proportionate and sustainable Environmental Risk Assessments. With reference to VISOR vetting, the way in which VISOR was used was currently under review. Proposals were being explored looking at how the use of VISOR was managed and discussion followed in terms of the impact that any reduction in the number of staff able to use the system would have.

	DECISION **(a) NOTED the update report.** **(b) AGREED the Terms of Reference for the Offender Management Committee.**
11.	**Critical Cases** There had been circulated three Significant Case Reviews with recommendations and actions. **(a) Significant Case Review (LB)** The report gave background information regarding LB, a young woman with a history of childhood developmental delay, mental health problems, self-harm and misuse of alcohol and drugs. L was diagnosed with Asperger Syndrome in February 2015 and died of an overdose of opiates in December of that year. L's behaviour during adolescence left her open to risk and in 2009, agencies agreed that she was at particular risk of sexual harm/exploitation; drug and alcohol misuse; not coping with daily independent living; self-harm. These risks remained unchanged and during the last year of her life, L was visited at home by mental health professionals on a regular basis. The treatments L received did not make a significant difference to her presentation or the risks which she was exposed to. No evidence was found to support L's claims that she was complying with professional advice either in terms of managing anxiety or acquiring skills for independence. From 2013 onwards, support for L was planned using the Care Programme Approach (CPA) however meetings were not planned on a regular basis nor was her attendance consistent. No notes of the meetings were recorded in L's case file therefore it was not possible to identify the Lead Officer in the case. L was identified as presenting a high risk of drug death in 2013 however it was not until 2015 that the extent of her drugs misuse was assessed by Addaction. The SCR considered the record keeping and information sharing across agencies and found that it had not been possible to identify from any available records the comprehensive history of L's drug use; a complete personal history; details of treatment, interventions or outcomes; mapping of self-harm and offending. The SCR identified a number of missed opportunities where the risks to L might have been recognised earlier, eg the lack of a chronology. Further confusion was identified during the Review in relation to the application by L's mother to become her guardian. A number of areas for development were detailed in the SCR. **DECISION** **NOTED.** **(b) Child A** The report explained that A, a 13 year old female child completed suicide by hanging herself in her room at home in May 2015. During the seventeen months leading up to her suicide, A had been cared for by close relatives including her mother and paternal grandparents, and professional staff. In August 2016, the CPC commissioned an independent review of the process of the Independent Case Review (ICR) and the report was received in November 2016. The Significant Case Review (SCR) was undertaken following the recommendations of the ICR. Contact with A and her family was made regularly between early 2014 until the time of A's death by professionals in health, police, social work and education. The SCR identified that no individual professional had consistently worked with A nor been able to develop a trust-based relationship with her. The information gathered by agencies working with A had not been shared comprehensively and the risk of impulsive self-harm in response to comments on social media had not been fully understood. No Meeting Around the Child (MAC) had been

	initiated and there was an absence of chronology and as a result, no one agency took the lead to fully assess the circumstances or risks. Following A's discharge from the Child and Adolescent Mental Health Service (CAMHS), it was eight or nine months before follow up work was undertaken with her and her family. The impact of A's home circumstances were noted. The SCR detailed the measures that had been implemented since May 2015 and listed the future plans for CAMHS. ET advised that since A's death, meetings had taken place with A's mother and reassurances had been given to her that improvements were being implemented to prevent a similar situation happening again. The impact of how social media and the internet could affect young people was also recognised. A final meeting would take place with A's mother and it was agreed that the Action Plan listing what had been done since A's death and what was planned would be shared with A's her. Discussion followed and the Group requested that following consideration of the Action Plan by the CPC, a briefing on the Plan and outcomes would be presented to CSOG. **DECISION** **NOTED.** **(c) Child W** The report explained that Child W had been found by her father slumped forward in the bath in July 2016, aged one year and two months. She was not breathing and required resuscitation and was then admitted to the paediatric intensive care unit. She had been left unattended in the bath with her brother who was aged two years and three months. W was subsequently found to have some residual deficit in her development and required intensive physiotherapy. W's mother (M) had a learning disability and complex epilepsy and had been supported by the Learning Disability Team during her adulthood. Welfare Guardianship and Corporate Appointeeship had also been in place at different time during the period 2005-2013. A parenting assessment had been carried out in respect of W's biological father (F) and he was found to be able to safely parent and supervise M with child care and her own health needs. Following an ICR into the incident, it was agreed to progress to the SCR to identify any learning, service improvement and identifying good practice. The Review identified key issues which were of concern and examples of good practice. A number of learning points were identified to address the concerns in this case. Recommendations were also included in the report along with actions from the Review and following consideration by CPC, the updated Action Log, including a full chronology, would be presented to CSOG in due course. **DECISION** **NOTED.**
12.	**Performance Information** **(a) Adult Protection Quarterly Report – Quarter 1** There had been circulated copies of the Adult Protection quarterly activity report. Mr Jim Wilson, Independent Chair of the Adult Protection Committee (APC) spoke to the report and highlighted areas of particular note. During quarter 1, twelve Adult Protection referrals had been made to the Learning Disabilities team which was similar to the previous quarter. In terms of neglect, the report recorded thirteen referrals in the first quarter of 2017/18 which was double the figure for the previous period. Further work would be carried out to understand the context and source of the increase and CSOG would receive an update report in due course.

	DECISION **NOTED.** **(b) Child Protection** There had been circulated copies of the Child Protection Committee (CPC) activity report. GN highlighted the main points from the report. With reference to the Child Protection Register, it was noted that the number of children on the Register fluctuated and that the number during the previous five months had declined. There were some explanations offered as to why this was the case and the importance of timing of de-registration was emphasised. Stable Social Worker contact was considered important in improving the outcome for individuals and families. The report had identified that a number of children were recorded as having had multiple social worker contacts and GN explained that this was due to a high number of locums in place for a period of time. Improvements were expected following the implementation of the new Social Work structure and staff recruitment into permanent posts. The report provided an update in relation to the School Surveys and the child feedback and noted the reasons for non-attendance by the child at the various meetings within the ten month sample period. All children on the CP Register should have full and up to date chronologies and it was highlighted that the key elements to be measured in respect of Registration were the inclusion of:- a Risk Assessment for every Inter-agency Referral Discussion (IRD); regular quality monitoring with Case File Audits; and representation at case conferences by all professionals involved in cases in either in person or by written report. **DECISION** **NOTED.** **(c) MAPPA** There had been circulated copies of the Scottish Borders MAPPA Committee Quarterly Statistical Reports giving number and trends in relation to performance indicators. KMcP advised that due to the new method of recording, the report did not make like for like comparisons. A new measure for the number of Sexual Offences Prevention Orders in force was included in the report for the first time. **DECISION** **NOTED the performance information provided.**
13.	**Public Protection Review Proposed Terms of Reference** There had been circulated copies of the Proposed Terms of Reference for the Public Protection Review. Discussion resulted in a decision to form a sub-group comprising TL, JD, ET and IM who would take this forward. **DECISION** **AGREED that a sub-group be formed to take this matter forward.**
14.	**Chair's Comments** On behalf of CSOG, the Chair thanked Mr MacAulay for his work with CSOG and wished him well for the future.

15.	**Date of next meeting** The next meeting will be held on 20 November 2017 at 2.00pm in the Corporate Boardroom. *The meeting concluded at 4.15 pm*