





Scottish Borders
Health and Social Care
PARTNERSHIP

**Meeting of the Strategic Planning Group
10.00am to 11.30am on 19 April 2016
Committee Room 2, Scottish Borders Council Headquarters**

Minute

Present: Margaret McGowan, David Bell, Dr Peter Symms, Tim Young, Morag Walker, Eric Baijal (Chair)

In Attendance: Gerry Begg, Clare Richards, Claire Penny, Clare Malster, Shona Donaldson, Trish Wintrup, Stewart Barrie, Sandra Campbell, Paul McMenamin, Suzanne Hislop (Minutes)

1.	<p>Welcome</p> <p>The Chair explained that the meeting was not quorate due to the absence of representatives of 'Carers of Service Users' and less than half of members being present. It was agreed that directions or actions would therefore be homologated at the next meeting.</p> <p>The Chair officially appointed Lynn Gallacher (Acting Carers Centre Manager) as the replacement for Fiona Morrison who has left her post. The Chair expressed thanks on behalf of members for the contribution made by Fiona Morrison to the group and the programme as a whole. Lynn Gallacher will now be the lead representative for both 'Carers of Users of Health Care' and 'Carers of Users of Social Care' with Linda Jackson remaining as deputy.</p>	
2.	<p>Apologies: Karen McNicoll, Shirley Burrell, Amanda Miller, Jane Douglas, Linda Jackson, Jenny Miller, Susan Manion</p>	
3.	<p>Minutes of the previous meeting</p> <ul style="list-style-type: none"> • The minutes of the previous meeting of 8 March were accepted as a true record.  SPG Minutes.doc • The group went through the actions arising from the last minute and updated the action tracker.  SPG Action Tracker.doc 	
4.	<p>Matters Arising</p>	

	<ul style="list-style-type: none"> • None noted. 	
5.	<p>Draft Commissioning & Implementation Plan</p> <ul style="list-style-type: none"> • SC gave a brief overview of the latest draft of the Commissioning & Implementation Plan that was presented to the Integration Joint Board (IJB) yesterday. • This document has been developed by the Health and Social Care Management Team. • Year one is based on a “business as usual” model as well as a focus on delivering projects (particularly via ICF) that will enable and facilitate progress towards transformational change. • Two key target areas for year one have been identified. These are supporting people at home and improving the well-being of staff. There are discussions ongoing around whether enough has been included around improving the wellbeing of staff and so this is being looked at. • Throughout year two the planning work that is going on with the Health & Social Care Management Team will be continued. • The intention is to carry out specific and targeted consultation and the SPG will help shape this consultation. A specific planning session to tease out this group’s contribution to this process was proposed and thought is to be given to this. • The need to recognise that what has been set out may have to change over the next 6 months as GP clusters meet for the first time was acknowledged. It was agreed that GPs are crucial stakeholders and their feedback is vital in the success of the programme. TY to take the paper back to GP Sub-committee to discuss with colleagues and provide any feedback to group. • It was highlighted that we are in a continual process of development and this will involve a planning and reviewing mind-set. • Linking the budgets with the actions to give a sense of where we are going to focus funding was also discussed at the IJB meeting. Year one is challenging as this is a transitional period; however in years two and three the C&I plan will inform the financial planning process. The Directions lay out clearly the financial resources that are allocated and the Directions paper that went to the IJB yesterday is to be circulated. • It was agreed that as the individual components of the programme are brought to this group it can make it difficult to see the overall interconnection. Consideration to be given to a presentation that shows how the various documents such as the Commissioning & Implementation Plan and Performance Management Framework link to, and support each other. • Group to review the papers discussed today and provide any feedback at the next meeting on 18 May. This will be recorded in the minutes that will then go to the IJB meeting scheduled for 20 June. 	<p>ACTION EB/SC</p> <p>ACTION TY</p> <p>ACTION SH</p> <p>ACTION EB/SC</p> <p>ACTION ALL</p>
6.	<p>Draft Performance Management Framework</p> <ul style="list-style-type: none"> • The Draft Performance Management framework was discussed. The Chair expressed thanks to colleagues for the tremendous amount of work that has gone into getting all of the documents discussed at yesterday’s meeting to where they currently are. • It was suggested that there are similar reporting processes in the NHS and SBC that already exist and could be used. It was acknowledged that there are and that the Draft Framework had been developed with reference to these, and aimed at minimising the level 	

	<p>of additional data that would need to be gathered in year one. TY provided feedback from the GP Sub-Committee. The feeling is that the figures are largely based on admissions and discharges in relation to Borders General Hospital when we should perhaps be looking at other areas to stop these problems building up. It was suggested that more has to be spent in the community and a shift of resources realised to stop people being admitted to hospital.</p> <ul style="list-style-type: none"> • It was acknowledged that there was some criticism around the hospital centric nature of some of the measures but these are ultimately linked to what is going on in the community. This underlines the need to ensure that we measure the extent to which the shift in resources (from hospital to community care) is achieved, to avoid any unintended consequences of the set of priority measures. • This group has a critical role to play in these decisions and this can be addressed through consultation with this group and others. • There was a desire from the IJB to see something around resource shift reflected in the document and the use of the Integrated Resource Framework for measuring this and thought needs to be given to this moving forward. 	
7.	<p>Integrated Care Fund</p> <ul style="list-style-type: none"> • CR gave a brief overview of the ICF papers that went to the IJB yesterday. The IJB requested that information be presented in a different way and the report now gives a better idea of the timelines and more information about the outcomes that the projects are working to. • Return on investment (ROI) information was also requested by the IJB. However, this is not something that was asked of the projects initially, so there may now be difficulty in obtaining this information. • CR asked if any members had any changes they would like to see. More information on sustainability was suggested by DB who highlighted the posts that are being funded through the ICF. • It was explained that in terms of posts some will only run for the duration of the project, some will be mainstreamed and for others this is not known. It was agreed that projects are a catalyst for change and if we don't have posts then these projects cannot be progressed. The project descriptors should not be in terms of posts, they should be focused on the outcomes that will be achieved through their delivery, not on the specifics of the inputs. • The Eildon Project is only at initial scoping stage at the moment, there has been some confusion regarding this which will be addressed as the project progresses beyond initiation stage. • Was agreed that it is to be made clearer that this project is not at an advanced stage and the ICF papers need to reflect this. • GPs are essential to this and there has been no engagement with GPs over this project raising concerns that there will be no buy in as a result of this. The project manager, when in post, will be engaging with GPs in developing the project plans. • The revised ICF Governance paper was discussed. The IJB agreed that it requires simplification with decision making too slow. It was decided not to change the procedures at the moment and further work on this will be brought to a later IJB meeting. Members were again asked to comment on this work at the next meeting so this may be used to inform this decision making process. 	ACTION CR

	<ul style="list-style-type: none"> In future, work will be commissioned in line with the Strategic Plan and the C&I plan. The current approach to project bids will no longer be the mechanism for allocating funding. The Strategic Planning Board needs to be engaging with people around this table to identify what work is to be commissioned in order to have a totally strategic view. The locality work will also be required to be developed so that ideas are fed upwards. 	
8.	<p>AOB</p> <ul style="list-style-type: none"> PS highlighted the difference between the strategic document and the Local Delivery Plan produced by NHS Borders on the issue of sensory impairment. This is not addressed in the document produced by NHS Borders and represents a mismatch between what NHS Borders and the IJB are saying on sensory impairment which has long been a neglected issue. The Board should be advised that both sides of the Partnership need to know what the other is doing and present a consistent message. PS agreed to provide a short paper on this issue and this is to be added to the agenda for the next meeting. 	<p>ACTION PS ACTION SH</p>
9.	<p>Date and time of next meeting: The date of the next meeting was given as 18 May from 1.30pm to 3.00pm in Committee Room 2.</p>	