

SCOTTISH BORDERS COUNCIL
BERWICKSHIRE AREA FORUM

MINUTE of the MEETING of the
BERWICKSHIRE AREA FORUM held in the
Chamber, Newtown Street, Duns on 6 March
2014 at 6.30pm.

- Present:- Councillors M. Cook (Chairman), J. Campbell, J. Greenwell, D. Moffat, F. Renton.
Community Councillors:- Abbey St Bathans – David Morrison, Ayton – John Slater, Cocksburnpath – Pauline Hood, Coldingham – Rhona Goldie, Coldstream and District – Martin Brims, Edrom, Allanton and Whitsome – Trixie Collin, Eyemouth Town – Neil McMurdo, Foulden, Mordington and Lamberton – Howard Doherty, Gordon and Westruther – Ian Thomson, Grantshouse – Kym Bannerman; Hutton and Paxton – June McGregor, Reston and Auchencrow – B Forrest, Swinton and Ladykirk – Bill Purvis.
- Apologies:- Councillor J. Fullarton.
Community Councils:- Burnmouth – Lynne Craighead, Duns – David McCormick.
- In Attendance:- Daren Silcock, Neighbourhood Area Manager (Berwickshire), Democratic Services Officer (P Bolson).

Members of the Public:- 8

WELCOME AND INTRODUCTIONS

1. The Chairman welcomed those present and everyone introduced themselves.

MINUTE

2. There had been circulated copies of the Minute of 9 January 2014. It was noted that Mr Ian Thomson, representing Gordon and Westruther Community Council was present at the meeting of 9 January and that the Minute should be amended accordingly.

DECISION

APPROVED the Minute for signature by the Chairman subject to the above amendment.

PRESENTATIONS

WASTE AND RECYCLING

3. The Chairman welcomed Mr Ross Sharp-Dent and Ms Julie Rankine, from the Council's Waste Management team to give a presentation on the Integrated Waste Management Strategy (IWMS). The presentation began by outlining the drivers for change. In addition to EU directives and Scottish Government regulations, Waste Services needed to save £800k by 2017/18 as its share of the £28 million of savings which Scottish Borders Council needed to achieve by 2017/18. The recommendations approved by Council in December 2013 included the removal of the garden waste collection service on 31 March 2014; a new Community Recycling Centre (CRC) to be developed in Kelso; a review of CRC access by traders; and a review of CRC locations, opening hours and layout. The IWMS would provide clear strategic direction for municipal waste management in the Scottish Borders through to 2025. The first three high priority action areas identified were CRC provision, food waste and garden waste. In accordance with the Waste (Scotland) Regulations 2012 the Council would be required, by 1 January 2016, to collect food waste from Galashiels (including Tweedbank), Hawick, Peebles, Selkirk and Jedburgh. Food waste collections would therefore be rolled out in the Scottish Borders between April and October 2015. Ms Rankine advised she would be happy to attend a future meeting of the Forum to discuss food waste issues.

4. With regard to garden waste collection it was pointed out that local authorities did not have a statutory duty to provide this service. After looking at other options it was calculated that the removal of the service would deliver £450k of savings. A comprehensive communications plan had been put in place around the change which included press and radio adverts, Members' briefing notes and a leaflet to all urban households. Alternative garden waste disposal routes were being promoted with help being provided by the Council in relation to home composting. Householders were advised that they could keep their garden waste bins if they wished or alternatively unwanted bins would be collected in a schedule of pick ups. The presentation went on to look at future requirements for businesses under the Waste (Scotland) Regulations 2012. From 1 January 2014 businesses would be required to present separately for collection dry recyclables and food, if producing more than 50kg per week. From 1 January 2016 those producing between 5kg and 50kg of food per week would require this to be separately collected. The Council would provide support for businesses via its website and in the form of letters and flyers, seminars and roadshows.
5. Discussion followed and a number of questions were raised in relation to the new scheme. Concern was raised regarding the possible increase in fly tipping due to these changes and also to the possibility that composting bins would cause of vermin being attracted to residential areas. In terms of fly-tipping, Mr Sharp-Dent confirmed that this was something that the Council constantly monitored and Mr Silcock further explained that dealing with fly tipping was a reactionary response in that the areas used and the flytippers themselves had to be identified before action could be taken. Ms Rankine offered to circulate leaflets about composting which might go some way to alleviating fears about vermin. The Officers were thanked for their presentation.

DECISION

NOTED the presentation.

LAND USE STRATEGY PILOT

6. The Chairman welcomed Mr Andy Tharme, the Council's Ecology Officer to the meeting to give a presentation on the Land use Strategy (LUS). He explained Scottish Borders Council and Tweed Forum were working together on the Strategy and that it sought a more integrated approach to land management in recognition of the increasing pressures and demands placed upon the countryside. Mr Tharme also explained that further demands were now being made in terms of enhanced recreational opportunities, food security, forest cover, more carbon storage, renewable energy projects and increases in biodiversity. It was recognised that the ways in which land was used had to be optimised and that there were difficult choices that had to be made to ensure that future generations benefited from it. The Scottish Government was keen that the LUS engagement process was led by local authorities. Scottish Borders Council had recognised that this could only be achieved in conjunction with land managers and other relevant stakeholders. In summary the Scottish Borders LUS aimed to "Pilot a mechanism which used an ecosystems approach to consider existing and future land uses in a collective and integrated way and to establish a means to prioritise or guide decisions so as to optimise the use of the land and to resolve competition or conflicts relating to land use change".
7. Mr Tharme explained that the Council and Tweed Forum had worked together to promote the pilot initiative and had established a partnership body dedicated to integrated land and water management. The objective was to produce a common flexible framework which would guide different 'users' to make informed decisions, achieve their objectives more effectively and facilitate debate on conflicting demands. It was noted that the framework would be non-statutory and non-regulatory. Mr Tharme advised that following Baseline Mapping which had involved data gathering through strategies, policies and map based information, the timetable now included Stakeholder Engagement and the identification of constraints and opportunities. The draft Framework would be produced by the Autumn 2014 and be subject to public consultation throughout the winter months. Mr Tharme detailed the key outcomes of the LUS pilot, namely that it would help the Borders to constructively inform the next national Land Use Strategy 2016, it could be adopted by the Council to inform Community Planning and the

Local Development Plan and it could help inform land use decision making drawing down EU and Rural Development funding. Finally, Mr Tharme hoped that it would develop into a simple, accessible and user-friendly tool which would also help to protect the quality environment within the Scottish Borders. There were a number of questions from the floor in relation to the landscape and Mr Tharme confirmed that all comments from stakeholders would be considered as part of the development process of the strategy. The process was about finding ways in which to resolve issues and move forward at the same time. The Chairman thanked Mr Tharme for his presentation.

DECISION

NOTED the presentation.

FIRE & RESCUE SERVICE LOCAL PLAN

8. The Chairman welcomed Local Group Commander John Mallin, of the Scottish Fire and Rescue Services (SFRS) to the meeting to give a presentation on the SFRS local plan for the Scottish Borders 2014-17. Copies of the draft plan were circulated at the meeting and GC Mallin advised that, although the formal consultation period had concluded on 16 February 2014, further comments would be welcomed. GC Mallin explained that the SFRS was created in 2013 and that this had resulted in eight Services being merged into one with a one year Local Plan in place until April 2014. The draft Local Plan 2014-17 provided information on SFRS priorities in relation to the Scottish Borders, how these would contribute to community safety and how this would be measured. GC Mallin advised that there were three Station Commanders throughout the Scottish Borders and introduced David Girrity, who would attend the Berwickshire Area Forum on behalf of SFRS. GC Mallin went on to explain how the plan linked to the national strategic objectives and detailed the key delivery principles. The key priority areas for the Scottish Borders were the reduction of dwelling fires; reduction in fire fatalities and casualties; reduction of deliberate fire setting; reduction in road traffic collisions; and reduction of unwanted fire alarm signals. Each of these priorities was underpinned by a number of performance indicators which would be used to monitor performance against objectives. GC Mallin advised that the next step in the process was to develop Ward Plans which would drill down even further to identify the priority areas for individual Wards within Scottish Borders Council and that this would be achieved by working with all Community Partners. Discussion took place and a number of questions were raised from the floor and answered by GC Mallin. He confirmed that recruitment of retained firefighters had changed over the years and that retainers no longer lived as locally as in previous years and commuted much longer distances. This, and the long training period required before a firefighter was allowed to operate in the field, added to the length of the recruitment process. GC Mallin also advised that information relating to home alarms could be accessed via the Community Safety website. The Chairman thanked GC Mallin for his presentation and looked forward to seeing David Girrity at future meetings of the Area Forum.

DECISION

NOTED the presentation.

SBLOCAL SMALL SCHEMES

9. There had been circulated copies of a report by the Director of Environment and Infrastructure on proposed new SB Local Small Schemes. The report explained that the following schemes had been requested for consideration by the Berwickshire Members and local Community Councils: testing lighting columns for the Herring Queen Festival, Eyemouth; purchase community litter pickers, Coldstream; repair the verge at Station Road, Gordon; re-paint play equipment play park, Ayton; manufacture and erect planters, Westruther; purchase ornamental chip bark for roses, Eyemouth; replace trees and shrubs in the Public Park, Duns; purchase material for road safety defects, Berwickshire.

DECISION

(a) AGREED to approve the following small schemes:-

- | | |
|--|--------------|
| (i) Testing lighting columns for the Herring Queen Festival | £2850 |
|--|--------------|

(ii)	Purchase community litter pickers, Coldstream	£210
(iii)	Repair the verge at Station Road, Gordon	£720
(iv)	Re-paint play equipment play park, Ayton	£470
(v)	Manufacture and erect planters, Westruther	£595
(vi)	Purchase ornamental chip bark for roses, Eyemouth	£123
(vii)	Replace trees and shrubs Public Park, Duns	£650
(viii)	Purchase material for road safety defects, Berwickshire	£2711

- (b) **NOTED** that the above spend would leave a zero balance in the Small Schemes budget for Berwickshire.

OPEN QUESTIONS

10. **Reston Station** – Hutton and Paxton Community Council asked if consideration had been given to any impact of this on the current hourly national service. The Forum was advised that a meeting with FIRST was imminent and that further information would be available in due course. It was noted that all efforts should be made to avoid any adverse impact on the national hourly service from Berwick to Edinburgh.

**DECISION
NOTED.**

11. **Police Scotland** – Coldstream and District Community Council raised concern about the impact that the removal of police counters might have on the local community and regarding relationships with Police Scotland more generally. Discussion followed on this topic and more widely on the operational aspects of the new Police Scotland. A number of differing views were made and it was noted that a police presence on the street was felt to be more obvious in some areas than in others. In addition, some Community Councils felt that the formal police reports needed to be specific to the local area rather than be too generic and carry the risk of being meaningless to its audience. In conclusion, the Chairman noted that relationships with Local Commanders were good but that recent information on relationships with Police Scotland indicated that there were some issues which needed to be worked through.

**DECISION
NOTED.**

COMMUNITY COUNCIL SPOTLIGHT

12. **NHS Borders Out of Hours Service** – Duns Community Council reported that a formal letter had been sent to John Raine, Chairman of NHS Borders and to Callum Campbell, Chief Executive NHS Borders inviting them to attend a public meeting of the Community Council in April 2014 to discuss this issue.

**DECISION
NOTED.**

DATE OF NEXT MEETING

12. The next meeting of the Berwickshire Area Forum would be held on Thursday, 5 June 2014 at 6.30 p.m. in the Council Chamber, Newtown Street, Duns.

**DECISION
NOTED.**

PRIVATE BUSINESS

DECISION

AGREED under Section 50A(4) of the Local Government (Scotland) Act 1973 to exclude the public from the meeting during consideration of the business contained in the following items on the grounds that they involved the likely disclosure of exempt information as defined in paragraph 6 of part 1 of Schedule 7A to the Act.

SUMMARY OF PRIVATE BUSINESS

Stopping-Up of Bushelhill Road and Bridge – D171/6

1. The Forum noted a report by the Director of Environment and Infrastructure.

The meeting concluded at 8.40pm.

Scottish Borders Council

BRIEFING TO BERWICKSHIRE AREA FORUM ON PROPOSAL TO TRANSFER COMMUNITY SERVICES TO A TRUST

Introduction

On 27th February Scottish Borders Council approved a recommendation that its preferred course of action for Community Services was to transfer them from direct Council provision to delivery via a charitable Trust. Officers were charged with developing the business case, an implementation model for the Trust and undertaking further consultation on the proposal before returning to the Council in Autumn for a final decision.

The Services currently in scope for transfer to a Culture Trust are

- Libraries and Information Services
- Museums and Galleries Service
- Archives and Local History Services
- Arts Development
- Heart of Hawick
- Public Halls
- Community Centres
- the Administrative team that provides support for all these services.

Cultural Services' overall budget is £4.8m and we employ c210 people, many on part-time contracts. The way we work just now is local delivery from local sites. That means the Services have a presence in each of the Scottish Borders towns and contribute to the local economy and local community and cultural life.

Why are we proposing to transfer these services to a Culture Trust?

The Council has been looking for the best way for these services to deliver budget savings, a target of over £400,000 while, at the same time, both protect front line, local delivery and put the services on a positive footing for the future.

Officers investigated two high level options for the Services; keep them within the Council or transfer the Services out of the Council to a new Culture Trust. The Culture Trust option came out as the preferred option because

1. By transferring Services to a Trust we can secure the vast majority of the savings target from rates remission. If we keep the Services within the Council the savings will have to be found from reducing what we do just now, closing facilities and streamlining management and backroom support.
2. In a Trust we can be more demand led, more responsive to what our customers and users want from the Services. A Trust can be more flexible and quicker at making decisions. A new Board can bring new ideas, skills and experience to our work. In addition, by making the most of opportunities from fundraising and income generation we will be better positioned to preserve the quality and reach of service in the face of any future budget cuts.

What might a Trust look like?

A Culture Trust is usually registered as a charity with OSCR (the Office of the Scottish Charities Regulator). To get charitable status, the Trust must be clear with OSCR about its social, educational

and cultural objectives and as a result public service values can be safeguarded in this new setup. The Trust will also be a Company Limited by Guarantee with a trading arm and managed by a Board of Trustees, normally about 12 trustees of whom no more than 25% can be SBC Councillors. Any profits made by the trading arm must be recycled back into the charitable aims of the company, giving the Trust a permanent incentive to do better from income generating activity.

This is not the first Culture Trust in Scotland. Another nine local authorities have already transferred their Cultural Services to a Trust. Amongst them are Highland, Fife, Falkirk and Glasgow. We have learned a lot from the way these Councils have set up their new Trusts and, as we move towards the creation of a Culture Trust in the Scottish Borders, we will try to take all the best aspects of the Culture Trusts in other parts of Scotland into our new Trust.

If we get the green light in the autumn, we expect that the new Trust will be operating by no later than October 2015.

Views, questions, comments on the proposal to transfer services to a trust should be sent to CulturalServicesRe@scotborders.gov.uk

Ian Brown
Cultural Services Manager

NHS Borders Clinical Strategy "An evolving conversation"



Key Principles for redesigning our services to
ensure high quality healthcare
What do you think?



This Consultation will run from 10th March – 6th June 2014

Extra copies and additional formats

This document is available electronically on the NHS Borders website at: www.nhsborders.org.uk. Extra copies and alternative formats are available on request, for example, large print, audio, Braille, or in a different language. Please contact Freephone 0800 7314052 or email public.involvement@borders.scot.nhs.uk and we will do our best to help.

Contents

	Page
Foreword	4
Executive Summary	5
Introduction	6
Clinical Strategy “Key Principles”	9
How to give us your views	12
Appendices: Examples of models of care with the “Key Principles” applied	13
Summary of questions – Response Sheet	21

1. Foreword

NHS Borders provides healthcare services to our local population of 113,000. We take great pride in the delivery of healthcare to our local community and all 4000 staff who work within NHS Borders carry out their role with the aim of improving the lives of our patients and the health of our local communities.

Our vision is for NHS Borders to be a leader in the quality and safety of care we provide, doing this by the continual improvement and development of local services to meet the needs of our population. This will require innovation in the design of our services ensuring they are sustainable, equitable and fit for purpose to meet the demands of the future.

To achieve our vision we intend to continue to work with you, and to build on the strong relationships we have with Scottish Borders Council and the voluntary sector to provide services which are person-centred, seamless and integrated. In the immediate future this will require a focus on developing the right services for those in their early years of life, older people and the most vulnerable in our community.

In addition we will continue to focus on our staff, our most valuable asset, who are central to the delivery of person-centred, safe and sustainable healthcare. We will work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. By promoting excellence in organisational behaviour we believe we can improve patient experience and the quality of care we provide.

NHS Borders is committed to involving volunteers and the voluntary sector to improve the outcomes for patients and carers. We will increase the range of high quality volunteering opportunities, as we recognise volunteering enhances the services we provide, has benefits for our patients and helps build stronger communities.

We acknowledge that there are challenges ahead of us. Challenges which will require us to think differently, with you and our partners, about the way we deliver our services to maintain the quality and coverage we are currently able to provide. However we intend to grasp this challenge and consider it an opportunity to innovate for the future.

We firmly believe that by ensuring the services we provide are thriving, as well as transforming the traditional models of delivery, that we can continue to deliver health services which lead the way in the Borders. By the relentless pursuit of quality within our organisation we can drive down costs and improve the effectiveness and safety of our services.

We aim to achieve our vision through our Clinical Strategy which has six Key Principles. We would like to engage with you to seek your thoughts and views on the Key Principles of the Strategy. The appendices of this consultation document include a number of examples of models of care to show how services could operate with these principles applied.

We look forward to working with you to continually develop and evolve our local services across the Scottish Borders.



Calum Campbell
Chief Executive, NHS Borders



John Raine
Chairman, NHS Borders



2. Executive Summary

To accommodate the increasing demand across all of NHS Borders services will require a radical and innovative approach to how we provide them. This presents an opportunity to explore new models of care to ensure our future provision is sustainable with a focus on integration of services where possible.

We can seize this opportunity to ensure care is person-centred, integrated and responsive. We want to ensure NHS Borders is an efficient and effective organisation and our performance and quality is amongst the best in Scotland. A positive factor which will enable NHS Borders to achieve this aim is the relatively small size of the organisation meaning we can adapt more readily.

The aim of this consultation document is to help you understand, and for us to get your thoughts on, our proposed Key Principles of the NHS Borders Clinical Strategy. We would like to engage and involve you so that you are able to feedback your thoughts and views on the Key Principles.

We are inviting responses to this consultation paper between 10th March and 6th June 2014. More information on how to respond can be found at the end of this document (page 21).

3. Introduction

NHS Borders along with all other health boards are aware of the challenges in delivering reliable and responsive high quality healthcare, and in improving people's health. These include increased public expectations, changes in lifestyles, demographic change, an ageing population, new opportunities from developments in technology and information, and the current economic climate which brings with it significant financial constraints. The Clinical Strategy provides the basis for us all to focus our combined efforts on what is required to address these current and future challenges, and to ensure high quality healthcare for ourselves and for generations to come. These challenges are described below.

3.1 A Changing Population

Compared with most other areas in Scotland, population growth is a unique challenge for the Borders. The population has risen by almost 10% in the last 20 years to just over 113,000 in 2011 and is predicted to rise further. For healthcare services, an increasing local population will mean more demand for our services. There is also an expected rise in the proportion of the population aged over 65 years of age, which will also impact on our services.

Borders residents can also expect to live longer compared with other parts of Scotland. As the local population becomes increasingly elderly, there will be a rise in people with multiple and complex long term conditions, which will increase the burden on our organisation. People will from time to time have flare ups and ill health as a direct result of a long term condition. A lack of planning could mean that care is delivered in a haphazard and reactive way, and with an increasing population, our acute services are likely to become stretched beyond their limits. The system in its current form will not be able to continue to deliver high quality healthcare to meet the needs of our population.

3.2 A Changing Workforce

NHS Borders benefits from a dedicated workforce which is committed to providing the highest quality services for our patients. However our workforce itself is becoming older and we need to plan now how we will address gaps in the coming years. By 2020, approx 8% of the current workforce will be eligible to receive the state pension. Of this 8% just over 40% currently have direct clinical roles and if they choose to retire at this point, this may result in challenges in recruitment for some of our services. Plans need to be put in place now to ensure that there are no gaps or loss of expertise across our services.

In addition there are a number of changes which have been introduced across Scotland such as "Reshaping the Medical Workforce in Scotland", which is already impacting on the way we deliver services. An example of where we are now working differently because of these changes is in the Paediatric Hospital at Night service. For this service we have introduced new roles and skill mixing between the different professions, to ensure we can continue to deliver our services effectively and safely based on our workforce.

There are a number of factors which drive an urgent need to change our models of care and workforce configuration. This includes changes in patient populations, especially an increasingly elderly population, and more patients living with long term chronic conditions. Other challenges within the workforce include a new contract for doctors, the European working time directive, and an aging workforce.

The traditional model of delivering care in hospitals and in the community is very focused on care being delivered by doctors and other medics in a clinical setting. As we move towards 2020 there will be a requirement to deliver care in radically different ways, maximising self care and community support where possible and avoid hospital admissions wherever possible.

3.3 A Changing Economic Climate

In addition to increasing demand, as in recent years, NHS Borders will need to deliver significant efficiency savings. For NHS Borders just to stand still, we will need to make savings on the overall budget and deliver more activity with this reduced resource. Over the last 4 years we have been successful in achieving notable efficiency savings. However based on current targets between 2015 and 2020 it is estimated that a further £25 million of efficiency savings will need to be achieved.

NHS Borders has a good track record in managing its finances and is committed to continuing to do so in the future. Over the last few years NHS Borders has achieved its financial targets annually. It has also worked hard to ensure the amount of income it receives matches what it spends and therefore it has a balanced budget on a recurring basis.

Annually the Scottish Government uplifts the health budget by an inflationary percentage, however inflation in areas such as drugs is considerably greater than the general uplift. In order to fund inflationary increases greater than the general uplift and achieve a balanced budget NHS Boards must implement cash releasing efficiency savings.

The financial challenge that the public sector is embracing is clear and well understood. It is essential that our services are provided and developed appropriately within the funding available to us and for which the Board is responsible. In order to continue to deliver quality patient care the organisation must keep a firm grip on its finances as well as drive improved quality and efficiency which is critical to service delivery and public credibility. That means having a clear focus that is firmly and openly set on providing patient care that is safe, effective, sustainable and affordable.

3.4 Focus on Health & Well-being

To deliver effective health care services we must ensure our resources are appropriately targeted at the health needs of the population. Services must reflect the widely recognised demographic trends with a small increase in children and a large increase in the elderly. These two groups have very different health needs; the elderly have chronic multiple conditions but there is much that can be done to prevent or lessen the impact of this on the individual and service. Given the shrinking resources with which to deliver health care, services must provide value and financial sustainability; they must not only be evidenced as effective but must also be cost effective.

Demands on health care services can be reduced by improving population health and well-being. The NHS has an important focus in this along with our key partners within Scottish Borders Council and the third sector.

3.5 Technological Capability – based on evidence

Technology is becoming part of the majority of peoples daily lives from smartphones and digital TVs to telephones and tablet devices. They are used to using technology to undertake many aspects of their daily lives, from banking and ticket booking to on-line shopping. They want the option to undertake contact with the NHS in a similar way: to book appointments, order their medicines, access the people looking after them for advice and support and accessing their own information on-line.

Similarly, staff rightly demand technology that supports them to do their jobs and to deliver the best care as effectively as possible. Advances in technology presents us with an opportunity to really support staff in delivering new models of care, for example, remote monitoring of patients at home or in hospital, or remote access to clinical experts.

We already have good foundations and strong partnerships to ensure we are well placed to make the most of all that technology can offer to new models of patient-centred, safe care.

The next section of this document sets out the six Key Principles of the Clinical Strategy which we would like to hear your views on.

4. NHS Borders Clinical Strategy “Key Principles”

The six Key Principles are detailed below with examples of what we mean by each of these principles.

Redesigning our services to ensure they are future-proofed and will meet the challenges outlined above will take effective leadership, teamwork and creativity. There is an opportunity for the organisation to trial innovative models, moving away from our current traditional, bed-based systems. All NHS Borders services should be patient-centred, safe, high quality, and efficient (i.e. delivered within our means). They will need to evolve rapidly to ensure that the following principles are embedded within standard practice:

1. Services will be Safe, Effective and High Quality:

- a. Patient Safety will remain NHS Borders’ number one priority and at the centre of all of our services.
- b. We will continue to develop standardised care pathways to ensure effective, high quality services, supporting staff to develop the skills to deliver them.
- c. We will continue to identify and address avoidable harm, for example, post operative infections and hospital acquired infections will become an exception within our hospitals.
- d. There will be continued work to further reduce our Hospital Standardised Mortality Ratio (HSMR).
- e. The Patient Safety programmes in both Primary and Secondary care will continue to be implemented and driven forward.

2. Services will be Person-Centred and Seamless:

- a. The individual (along with family and carers) will be at the heart of new service delivery models to ensure better outcomes, as genuine partners in their treatment and care.
- b. Integration between health, local authority and the third sector will provide better working arrangements and co-location of services, to ensure seamless care for the patient.
- c. Care will be delivered in an integrated way, with patients, carers, primary and secondary care clinicians, Social Care and the third sector working together as a team to manage conditions.
- d. Discharge from hospital will be smooth and timely, engaging with the patient, carers and multidisciplinary team, to reduce the risk of readmission and support safe, effective care in the community.

3. Health Improvement and Prevention will be as important as treatment of illness:

- a. Every healthcare contact will be a health improvement opportunity – NHS staff will encourage, sign-post and refer as appropriate to help patients with lifestyle changes and any wider issues that may affect their health.
- b. We will continue to strive to reduce Health inequalities, by working in partnership with the local authority and the population of the Borders.
- c. For our patients with long term conditions, we will anticipate their needs, and strive to address any problems before they become emergencies, to avoid hospital admission where possible, (the “anticipatory care” approach).
- d. We will work with our local authority and other partners to support people to become more resilient, take more responsibility for their own health, and to

build on assets in their communities to maintain and improve their health and wellbeing. We will focus particularly on early intervention and prevention in our most deprived communities.

4. Services will be delivered as close to home as possible:

- a. We will develop community services to help people receive their treatment and care within their own communities so that they will only be admitted to hospital when clinically necessary.
- b. Treatment and care will be provided in the most appropriate setting, which may include the GP practices, community hospitals, day centres etc.
- c. We will continue the journey whereby specialist or secondary care services are increasingly provided in health centres, community hospitals or in a day care setting, (e.g. day case treatment becoming the norm for planned surgery).
- d. We will continue to develop better alternatives to hospital admission.

5. As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth:

- a. The focus for the general hospital will be the planned treatment of patients requiring surgical intervention, or the stabilisation of acutely unwell medical patients.
- b. Admission processes will continue to be simplified and standardised with minimal delays for those requiring hospital treatment.
- c. The goals of admission will be reached as soon as possible, with minimal time wasted waiting or queuing for expert opinions, investigations or diagnostic procedures.
- d. Discharge from hospital will be smooth and timely, working with patients and carers to reduce the risk of readmission, by engaging local health and care services as soon as their needs allow.

6. Services will be delivered efficiently, within available means:

- a. The use of new technology in all aspects of healthcare will be maximised.
- b. More streamlined pathways of care to reduce delays and wastage and improve the patient experience.
- c. Treatments and service provision will take account of evidence, cost effectiveness and opportunity costs.
- d. NHS Borders subscribes to the development of a Fair and Just culture to ensure that all staff in the workforce feel valued and supported in delivering both the current service and pursuing the necessary changes.

These principles are in line and fully support the 2020 vision for Healthcare in Scotland. The vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on early intervention and prevention and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with no risk of re-admission.

We want your views on the Key Principles. You can do this by giving us your answers to the following questions:

- 1. Do you agree and support the Key Principles of NHS Borders Clinical Strategy?**
- 2. Do you agree that the delivery of these Key Principles will enable NHS Borders to best meet the healthcare needs of the Borders population?**
- 3. Are there any Key Principles missing? If so, please give a practical example of how this would work in practice?**
- 4. Did the examples of models of care, shown at the Appendices of this document (page 13), help you to understand the application of the Key Principles?**

Please give us your answers on the Engagement Response Sheet at the end of this document (page 21).

5. How to give us your views

The public consultation process for Clinical Strategy is very important to NHS Borders. We want everyone in the Borders to be aware of our “Key Principles” and we want your comments.

Please complete the Engagement Response Sheet which you will find at the end of this document (page 21).

This consultation document is one of the main ways we are consulting with people, we will also be:

- Holding a series of public “road-shows” held across the Borders – information on the road-shows will be available on the NHS Borders website or telephone Freephone 0800 7314052 for details of where and when these will be held.
- Meeting with staff.
- Meeting with voluntary sector groups/organisations.
- Meeting with local community groups.
- Providing updates via the local media, e.g. Radio Borders.
- This document will also be available in local GP Practices and Libraries.

Length of consultation

The consultation runs from 10th March to 6th June 2014.

How to comment

You can give us your views using the attached Engagement Response Sheet (page 21) and returning it to the Freepost address provided below. Alternatively, you can give us your views by completing the Electronic Feedback Form which you will find on the NHS Borders website and the link to this is also provided below.

Post: **Freepost RTHK-ZGZS-JTZC**
NHS Borders
Education Centre
Borders General Hospital
MELROSE
TD6 9BS

Electronic Feedback Form: <https://www.surveymonkey.com/s/3WNKS2Z>

Please make sure that your comments reach us by no later than 6th June 2014.

How to contact us

If you have questions about this consultation please telephone Freephone 0800 7314052 or email public.involvement@borders.scot.nhs.uk.

The next steps

The public engagement period ends on 6th June 2014. We will gather and consider all the views that we receive and produce a Summary and Feedback document. Please give your name and address or email address on the Response Sheet if you would like to automatically receive a copy.

6. **Appendices: Examples of models of care with the “Key Principles” applied**

Being successful in overcoming the challenges to be faced over the next 3 – 5 years will require a redesign of services across the spectrum i.e. from Children & Young People (Paediatrics) to the Department of Medicine for the Elderly. This is required to make these services more efficient, effective, person-centred and accessible, available 24 hours a day and 7 days a week, where care is delivered close to people’s homes in the community, with people only being admitted to hospital when it is absolutely necessary.

These are a few examples to show what a service could look like if the Key Principles were applied and how it would be different. We have described the current service and how it could be different under each principle

Appendix A: Children’s Services

The Current Service

NHS Borders currently provides in-patient and out-patient care in a variety of clinical settings. Children’s Services is made up of staff trained in the care of children and young people. They deliver this care in the hospital and in the community. The current in-patient Paediatric Service is a Consultant led service in a ward in the Borders General Hospital (BGH), which has 2 short stay beds, 2 high dependency beds and 6 inpatient beds.

In order to maximise the effectiveness of the team, the Paediatric Service has changed the skill mix of the team, extending the roles of nursing staff, and developing a service model. This model is delivered by Consultant Paediatricians and Advanced Paediatric and Neonatal Nurse Practitioners. Where our team cannot provide a service, patients are attended to in NHS Lothian. Children and young people are attended to on an out-patient basis in the BGH and ambulatory care is delivered from the in-patient ward instead of admitting children where appropriate. (Ambulatory care is a healthcare consultation, treatment or intervention using advanced technology and procedures, delivered on an out-patient basis to allow patients to depart after treatment on the same day).

In the community children and young people are supported by paediatric clinicians such as Health Visitors, Allied Health Professionals (AHPs), School and Community Nurses who work within locality teams.

Children and Adolescent Mental Health Services (CAMHS) are delivered from the Andrew Lang Unit in Selkirk with staff working throughout the Community.

A key team within the Service is the Child Protection Team (a multi agency team) based at the Langlee Centre in Galashiels.

How the service could look if the Key Principles were applied

In common with the key principles detailed in NHS Borders Clinical Strategy, the provision of Children’s Services could be provided from the same site, from a Children and Young People’s Centre (CYPC) at the Borders General Hospital. This Paediatric Centre would include an in-patient ward, a range of out-patient clinics and ambulatory care. Physiotherapy, occupational therapy, speech and language therapy and CAMHS would also run clinics here.

Principle 1: Services will be Safe, Effective and High Quality

Patient safety is the number 1 priority for Children's Services. A new centre could meet the needs of the developments in the service and allow for safe delivery of Children's Services. An effective Children's Service would see clinicians extending and expanding their scope of practice so they could deliver exemplary care as part of a multidisciplinary team. A CYPC could have a small in-patient unit for children and young people, however the majority of patients would be seen as near to their home as possible.

Principle 2: Services will be Person-Centred and Seamless

The child would continue be at the heart of care and the service would be developed with children and young people's input. The co-location of services, (all services provided from the same site), would reinforce seamless and integrated care. NHS Borders is committed to working in partnership with children and their families. Parents and carers of in-patients would be involved in their care whilst during their hospital stay; relative beds would be provided in every room.

The out-patient space could be an age appropriate space for patients and could have the flexibility to accommodate patients' families and provide the opportunity for more integrated working. NHS Borders would continue to work with other agencies to deliver Scottish Government programmes' - GIRFEC (Getting it right for every child) and the Early Years Collaborative.

Principle 3: Health Improvement and Prevention will be as important as treatment of illness

Child Practitioners would consider the wider needs of children and their families. They would work in partnership with families to look at the bigger picture of each child's health, addressing issues at the earliest opportunity possible. This could also tackle lifelong health improvement, have effect on public health and therefore service requirements in the future. In a CYPC there would be a focus on management of long term conditions. We would provide a service for patients that is close to home and less disruptive for patients and families than using services in Lothian.

Principle 4: Services will be delivered as close to home as possible

NHS Lothian is currently rebuilding the Royal Hospital for Sick Children (RHSC); the new facility will be based at the Royal Infirmary of Edinburgh site and is due to open in 2017. Complex cases will be attended to at the RHSC as required. However a proportion of out-patient activity which is delivered by NHS Lothian needs to come back to the Borders. This would allow NHS Borders to deliver care closer to home. In order to accommodate increased out-patient activity, out-patient spaces must be updated and expanded. NHS Borders would continue to provide services in a range of community facilities and locations as well as in a CYPC. Children's Services would ensure patients were seen as close to home as possible in line with GIRFEC.

Principle 5: As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth.

In-patient hospital care would continue to be a part of NHS Borders Children's Services. The service would provide a smooth move back into the community so that paediatric patients could be at home with their families and resume normal life, as far as possible.

Occupancy within the children's ward can be fairly low and this ranged between 30.9% and 64.1% in 2012/13. A CYPC would have less in-patient beds but would have an enhanced out-patient space; there would be an emphasis on community care. This recognises that Paediatric Practice has changed significantly since the BGH was built. Children have a better

recovery at home, and community care is easier for families to manage.

Principle 6: Services will be delivered efficiently, within available means

Developing the roles of the varying members of the clinical team would ensure that Children's Services are delivered efficiently and cost effectively, whilst maintaining a high standard of care and providing a range of clinical skills.

What would be different?

For the first time in the Scottish Borders services would be delivered in a purpose built environment, designed with children and young people in mind. The building would be easily accessible for patients and their families, with ground floor access. In-patients would be treated in rooms specifically designed for paediatric care with therapeutic areas and overnight stay beds for parents and carers built-in. A glass atrium would provide natural light for in-patients and out-patients. Out-patients would start their treatment journey in an age appropriate waiting area and would then go through to specially designed treatment rooms. There would be age appropriate facilities which would allow integrated working. There would be rooms with two way mirrors for clinical observation, and a play space designed for the same purpose.

The Centre would improve the patient experience for children and their families and, in the long run, improve outcomes for the children of the Borders.

Appendix B: Unscheduled Care (out-of-hours / emergency care services)

The Current Service

Historically, the service has been delivered entirely by doctors and in NHS Borders by employed doctors as opposed to sessional GPs from local GP practices. Over a period of years the overnight period of the service has increasingly been delivered by two nurses and a single doctor, with the nurse doing the vast majority of home visits during the night and liaising with the doctor to agree appropriate action.

The service was initially based from four sites, these being Borders General Hospital (BGH) in Melrose and three peripheral sites at Kelso, Duns and Hawick. However, in response to reduced call volume and activity levels, two of these sites were combined some years ago, Duns and Kelso, and covered by a single GP shift.

Over the last year it has become increasingly difficult to recruit to vacant posts within the GP part of the service and there has been an increasing number of unfilled shifts occurring regularly. The vacant shifts has driven action to remove doctors from the peripheral sites on weekday evenings from August 2013, to allow the service to consolidate its limited resource and to continue to provide a service across NHS Borders. However, increasing difficulties continued over the next 5 months despite an uplift in salary and sessional rates for GPs and extensive advertising and close working with agency services.

From January 2014 all GP's shifts were centralised and are now based at the BGH throughout the out-of-hours period. This is to ensure adequate and safe cover of the service across the Borders. It has resulted in the removal of a GP for a fixed period during the day on a Saturday and Sunday at the peripheral sites. In the evenings and overnight period the out-of-hours nurse and evening nurse service continues to deliver a major element of care in the patients own home. All patients who attend the central hub (at the BGH) by arrangement through NHS 24 or the professional to professional contact line, are currently seen by a GP and the GP's continue to carry out appropriate home visits. Walk-in patients are triaged by

the joint Emergency Department and the walk-in nurse triage service and are referred to either the Borders Emergency Care Service (BECS) GP or the Emergency Department (ED) for further assessment and treatment.

How the service could look if the Key Principles were applied

If the principles were applied we could develop a more resilient service by developing a combined community, Borders Emergency Care Service (BECS) and Accident and Emergency (A&E) response.

Principle 1: Services will be Safe, Effective and High Quality

This service would be provided across a range of areas, but in the first instance in an integrated Emergency Department and Borders Emergency Care Service (BECS). It would be provided by a multidisciplinary workforce (professionals with different fields of expertise) with generic skills. This would increase resilience of the service and increase the pool of staff to deal with all situations including home visits. All staff would be trained to a common and established standard. Patients would access unscheduled care through a single hub - whether this be walk-ins, referred by NHS 24 or through professional to professional contact.

Principle 2: Services will be Person-Centred and Seamless

We would provide a single point of contact and a team with generic skills. Patients would be seen in a smooth fashion, without multiple hand overs and clinicians involved in their care.

Principle 3: Health Improvement and Prevention will be as important as treatment of illness

As part of the wider work in unscheduled care, anticipatory care plans would be developed for all patients that might benefit from such an approach. By this we mean for our patients with long term conditions we will anticipate their needs and strive to address any problems before they become emergencies. Self management would be encouraged and patients would know who to turn to for help, for example their community pharmacy.

Principle 4: Services will be delivered as close to home as possible

The services would continue to use technology, for example smartphones or “face-time” to assess patients in their own homes or community hospitals. Home visits and assessments would be carried out by the most appropriate clinician, for example the paramedic nurse or doctor. If a visit to hospital is necessary this assessment would take place in the central hub with access to diagnostics and specialist opinion.

Principle 5: As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth.

By assessing all patients brought in by ambulance in a central hub, access to specialist advice and investigations would help minimise the need for admissions. The wider unscheduled care redesign would focus on ambulatory care and rapid seven day access to hospital assessment. This would prevent the need for admission unless medically necessary. The integration of services would ensure that services in the community wrap around the patients, allowing them to stay at home for as long as possible.

Principle 6: Services will be delivered efficiently, within available means

A changed service would move away from doctor dependency. A new redesigned service would be delivered within the existing resource package yet deliver a resilient and safe service.

What would be different:

The service would be integrated across the area delivering a high quality and seamless service. Changes in the workforce would make the service less dependent on the doctor and more resilient.

Appendix C: Poynder View Dementia Day Service

This example demonstrates how we have already applied the Key Principles to a service and the changes have proved successful. The way in which Dementia Services is delivered in Eastern Borders was changed back in January 2009.

The Previous Service:

Until January 2009, Poynder View in Kelso was an in-patient continuing care ward for people with moderate to advanced dementia, with considerable difficult behaviours and or resistance to intervention at home or other care environments. The unit was run in line with social psychiatry, but was hampered from some choices by being on the first floor, upstairs, of Kelso Community Hospital. Patients could not choose to go outside or for a walk or be involved in the garden without fairly major intervention. Despite these challenges staff within the unit were extremely dedicated to ensuring a good quality of life was enjoyed by those in their care.

Prior to the changes made to the service, as detailed below, Eastern Borders had no NHS day care and resource centre. There was a limited outreach service from Poynder View to enable the community team to support people in their own homes or in the community. There was a strong desire to shift the balance of care in terms of where the resources were currently used. A large amount of money was tied up in an in-patient resource with little intervention available for those who had an early onset of their dementia or were of a younger age.

How the new service applied the Key Principles:

A window of opportunity arose due to lower levels of in-patient activity within Poynder View Ward, to pilot an innovative model in Eastern Borders and test out a community based service from January 2009.

This new, community based “resource centre / outreach” model provided the opportunity to support the existing resource of primary care, community hospitals, nursing and residential home provision, homecare and linking with Social Work dementia services in Duns. It was envisaged that the service would be responsive and support patients both in and out with office hours.

Throughout the pilot, there was engagement and involvement with key stakeholders, including patients, carers, relatives, the public and staff.

Following the success of the piloted service, and the engagement as described above, the service was approved as a permanent service change for Eastern Borders.

Principle 1: Services will be Safe, Effective and High Quality

The service now delivers a comprehensive range of services that are reliable, safe, flexible and efficient.

Principle 2: Services will be Person-Centred and Seamless

There is improved quality of care across providers, particularly between community hospitals and care homes. The service delivers a more person-centred approach to meet integrated care needs.

Principle 3: Health Improvement and Prevention will be as important as treatment of illnesses

There is improved access to support for patients and carers. Carers are supported to enable them to manage behaviours that are challenging, and engage in a meaningful way with those they care for.

Principle 4: Services will be delivered as close to home as possible.

Individuals with dementia are able to remain within their community for as long as possible, promoting and maintaining independence. Individuals are supported at home or as close to their community as able. Support is provided to primary care to enable early diagnosis of dementia.

Principle 5: As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth.

The service supports early diagnosis and intervention, and assessment and treatment of dementia, to help reduce unnecessary hospital admissions and enable individuals to stay at home for longer.

Principle 6: Services will be delivered efficiently, within available means

There is increased, shared responsibility for the range of services between NHS Borders and all key partners.

What is different now:

This service is made up of two parts:

- An outreach service which provides for the service to support individuals in their own homes or in the community setting.
- A resource centre which provides a meaningful, interactive daytime service for patients with dementia.

The outreach team visit people with dementia at home, or in a care home or community hospital, within their area. The team offers support and practical help in managing people with dementia and devise a care plan and risk assessment to enable this to be carried out.

When people are referred to the resource centre they are assessed and a comprehensive care plan and risk assessment is completed to ensure they receive appropriate care. Attendance at the centre is worked through with all involved in the care of each individual person. The centre provides different therapies, groups and activities, depending on each individual's needs, and/or gives some respite to carers.

In summary this is what would be different if the “Key Principles” of the Clinical Strategy were applied throughout our services:

- Service users will know who to contact and know how to access the service.
- The contact will know how to organise care.
- Care will be proactive and anticipatory, (we will anticipate peoples needs, including those for carers, and strive to address any problems before they become emergencies).
- One-stop care will be provided if at all possible.
- The community will be empowered to deliver healthy living.
- Trained and supported volunteers will be actively involved in the community.
- Hospitals and communities will collaborate to deliver integrated and seamless care.
- Care will be delivered by the most appropriate and trained member of the multidisciplinary team.
- Delays, repetition, waste and queues will be eliminated from the process of care.
- Information will be shared and available at the point of need.
- Technology will be used to enhance information sharing and transfer, and Team working.
- Healthcare provision will be delivered in the most appropriate setting.
- Staff will be supported and allowed to fully use their skills.
- Broader measures of patient safety will have been developed through the Scottish Patient Safety Programme.

Please let us know your views on the NHS Borders Clinical Strategy Key Principles – the Response Sheet is from page 21.

7. NHS Borders Clinical Strategy:

Summary of questions – Response Sheet

We want to hear as many views as possible, so please tell us what you think of the “Key Principles” of the NHS Borders Clinical Strategy.

Please return this response sheet by 6th June 2014 at the latest to the NHS Borders FREEPOST address detailed below. Alternatively, you can complete the Electronic Feedback Form which you will find by clicking on the following link:

<https://www.surveymonkey.com/s/3WNKS2Z>

Question 1:

Do you agree and support the Key Principles of NHS Borders Clinical Strategy?

Question 2:

Do you agree that the delivery of these Key Principles will enable NHS Borders to best meet the healthcare needs of the Borders population?

Question 3:

Are there any Key Principles missing? If so, please give a practical example of how this would work in practice?

Question 4:

Did the examples of models of care, shown at the Appendices of this document, help you to understand the application of the Key Principles?

Do you have any other comments you wish to make:

Please continue on separate sheet if necessary.

How did you find out about this Consultation:

Please return **by 6th June 2014** at the latest to:

**Freepost RTHK-ZGZS-JTZC
NHS Borders
Education Centre
Borders General Hospital
MELROSE
TD6 9BS**

Alternatively, please complete the Electronic Feedback Form which you will find by clicking on the following link: <https://www.surveymonkey.com/s/3WNKS2Z>

If you wish to let us know who you are (this is optional), or if you would like to automatically receive a copy of the Summary and Feedback document, please provide your name and address or email address:

Name (*Title, first name, surname*):

Name of Organisation or Group (*if applicable*):.....

Postal Address, including post code:.....

.....

..... Post Code:

Email:

Thank you for taking the time to give us your views.

Works Programme

Updated: 19-May-14

Asset Programme of Revenue and Capital Works - Berwickshire Area 2014/15

Programme of Capital Works - Roads

Location	Description	Estimate	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
B6355 Northburn Road/High Street, Eyem	Carriageway Surfacing	£60,000												
C94 Duns Road, Coldstream	Carriageway Surfacing	£70,000												
B6437 Howburn	Carriageway Surfacing	£70,000												
C81 Springwells - Mersington	Carriageway Surfacing	£35,000												
A1107 Moorhouse	Surface Dressing	£30,600												
A697 Castleloan Bends	Surface Dressing	£12,200												
A6089 Brownshall Lodge	Surface Dressing	£22,000												
A6112 Drakemyre - South	Surface Dressing	£25,800												
B6437 Whitsomehill - Whitsome	Surface Dressing	£17,400												
B6470 Walterstead - Norham Bridge	Surface Dressing	£32,600												
C98 Henlaw	Surface Dressing	£38,600												
C99 Whitsome Lea	Surface Dressing	£4,000												
C100 Drakemyre	Surface Dressing	£7,600												
C117 Paxton - Clarabad	Surface Dressing	£12,000												
C120 Littledean	Surface Dressing	£19,600												
D62/5 Humebyres	Surface Dressing	£20,800												
D21/6 Little Swinton	Surface Dressing	£3,700												
D27/6 Bankend - Bushelhill	Surface Dressing	£18,700												
D59/6 Simprim Mains	Surface Dressing	£23,500												
D79/6 Broomdykes	Surface Dressing	£25,800												
A697 Fireburnmill - Hatchetnize	Carriageway Patching	£18,000												
A697 East High St Greenlaw	Carriageway Patching	£12,000												
A697 Hydesidehill - Whiteburn	Carriageway Patching	£18,000												
A698 Fireburnmill - Birgham	Carriageway Patching	£20,000												
A6089 Station Rd Gordon	Carriageway Patching	£12,000												
A6105 Gordon - Choicelee	Carriageway Patching	£17,000												

TOTAL**£646,900**

Asset Programme of Revenue and Capital Works - Berwickshire Area 2014/15

Programme of Revenue Works - Roads

Location	Description	Estimate	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A6105 Currie St Duns	Carriageway Patching	£12,000												
A6105 Chirnside Hall Hotel Chirnside	Carriageway Patching	£6,000												
A6105 Foulden - Boundary (A1)	Carriageway Patching	£12,000												
A6112 Nisbet Hill - Nisbet House	Carriageway Patching	£15,000	Comp											
B6355 Ayton - Eyemouth	Carriageway Patching	£12,000												
A6105 Polwarth - Woodheads	Carriageway Patching	£15,000												
A6105 Alstrohm - Ninewells Farm	Carriageway Patching	£22,000												
Marine Parade, Eyemouth	Carriageway Patching	£5,000												
B6355 Preston	Drainage Works	£8,000												
High Street, Coldstream	Footway Works	£5,000												
Bridge Street, Coldingham	Footway Slurry Sealing	£500												
Lawfield, Ayton	Footway Slurry Sealing	£1,800												
Coldingham Road, Coldingham	Footway Slurry Sealing	£715												
Trinity Park, Duns	Footway Slurry Sealing	£2,000												
Kirkfield, Eccles	Footway Slurry Sealing	£1,700												
Various Locations Rural	Jetpatching													
Various Locations Urban	Rhino Patching													

TOTAL

£118,715

Asset Programme of Revenue and Capital Works - Berwickshire Area 2014/15

Programme of Capital Works - Roads

Location	Description	Estimate	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
B6355 Northburn Road/High Street, Eyemouth	Carriageway Surfacing	£60,000												
C94 Duns Road, Coldstream	Carriageway Surfacing	£70,000												
B6437 Howburn	Carriageway Surfacing	£70,000												
C81 Springwells - Mersington	Carriageway Surfacing	£35,000												
A1107 Moorhouse	Surface Dressing	£30,600												
A697 Castleloan Bends	Surface Dressing	£12,200												
A6089 Brownshall Lodge	Surface Dressing	£22,000												
A6112 Drakemyre - South	Surface Dressing	£25,800												
B6437 Whitsomehill - Whitsome	Surface Dressing	£17,400												
B6470 Walterstead - Norham Bridge	Surface Dressing	£32,600												
C98 Henlaw	Surface Dressing	£38,600												
C99 Whitsome Lea	Surface Dressing	£4,000												
C100 Drakemyre	Surface Dressing	£7,600												
C117 Paxton - Clarabad	Surface Dressing	£12,000												
C120 Littledean	Surface Dressing	£19,600												
D62/5 Humebyres	Surface Dressing	£20,800												
D21/6 Little Swinton	Surface Dressing	£3,700												
D27/6 Bankend - Bushelhill	Surface Dressing	£18,700												
D59/6 Simprim Mains	Surface Dressing	£23,500												
D79/6 Broomdykes	Surface Dressing	£25,800												
A697 Fireburnmill - Hatchetnize	Carriageway Patching	£18,000												
A697 East High St Greenlaw	Carriageway Patching	£12,000												
A697 Hydesidehill - Whiteburn	Carriageway Patching	£18,000												
A698 Fireburnmill - Birgham	Carriageway Patching	£20,000												
A6089 Station Rd Gordon	Carriageway Patching	£12,000												
A6105 Gordon - Choicelee	Carriageway Patching	£17,000												

TOTAL

£646,900

Programme of Revenue Works - Roads

Location	Description	Estimate	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A6105 Currie St Duns	Carriageway Patching	£12,000												
A6105 Chirnside Hall Hotel Chirnside	Carriageway Patching	£6,000												
A6105 Foulden - Boundary (A1)	Carriageway Patching	£12,000												
A6112 Nisbet Hill - Nisbet House	Carriageway Patching	£15,000												
B6355 Ayton - Eyemouth	Carriageway Patching	£12,000												
A6105 Polwarth - Woodheads	Carriageway Patching	£15,000												
A6105 Alstrohm - Ninewells Farm	Carriageway Patching	£22,000												
Marine Parade, Eyemouth	Carriageway Patching	£5,000												
B6355 Preston	Drainage Works	£8,000												
High Street, Coldstream	Footway Works	£5,000												
Bridge Street, Coldingham	Footway Slurry Sealing	£500												
Lawfield, Ayton	Footway Slurry Sealing	£1,800												
Coldingham Road, Coldingham	Footway Slurry Sealing	£715												
Trinity Park, Duns	Footway Slurry Sealing	£2,000												
Kirkfield, Eccles	Footway Slurry Sealing	£1,700												
Various Locations Rural	Jetpatching													
Various Locations Urban	Rhino Patching													

TOTAL

£118,715

Asset Programme of Revenue and Capital Works - Berwickshire Area 2014/15

Programme of Capital Works - Bridges

Location	Description	Estimate	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Greenlawdene	Culvert Replacement	£20,000												

TOTAL **£20,000**

Programme of Revenue Works - Bridges

Location	Description	Estimate	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A6112 Blackadder Bridge	Masonry Repairs	£45,000												
B6437 Howburn	Masonry Repairs	£7,500												
B6438 Ale Water	Masonry Repairs	£1,500												
C96 Ladykirk Farm	Arch Repairs	£10,000												
C107 Abbey St Bathans	Masonry Repairs	£1,500												

TOTAL **£65,500**

Programme of Capital Works - Street Lighting

Location	Description	Estimate	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
A697 Main Street, Greenlaw	Street Lighting Works	£35,000												

TOTAL **£35,000**

NEIGHBOURHOOD SMALL SCHEME WORKS

Report by Service Director for Neighbourhood Services

BERWICKSHIRE AREA FORUM

5 June 2014

1 PURPOSE AND SUMMARY

1.1 This report seeks approval for the proposed new Neighbourhood Small Schemes from the Area Forum.

1.2 The following schemes have been requested for consideration by the Berwickshire Members and Community Councils:- Supply and erect notice board at Burnmouth. Install kerbing on the Green, Gavinton. Overlay the path the runs from The Royal Bank of Scotland to Crosshill, Chirnside. Contribute to the resurfacing at Marine parade, Eyemouth. Supply and install play equipment at Acredale park, Eyemouth. Build a drystone dyke wall at the East End, Chirnside. Thin trees at Fishers Brae, Coldingham. Thin trees at Grantshouse Village Replace old bench at Edrom Village. Contribute to the 125 memorial Generals Wynd, Eyemouth. Install hard stance for portaloos at the harbour Burnmouth. Tar path and regrade embankment Home Park, Coldstream. Resurface the path at Lammerview, Chirnside. Contribute to the refurbishment of the Jim Clark Rooms, Duns. Purchase a floral display to commemorate WWI, for the bottom of Guardsroad Coldstream. To provide planters and soil for the floral gateway committee Gavinton. Provide new posts and repaint the tennis court, Greenlaw. Install new fence at the play park, Whitsome. Re-point the wall at Henderson Park, Coldstream. To provide a bench, picnic table and paint for the Burnmouth Enhancement Group.

2 RECOMMENDATIONS

2.1 I recommend that the Berwickshire Area Forum:

Approves the following new Neighbourhood Small Schemes for implementation:-

- i Supply and erect new notice board at Burnmouth Village £1500**
- ii Install kerbing on the Green, Gavinton £2400**
- iii Overlay the path the runs from The Royal Bank of Scotland to Crosshill, Chirnside £4700**
- iv Contribute to the resurfacing at Marine parade, Eyemouth £7000**

- v **Supply and install play equipment at Acredale park, Eyemouth £3100**
- vi **Build a drystone dyke wall at the East End, Chirnside £950**
- vii **Thin trees at Fishers Brae, Coldingham £950**
- viii **Thin trees at Grantshouse Village £700**
- ix **Replace old bench at Edrom Village. £150**
- x **Contribute to the 125 memorial Generals Wynd, Eyemouth £5000**
- xi **Install hard stance for portaloo at the harbour Burnmouth £1000**
- xii **Tar path and re-grade embankment Home Park, Coldstream £1150**
- xiii **Resurface the path at Lammerview, Chirnside £850**
- xiv **Contribute to the refurbishment of the Jim Clark Room, Duns £1000**
- xv **To purchase and install a floral display to commemorate WWI, Guardsroad Coldstream £1250**
- xvi **To provide planters and soil for the floral gateway committee, Gavinton £440**
- xvii **To provide new posts for the tennis nets and reline the court, Greenlaw £950**
- xviii **To install a new fence at the play park around flower planter, Whitsome £250**
- xix **To re-point the wall at Henderson Park, Coldstream as requested by the community council. £2375**
- xx **To provide a bench, picnic table and paint for the Burnmouth Enhancement Group, £400**

3 BACKGROUND

- 3.1 Elected Members, Community Councils and the public can request potential small schemes or work to be undertaken by the Neighbourhood squads by contacting the Neighbourhood Area Manager direct. Neighbourhood Operations is contactable via the new Scottish Borders Council telephone number 0300 100 1800, e-mail address – enquiries@scotborders.gov.uk or by writing to Neighbourhood Services, Council Headquarters, Newtown St. Boswells, Melrose TD6 0SA.
- 3.2 The following scheme have been requested for consideration via these routes to enhance the Berwickshire Area:-
- 3.3 Supply and erect a notice board at Burnmouth Village near the old school house as requested by the community council. £1500
- 3.4 Install kerbing at the Green, Gavinton to allow vehicles to park on the grass when events are on at the village hall. £2400
- 3.5 Overlay the footpath from The Royal bank of Scotland to Crosshill school path joint funded with planning (£3000) as requested by the community council. £4700
- 3.6 Contribute to surfacing Marine Parade in Eyemouth along with contributions from the Council's Asset section and EHT. £7000
- 3.7 Supply and install play equipment at Acredale, Eyemouth. The community have raised £1580 to contribute to the overall cost. £3100
- 3.8 Build drystone dyke at seating area East End, Chirnside as requested by the community council £950
- 3.9 Thin trees at Grantshouse between the village and the A1 as requested by the community council. £700
- 3.10 Replace old bench at Edrom as requested by a member of the public. £150
- 3.11 Contribute to the relocating of the 125 memorial, Generals Wynd, Eyemouth. As requested by the community and local member. £5000
- 3.12 Install hard standing for portaloo at the harbour to enhance the area as requested by the community council.£1000
- 3.13 Thin trees at Fishers Brae riverside walk, Coldingham £950
- 3.14 Tar the footpath at the entrance and grade embankment at Home park, Coldstream as requested by Coldstream football club. £1150
- 3.15 Resurface the footpath at Lammerview, Chirnside as requested by a member of the public. £850
- 3.16 To contribute to the refurbishment of the Jim Clark Rooms Duns as requested by Councillor Renton. £1000
- 3.17 To purchase and install a floral display to commemorate WWI, Guardsroad Coldstream as requested by the community council. £1250

- 3.18 To provide planters and soil for the floral gateway committee as requested by the community council. £440
- 3.19 To provide new posts and re-line the tennis court at Greenlaw. £950
- 3.20 To install a new fence around the planter and to stop children being able to run out onto the road as requested by the community council. £250
- 3.21 To re-point the wall at Henderson Park, Coldstream as requested by the community council. This is a joint 50/50 scheme with the Councils Property Maintenance section (total cost of the works £4750). £2375
- 3.22 To provide a bench, picnic seat and paint for the Burnmouth Enhancement Group as requested by the community council. £400

4 IMPLICATIONS

4.1 Financial

- (a) A budget of £48,197 is available for small schemes in the Berwickshire Area in 2014/15.
- (b) In addition, a budget of £20,000 is available for Quality of Life schemes in the Berwickshire Area in 2014/15.
- (c) If the small schemes in 2.1(a) are all approved, the remaining small schemes budget for 2014/15 will be £ £13,032

4.2 Risk and Mitigations

If the small schemes budget is not spent, the local area will not benefit from improvement works being carried out.

4.3 Equalities

The proposals within this report will not have an adverse impact on any of the equality groups - race, disability, age, sexual orientation or religion/belief.

4.4 Acting Sustainably

It is anticipated that there will be a variety of economic, social or environmental benefits arising from the proposed schemes in para 2.1.

4.5 Carbon Management

There are no significant effects anticipated on carbon emissions to the Council by doing or not doing what is proposed.

4.6 Rural Proofing

There is no change to policy or strategy within this report.

4.7 **Changes to Scheme of Administration or Scheme of Delegation**

There are no changes which are required to either the Scheme of Administration or the Scheme of Delegation as a result of the proposals in this report.

5 CONSULTATION

- 5.1 The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Service Director Strategy and Policy, the Chief Officer Audit and Risk, the Chief Officer HR, the Service Director Interim Capital Projects and the Clerk to the Council have been consulted and any comments received have been incorporated into the report.

Approved by

Service Director of Neighbourhood Services

Signature

Author(s)

Name	Designation and Contact Number
Daren Silcock	Neighbourhood Area Manager (Berwickshire) 01361 886131 Ext 6131

Background Papers: None

Previous Minute Reference: None

Note – You can get this document on tape, in Braille, large print and various computer formats by contacting the address below. Jacqueline Whitelaw can also give information on other language translations as well as providing additional copies.

Contact us at Jacqueline Whitelaw, Scottish Borders Council, Council Headquarters, Newtown St Boswells, Melrose, TD6 0SA, Tel 01835 825431, Fax 01835 825071, email eitranslationrequest@scotborders.gov.uk.

COLDSTREAM TRAFFIC REGULATION ORDER

Report by Service Director Commercial Services

BERWICKSHIRE AREA FORUM

5 June 2014

1 PURPOSE AND SUMMARY

- 1.1 **This report proposes to amend the (Coldstream) (Regulation of Traffic) Order 1979.**
- 1.2 Scottish Borders Council had received comments regarding the parking and movements of vehicles in Coldstream on sections of road that currently have no restrictions or unsuitable restrictions. Proposals seek to alleviate the problems identified by introducing parking restrictions and a one-way system.

2 RECOMMENDATIONS

- 2.1 **I recommend that the Berwickshire Area Forum:**

Approves the amendments to the Borders Regional Council (Coldstream) (Regulation of Traffic) Order 1979, as amended, detailed in the plans in Appendix A and the relevant extract from the Draft Traffic Regulation Order in Appendix B, omitting the proposals in plan Coldst2013/5 which refers to the High Street.

3 BACKGROUND

- 3.1 Since the previous amendment in 1996, comments and complaints have been received regarding the parking and movements of vehicles within Coldstream. These issues have now been collected together and collated into a single Traffic Order amendment.
- 3.2 Officers from Commercial Services agreed with local Members that these changes should be made to the Traffic Regulation Order.
- 3.3 Statutory consultation was carried out from 18 June 2013 to 16 July 2013 and no adverse comments were received.
- 3.4 The proposals were advertised to the public from 3 April 2014 to 1 May 2014 and 15 objections/comments were received. These are summarised below:

High Street Loading Bay	1 Response
High Street No Waiting containing 154 signatures	9 Responses plus 1 petition
Home Place One Way	2 Responses
High Street Remove Parking	1 Response
High Street o/s Bank of Scotland	1 Response
Duns Road	1 Response

Copies of the letters received are attached in Appendix C.

- 3.5 The correspondence included objections to the proposals, and comments providing personal opinion on future improvements. Due to the majority of objections/comments being in relation to the proposed amendment detailed in plan Coldst2013/5, a decision was made by Officers to carry out further investigations and therefore not to progress with the proposals for the High Street, at this time.

4 IMPLICATIONS

4.1 Financial

The financial implications associated with the recommendations relate to carriageway markings, signage and advertising costs.

- a) £3000

The cost would be borne by the existing Network Management budget.

4.2 Risk and Mitigations

- (a) This risk of not proceeding with the recommendations is that vehicles will be stopping in unsafe or inappropriate locations.
- (b) The additional risk of proceeding with the proposed amendments is that accidents may occur in the new one-way street. The likelihood of this will be reduced by increased signage, road markings and public awareness.

4.3 Equalities

An Equalities Impact Assessment has been carried out on this proposal and it is anticipated that there are no adverse equality implications.

4.4 Acting Sustainably

There are no significant impacts on the economy, community or environment arising from the proposals contained in this report.

4.5 Carbon Management

There are no significant effects on carbon emissions arising from the proposals contained in this report.

4.6 Changes to Scheme of Administration or Scheme of Delegation

There are no changes to be made to either the Scheme of Administration or the Scheme of Delegation as a result of the proposals contained in this report.

5 CONSULTATION

- 5.1 The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Service Director Strategy and Policy, the Chief Officer Audit and Risk, the Chief Officer HR, the Service Director Interim Capital Projects and the Clerk to the Council have been consulted and any comments received have been incorporated into the report.

Approved by

Service Director Commercial Services Signature

Author(s)

Name	Designation and Contact Number
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Background Papers: None

Previous Minute Reference: N/A

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