

**SCOTTISH BORDERS COUNCIL**  
**CHEVIOT AREA FORUM**

MINUTE of the MEETING of the  
 CHEVIOT AREA FORUM held in  
 Jedburgh Grammar School, High  
 Street, Jedburgh on 2 April 2014 at  
 6.00 p.m.

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Present:- Councillors T. Weatherston (Chairman), J. Brown, S. Mountford, A. Nicol, S. Scott,.  
 Community Councillors L. Johnston, D. Ogilvie, J. Taylor, E. McNulty, N. Jarvis, C. Balderston, T. Jackson, Inspector Carol Wood (Police Scotland – J Division).

Apologies:- Councillor R. Stewart, Community Councillors J. Bassett, K. Steel, J. Cox,  
 In Attendance:- Area Neighbourhood Manager (A. Finnie), Democratic Services Officer (Mrs F Henderson).

Members of the Public:- 3

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**ORDER OF BUSINESS**

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

**MINUTE**

2. There had been circulated copies of the Minute of Meeting of the Cheviot Area Forum of 12 February 2014.

**DECISION**

**AGREED to approve the Minute.**

**POLICE FORCE OF SCOTLAND – UPDATE FOR ‘J’ DIVISION**

3. Inspector Carol Wood was present at the meeting and reported that Police Scotland were in the process of preparing the multi member ward plans for 2014 to 2017, following a consultation process that local CBOs undertook during October/November 2013 as well as data collated by local housing associations. These would be published soon and copies would be accessible on the Police Scotland website. The plans would be reviewed annually ensuring that they were tackling those issues that mattered most to the local communities in the Cheviot Area and that the Police were held accountable to local communities. There had been a slight increase in crime across the Cheviot Area for the period up to 2 April 2014, compared to the same period last year. In relation to notable incidents, Inspector Wood reported on various break-ins and thefts over the Cheviot Area and referred in particular to a reported sighting of a gun at a house in Allerley Crescent, Jedburgh on 29 March 2014, a fire arms incident was declared and the incident dealt with. It transpired that the call had been a hoax and enquires were ongoing.
4. In terms of prevention, it was reported that Police in the Scottish Borders continued their local campaign to tackle housebreaking across the region. The Police Scotland initiative, Operation RAC, was officially launched in December 2013 as the Force looked to address an overall 4% increase in housebreaking offences since last year. The majority of housebreaking offences related to sheds, garages and outbuildings, with only a very small number of break-ins to homes.

Nevertheless, these crimes had a serious impact on communities and dedicated resources had been put in place to address housebreaking in the areas which had been identified as a local priority. Police Scotland continued to proactively pursue those responsible for housebreaking across the region and Community Officers would also be engaging with the public to offer a range of crime prevention advice and useful information to safeguard homes and belongings. Communities were asked to remain vigilant for suspicious activity in their area, particularly around the homes of elderly or vulnerable members of the public and report any concerns.

5. Crime prevention advice was available by speaking to the local policing team or visiting the Police Scotland website at [www.scotland.police.uk](http://www.scotland.police.uk). In the coming months the Police would undertake Operation Monarda which was the 'J' Division response to the issues surrounding cold callers to households and bogus workmen, and would run for 6 weeks commencing on 7<sup>th</sup> April 2014 with a media launch. Local CBOs would be conducting various activities to highlight the issues and to assist in preventing such issues within communities. An operation focussing on Youth Anti-Social Behaviour would commence on 4<sup>th</sup> April for three weeks and would involve Locality Integration Officers working with identified youths who had caused issues in the schools and community. There had been no hot spots identified within the Cheviot Area in relation to youth crime and youth calls remained low. The Cheviot LIO would deliver a one week Rural Urban Training course, which would focus on motorbikes. Community officers would continue to offer crime prevention surveys, which would be carried out at the homes of vulnerable people and properties. Road checks at prime times during the late evening and early mornings to target travelling criminals in the area would continue as would the work with local and across borders partners and police colleagues to identify persons involved in rural thefts and proactively target these individuals. Extensive work with partners, Community Safety Officers and enforcement Officers would continue to collectively address issues of anti-social behaviour.

#### **DECISION**

**NOTED the report.**

#### **NEIGHBOURHOOD SMALL SCHEMES UPDATE**

6. With reference to paragraph 11 of the Minute of 12 February 2014, there were circulated at the meeting, copies of Appendix A which detailed the updated programme for approved Neighbourhood 'Small Schemes' 2013/14. The Area Neighbourhood Manager advised that the allocated budget for small schemes had been spent and on those schemes which were still to be completed. It was noted that the Area Neighbourhood Manager would meet Mr Johnston on site at the Buccleuch Gardens, four of which were housing for heroes and ex-service personnel and another 2 owned by SBHA where the parking provision was inadequate.

#### **DECISION**

**NOTED the update.**

#### **ST BOSWELLS TRAFFIC REGULATION ORDER**

7. With referenced to paragraph 6 of the Minute of 22 February 2012, there had been circulated copies of a report by the Director of Environment and Infrastructure which proposed to amend the Traffic Regulation Order for St Boswells to prohibit waiting between the hours of 8 a.m. and Noon daily (loading and unloading permitted) in a length of Main Street. The report explained that since the introduction of the St Boswells Traffic Regulation Order in 2012, the Co-operative Supermarket (Main Street, St Boswells) had changed its delivery schedules. Following an approach from the Co-operative Food Supply Chain logistics, Officers from Environment and Infrastructure agreed that changes should be made to the Traffic Regulation Order to enable the introduction of a loading bay to meet the supermarket's long-term delivery requirements. A copy of the draft Traffic Regulation Order was appended to the report and the Team Leader, Network advised that the statutory consultation had been carried out as had the advertising to the public and only one objection had been received in

relation to a resident raising concerns that the loading bay marking on the road would de-value his property.

#### **DECISION**

**AGREED** to approve the amendment to the **Scottish Borders Council (Various Street, St Boswells) (Traffic Regulation) Order 2012), (Amendment No.1)** as detailed in the plan in **Appendix A** and the relevant extract from the **Draft Traffic Regulation Order in Appendix B** to the report.

#### **OPEN QUESTIONS**

8. There were no questions from the public.

#### **DECISION**

**NOTED.**

#### **COMMUNITY COUNCIL SPOTLIGHT**

9. **Skiprunning Burn, Jedburgh** – With reference to paragraph 14 of the Minute of 12 February 2014, the Area Neighbourhood Manager advised that, as previously reported the Phase 1 works were completed on 4th March 2014 and work had started on Phase 2 (formal flood protection scheme) of the Jedburgh (Skiprunning Burn) FPS. A meeting was held on the 21 February 2014 with the three Jedburgh Councillors and other stakeholders to discuss various options and following the meeting it was decided to undertake some additional flood risk management measures in advance of the Phase 2 works. These advance works, referred to as Phase 1A, would be concentrated within the town centre and would be undertaken in 2014. Phase 2 was programmed for completion in 2015. A preferred scheme report, detailing the Phase 1A and Phase 2 works, was being prepared and would be issued to stakeholders in due course.

#### **DECISION**

**NOTED.**

10. **Oxnam Road Wall, Jedburgh** – With reference to paragraph 15 of the Minute of 12 February 2014, the Area Neighbourhood Manager advised that a Judgment by the Sheriff was awaited in the Legal proceedings between Scottish Borders Council and the owners of the property known as Airenlea, Oxnam Road, Jedburgh to determine where the responsibilities lay for the repair of the retaining wall situated beyond the fence bounding the Oxnam Road public footway and within the confines of the garden of Airenlea. The Proof for the case was heard at Jedburgh Sheriff Court on Tuesday 25<sup>th</sup> and Thursday 27<sup>th</sup> March 2014 and a site visit took place at the start of proceeding on the first day prior to both sides' witnesses giving their evidence. On behalf of Scottish Borders Council officers from the Engineering and Infrastructure section gave evidence and Legal submissions on behalf of each party were heard on the second day. At the end of the proceedings, on Thursday 27<sup>th</sup> March, the Sheriff indicated that he planned to issue his decision on the matter within the next two to three weeks.

#### **DECISION**

**NOTED.**

#### **URGENT BUSINESS**

11. Under Section 50B(4)(b) of the Local Government (Scotland) Act 1973, the Chairman was of the opinion that the item dealt with in the following paragraph should be considered at the meeting as a matter of urgency, in view of the need to make an early decision.
12. The Chairman advised that there had been a request from Councillor Nicol, seconded by Councillor Mountford, that consideration be given to suspending standing orders to allow discussion on a proposed motion to Council that an allocation of up to £10k of Cheviot Quality of Life funding be used to provide a garden waste collection service in Kelso for the

financial year 2014/15. Councillor Nicol advised that although Kelso was to get a Recycling Centre, it would not be completed for at least one year and residents of Kelso were therefore required to travel long distances to dispose of their re-cycling. Members present agreed to the suspension of standing orders to allow the matter to be discussed. The Chairman advised that each Area Forum had been awarded additional Quality of Life Funding and it was a decision for each Area Forum to decide how it would be spent. The Democratic Services Officer further advised that as Council had previously agreed to cease the garden waste collection from the end of March 2014, standing orders would require to be suspended to allow Council to consider a motion on the provision of any interim garden waste collection in the Cheviot area.

**DECISION**

**AGREED that Councillors Nicol and Mountford would submit a suitably worded motion for an interim garden waste collection within the Cheviot area, advocating the use of some Quality of Life Funding, to the next Council meeting schedule to be held on 24 April 2014.**

**DATE OF NEXT MEETING**

13. The Chairman confirmed that the next meeting of the Cheviot Area Forum was scheduled for Wednesday, 4 June 2014 in Kelso.

**DECISION**

**NOTED the date of the next meeting of the Cheviot Area Forum and that the venue was to be confirmed.**

*The meeting concluded at 6.45 p.m.*

## Scottish Borders Council

### BRIEFING TO CHEVIOT AREA FORUM ON PROPOSAL TO TRANSFER COMMUNITY SERVICES TO A TRUST

#### Introduction

On 27<sup>th</sup> February Scottish Borders Council approved a recommendation that its preferred course of action for Community Services was to transfer 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 c. 210 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 at options for delivery of Cultural Services and associated budget savings of over £400,000 while, at the same time, protecting 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 transferring the Services out of the Council to a new Culture Trust. The Culture Trust option came out as the preferred option due to:

1. Transferring Services to a Trust means 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 would typically be 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.

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 10<sup>th</sup> March – 6<sup>th</sup> June 2014**

## **Extra copies and additional formats**

This document is available electronically on the NHS Borders website at: [www.nhsborders.org.uk](http://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](mailto:public.involvement@borders.scot.nhs.uk) and we will do our best to help.

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## 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 10<sup>th</sup> March and 6<sup>th</sup> 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 10<sup>th</sup> March to 6<sup>th</sup> 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 6<sup>th</sup> 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](mailto:public.involvement@borders.scot.nhs.uk).

### The next steps

The public engagement period ends on 6<sup>th</sup> 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 6<sup>th</sup> 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 6<sup>th</sup> 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.

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**NEIGHBOURHOOD SMALL SCHEME WORKS**

**Report by Service Director for Neighbourhood Services**

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**CHEVIOT AREA FORUM**

**4 JUNE 2014**

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**1 PURPOSE AND SUMMARY**

1.1 **This report seeks approval for the proposed new Neighbourhood small scheme from the Area Forum.**

1.2 The following scheme has been requested for consideration by the Cheviot members: - install kerbed grinding margin within East Bowmont Street Car Park, Kelso.

**2 RECOMMENDATIONS**

2.1 **I recommend that the Cheviot Forum:**

**(a) approves the following new Neighbourhood Small Scheme for implementation:-**

|   |               |
|---|---------------|
| <b>(i) Install kerbed grinding margin, East Bowmont Street Car Park, Kelso.</b> | <b>£2,380</b> |
|---|---------------|

### **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 has been requested for consideration via these routes to enhance the Cheviot Area:-
- 3.3 Install a kerbed grinding margin in front of a boundary wall within East Bowmont Street Car Park, Kelso (£2,380). This request was received from local Ward Councillors.

### **4 IMPLICATIONS**

#### **4.1 Financial**

- (a) A budget of £34,702 is available through Neighbourhood Services for small schemes in the Cheviot Area in 2014/15. If the above scheme is approved, then there will be a remaining budget of £32,322 for future schemes.
- (b) In addition, a budget of £20,000 is available for Quality of Life schemes in the Cheviot Area in 2014/15.

#### **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.

**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 the comments received have been incorporated in the final report.

**Approved by**

**Service Director of Neighbourhood Services      Signature .....**

**Author(s)**

| Name            | Designation and Contact Number                                |
|-----------------|---|
| Alistair Finnie | Neighbourhood Area Manager (Cheviot)<br>01835 824000 Ext 6535 |

**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](mailto:eitranslationrequest@scotborders.gov.uk).