

# Public Document Pack

**Cheviot  
Area Partnership**

**Our Scottish Borders**  
Your community

MINUTES of Meeting of the CHEVIOT AREA PARTNERSHIP held in Edenside Primary School, Inch Road, Kelso on Wednesday, 6 June 2018 at 6.30 pm

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Present:- Councillors S. Mountford (Chairman), J. Brown, S. Hamilton, S. Scott, T. Weatherston together with 10 Representatives of Partner Organisations, Community Councils and Members of the Public.

Apologies:- Councillor E. Robson

In attendance:- Head of Economic Development & Environment, Senior Lead Officer, Education and Lifelong Learning, Locality Development Co-ordinator Communities and Partnership Manager, Democratic Services Officer (F. Henderson)

## 1.0 **WELCOME**

The Chairman welcomed everyone to the Cheviot Area Partnership.

## 2.0 **FEEDBACK FROM MEETING ON 28 MARCH 2018**

2.1 The minute of the Area Partnership had been circulated which included a summary of the discussion output as an appendix. The Communities and Partnership Manager referred to the general concerns, issues, challenges and opportunities raised at that meeting and confirmed that the theme identified as a priority to take forward for more in-depth discussion was Our Health, Care and Wellbeing. This theme would therefore be the focus for debate for the remainder of the meeting.

## 3.0 **THEME: OUR HEALTH, CARE AND WELLBEING**

3.1 The Chair presented the theme for the meeting – Our Health, Care and Wellbeing – and introduced Robert McCulloch-Graham, Chief Officer Health and Social Care Integration, Dr Tim Patterson, Director of Public Health and Fiona Doig – Strategic Lead- ADP and Health Improvement who would provide some background and further information about health, care and wellbeing across the Scottish Borders. Dr Patterson highlighted the need for engagement with Communities and for partnership working and explained that keeping communities healthy was a key priority going forward. People in the Scottish Borders generally had a healthy and long life. There was an increase in Type 2 diabetes across the Scottish Borders but there were no statistics which stood out in terms of specific health issues within Cheviot. Mental health and personal contentment were very important to individuals and communities. People in the Borders as a whole appeared to feel supported from within their own communities.

3.2 Robert McCulloch-Graham provided some background on the establishment of the Health and Social Care Integration Joint Board (IJB) and the Health and Social Care Partnership (HSCP), explaining that the IJB commissioned health and social care services across the Scottish Borders and the HSCP was responsible for delivering those services. The HSCP Strategic Plan for 2016-2019 was developed following widespread consultation across communities in the Scottish Borders and identified nine local objectives for service delivery. Since then, the Plan had been reviewed and simplified and would be presented to the IJB during week commencing 11 June

2018. The new Plan highlighted three main objectives for the Scottish Borders, namely to improve:- the health of the population and reduce the number of hospital admissions; the flow of patients into, through and out of hospital; and the capacity within the community for people who had been in receipt of health and social care services to better manage their own conditions and support those who cared for them. The challenge for the HSCP would be to deliver services according to these refreshed objectives. There were also five Locality Plans which had been developed from the Strategic Plan and all Plans would be available on the web once they had been finalised.

- 3.3 Work was ongoing to look at ways in which services could be redesigned on a local level to meet the needs of communities and taking account of the different demographics.
- 3.4 Colin Banks, Lead Officer for Localities explained that the meeting would now move into the discussion session. As previously, there were information packs available for each group and those present were invited to consider the question "What are the key challenges, issues or opportunities for health, care and wellbeing in Cheviot". Thirty minutes were allocated for group discussion and each table was asked to note down the responses on the post-it notes provided. These responses would then be collated at the end of the discussion and outcomes circulated with the Minute of the meeting in due course. Following a short break, those present went on to discuss some of the most common points identified. A further 20 minutes were allocated to allow each table to discuss and decide what the most important priorities for health, care and wellbeing in Cheviot were and what actions could be taken to take these priorities forward. The post-it notes from this session were also collected and again, the groups were advised that responses would be circulated with the Minute of the meeting. The Appendix to this Minute contained a summary of the output of the discussions.

4. **NEIGHBOURHOOD SMALL SCHEME AND QUALITY OF LIFE PROJECTS**

There had been circulated copies of a report seeking approval for the granting of Delegated Powers for future applications for Small Scheme and Quality of Life Projects to the Service Director Assets and Infrastructure. The report explained that, in order to ensure that all applications were dealt with timeously, a new future approval process was being proposed. This process would be used by Elected Members, Community Councils and members of the public when making applications for projects under the Small Scheme and Quality of Life Scheme. The process would be that:- *application(s) for projects to be carried out from Small Scheme and Quality of Life budgets would be received, assessed and costed by Council Officers; Officers would then send details of the project(s) to Elected Members along with a recommendation for their consideration; Elected Members would advise appropriate Council Officers of their support or otherwise for a particular project – support would be required from a majority of Elected Members for a project to proceed; if support by the majority of Members was not given for a project, this application would be refused; and details of projects funded from Small Scheme and Quality of Life budgets would be presented to the Cheviot Area Partnership as part of any future updates on Grants and Funding.* Discussion followed and it was agreed that guidance for making application to the Small Scheme and Quality of Life Scheme would be circulated to assist in this process.

**DECISION  
AGREED:-**

- (a) **to delegate authority to the Service Director Assets and Infrastructure to approve future applications for Small Scheme and Quality of Life projects in 2018/19;**

- (b) that application(s) for projects to be carried out from Small Scheme and Quality of Life budgets were received, assessed and costed by Council Officers;
- (c) that Officers would then send details of the project(s) to Elected Members along with a recommendation for their consideration;
- (d) that Elected Members would advise appropriate Council Officers of their support or otherwise for a particular project. Support would be required from a majority of Elected Members for a project to proceed;
- (e) that, should support by the majority of Members not be given for a project, this application would be refused;
- (f) that details of projects funded from Small Scheme and Quality of Life budgets would be presented to the Cheviot Area Partnership as part of any future updates on Grants and Funding; and
- (g) guidance for making application to the Small Scheme and Quality of Life Scheme would be circulated to assist in this process.

5. **DATE OF NEXT MEETING**

The next meeting would be held on Wednesday, 12 September 2018 in Jedburgh at 6.30 p.m. when the theme would be Place.

*The meeting closed at 8.20 p.m.*

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## Discussion Output: Our Health, Care and Wellbeing Theme (6<sup>th</sup> June, 2018)

Summary/Area of Discussion:

### Community Capacity / Provision

*Post-it Notes (incl. from 7<sup>th</sup> February meeting):*

- Funding for existing groups instead of creating new groups.
- Community capacity building team needed – Mens Sheds?
- What role for resilient communities – assistance?
- What's the provision of lunch clubs? Who runs these? WRVS? – Mapping these activities and communication/connectivity – intergenerational activity.
- How to open community services? What role for community councils in helping – could they be the missing link.
- Gardening in the community – skills transferred from elderly to young people, improving life skills and encouraging relationships between young and old.
- Availability of fresh food community allotments/gardens.
- More community gardens.
- Examples of what's happening in other areas to show people.
- People lack purpose in the community.
- Communities lack young people.
- Opportunity to use village halls for social centres, community cafes and joint lunches
- Men's Shed
- Opportunity for community trees (for fuel), veggies and fruit
- Work needed with Public Health Improvement Team to train Cheviot Youth

*"Priority" & "Solutions/Actions" Post-its:*

- Role for local press – Kelso Life/Jed Eye, rural Leaflet

*Key Areas for Cheviot*

- **Capacity building** (incl. training, sharing best practice) **and supporting groups** (new and existing)
- **Raising awareness, signposting, promotion of activities and mapping who does what** – what opportunities are / support is available and by whom
- **Community Gardens / Allotments**

Summary/Area of Discussion:

### Prevention

*Post-it Notes (incl. from 7<sup>th</sup> February meeting):*

- Reduce stigma of being labelled 'Obese'.
- Walking Clubs are free! Extend this idea across the area.
- More carers required.

- More awareness of what is available ie walking/cycling etc.
- Pressure on large supermarket to make a profit.
- Availability of cheap, unhealthy food and drinks.
- Food waste
- Availability of fresh fruit.
- Culture change to how we buy food and prepare food.
- Tax on fatty and sugary foods.
- Impact of welfare is significant.
- Pupils who don't access free school meals might be living in poverty but won't get access to services – holiday hunger.
- Access to healthy food – price.
- Transparency – additives, chemical ingredients in food.
- Budgeting for everyone.
- Education of pupils and parents on healthy eating and cooking with left overs.
- Figures for school meals and pension credits suggest more education on uptake needed
- Eating disorders due to exam pressures
- Young people use technology too much and do less physical activity. Increases diabetes
- Uptake of school dinners increased at new Kelso High School – healthier, increased Physical Education slots
- Jedburgh has a high level of child poverty – Live Borders could reduce prices to allow more access
- Come and try events in Jed for sports for all young people?
- Local communities already delivering a huge amount of activities that address social isolation – can we access training in food hygiene for lunch clubs?
- Social isolation – what can be done in the community e.g. housing with extra care, adapted to the need of individuals.
- Why aren't the triggers there to support those most vulnerable, with benefits and interventions (recovery process).
- Isolated elderly – issue of poverty and care
- More awareness of mental health issues, somebody to talk to? Teachers need more knowledge on mental health issues
- Young people – mental health issues – depression and anxiety
- New play parks in all major Scottish Border towns

*“Priority” & “Solutions/Actions” Post-its:*

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*Key Areas for Cheviot*

- **Mental Health**
- **Social Isolation**
- **Wider Public Health Education** (where? In schools, in the community etc., e.g. health eating and how to make the most of the resources in the community)

Summary/Area of Discussion:

**Service provision (incl. infrastructure)**

*Post-it Notes (incl. from 7<sup>th</sup> February meeting):*

- Surgeons were looking at benefits for individuals.
- Cheviot model – multi agency group. Fire Service (Safe and Well programme) – living safely in the home. Referrals into Freephone numbers.
- D&G – Stars group/team – One person from medical, social care, OT, mental health – three week assessment.
- Short term stays are an issue – how about using cottage hospitals.
- What options are there – looking at practice abroad. Assessment model of residential care that aims to help design the long term care.
- Health and wellbeing supported better by higher wages, better work places – fuel poverty and food deprivation.
- Care Home – shortage of spaces, especially in dementia. New units are required. Different things for different people.
- Palliative care at Kelso Community Hospital – improvements have been funded by Friends of Kelso Hospital – why not the difference or NHS.
- Access anywhere – Skype Doctor appointments – might be easier virtually for mental health, for young people?
- Skype facility to speak to a consultant? Access Anywhere in Highland and Lanark – digital upskilling?
- Pressure on services when there are lots of older people retiring to Jedburgh for example.
- Hay Lodge and Craw Wood provide convalescence – need more like this
- Urgent – need to address bed blocking – becoming critical in 3 years now in Scotland (was 5 years).
- Multiple visits to the BGH for tests – one stop shop approach would save time and effort! Person centred approach.
- What’s the call to action – GDPR – restriction of new information is shared. Keep it simple and poignant.
- Need more independent living – housing = suggestion to use Kelso HS legacy site for this??? Easier to deliver support services, mutual services for each other/social impact.
- Long waiting lists for services – 7 months.
- Waiting lists for mental health support.
- Higher demographic of older people
- In general good in Kelso, minor op’s provided. Health Centre also good
- Better access to Doctors and dentists
- Retirement village?
- Kelso – people live longer, develop independence in later life but must be safe
- Kelso – Great Health Centre, Kelso Cottage Hospital, Queens House for dementia – all good facilities

*“Priority” & “Solutions/Actions” Post-its:*

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*Key Areas for Cheviot*

- **Looking at different service delivery models** (best practice home and abroad, community delivered services etc.)
- **Impact of aging population** (on services, access to services, infrastructure e.g. care homes, independent housing etc.)

Summary/Area of Discussion:

**Transport**

*Post-it Notes (incl. from 7<sup>th</sup> February meeting):*

- Rural area –distances to access health and social care are an issue in many cases.
- Scottish Ambulance Service have tightened criteria for patient transport – creating big demand for community transport – which isn't free, though far cheaper than taxi's but need more volunteer drivers.
- Better links to community transport from BGH
- Transport! Transport! Transport!
- Organise BGH clinics on a geographical client basis to simply transport and make it more economical, sustainable and greener.
- Cycle pathways need to be improved.

*"Priority" & "Solutions/Actions" Post-its:*

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*Key Areas for Cheviot*

- **Community Transport**
  - need to look at other projects in the Borders and Scotland
  - volunteer based and publicised - "how do you let people know" - think of audience mix of hard copy, digital, landline, notices and leaflets
- **Transport** - one stop shop to reduce number of journeys, co-ordination of appointments on a geographical basis