

Meeting of the Strategic Planning Group 3.30pm to 4.30pm on Monday 24 April 2017 Cheviot Room, Revier Complex, Scottish Borders Council Headquarters

Minute

Present: Jane Robertson (Chair), Margaret McGowan, Colin McGrath, Caroline Green, Lynne Crombie, Linda Jackson, David Bell, Elaine Torrance

In Attendance: Tim Patterson, Susan Yates, Suzanne Hislop (Minutes)

1.	Welcome	
	 The meeting was declared quorate and introductions were made. 	
2.	Apologies : Tim Young, Shirley Burrell, Gerry Begg, Amanda Miller, Jenny Smith, Morag Walker, Murray Leys, Paul McMenamin, Alasdair Pattinson, Julie Watson, Steph Errington	
3.	Minutes of the previous meeting 13 February 2017 & Action Tracker	
	 The minutes of the previous meeting of 13 February were accepted as a true record. 	
	SPG Minutes.doc	
	 The group went through the actions arising from the last meeting and updated the action tracker. 	
	SPG Action Tracker.doc	
4.	Matters Arising	
	None noted.	
5.	Draft Annual Performance Report	
	 A large amount of work has gone into developing the Annual Performance Report (APR). The latest version has been 	
	electronically circulated to both the Integration Joint Board (IJB) and the Executive Management Team (EMT) for comment.	
	• The Chair gave a brief overview of the document. The Partnership is required to report on progress between 2016 and 2017 and information has been gathered to demonstrate performance in relation to the nine Local Objectives across the Partnership. Comments are welcomed in the timeframe specified.	
	 The group was asked to send any comments to Suzanne Hislop for forwarding to Clare Richard (Project Manager). The tight timescale 	

	was emphasised with comments on this version to be submitted by 5 May.	/
	 The content relating to Buurtzorg was queried. Caroline Green to 	
	direct any question to Erica Reid (Director for Hospital Care) who	
	supplied the content on Buurtzorg for the report and is the pilot lea	d
	 A question of whether the general public have been consulted 	u.
	properly on the work being undertaken around integration was	
	raised. The variety of methods used when consulting on the	
	Strategic Plan were highlighted and this issue is to be discussed	
	more fully at a meeting being held tomorrow (25 April) involving	
	Elaine Torrance, Jane Robertson and Colin McGrath.	
	 Members' responsibility to share information as widely as possible 	
	with their prescribed group was emphasised.	
	The issue of having a Community Council Representative for each	
	of the five localities on the group was again raised. This issue is to	
	also be discussed more fully at the aforementioned meeting taking place tomorrow but it was highlighted that this issue has been	
	discussed at previous SPG meetings and the consensus had beer	
	to not expand the group/increase Community Council	
	representation.	
	 It was suggested that the APR reflected a huge amount of work ar 	d
	that those involved with pulling together the document should be	
	thanked for their efforts.	
	• The reduction in hospital admissions for those aged 75 and over	
	was highlighted (page 6). This shows a significant reduction in a	
	short time and it was suggested reflects the focus of a lot of the work of the Partnership including the work undertaken by the	
	Ambulatory Care Assessment Unit Team. This is to be looked at	
	further and if appropriate may be highlighted in the APR as a	
	success of a whole system approach to this issue. It was agreed	
	that Tim Patterson would forward suggested amendments/provide	а
	paragraph after consulting with Phillip Lunts (General Manager,	ACTION TP
•	Unscheduled Care, NHS Borders).	
6.	 Commissioning & Implementation Plan Work on the Commissioning & Implementation Plan had previously 	,
	 work on the Commissioning & Implementation Plan had previously been led by Eric Baijal the former Director of Strategy and further 	
	work has been undertaken involving the Health & Social Care	
	Management Team. The format has changed and the document	
	now outlines how the Partnership is going to deliver on the nine	
	local objectives.	
	A further session is planned with the Health & Social Care	
	Management Team, where they will review the document before it	
	is presented to the IJB to establish if any further work is required. The Plan will go to EMT and then will become more widely availab	
	for circulation and comment. The plan will come to the July	ACTION SH
	meeting/next formal meeting of this group for discussion/feedback	
7.	My Home Life Project Feedback	
	• The tabled paper on the My Home Life Project was discussed by	
	the group.	
	MHL evaluation	
	infographic 20.04.17.d	
	This project is run by the University of the West of Scotland and	

		builds on work previously undertaken by Age Scotland. The two cohorts have been funded by the Integrated Care Fund (ICF).	
		Community development is taking place following the first cohort	
		with the second cohort having recently started. The hope is that	
		cohort two maintains the same momentum as one. The second	
		cohort is also working in partnership with NHS Education for	
		Scotland.	
	•	The feedback from residents and their families has been positive. A	
		number of senior staff from SB Cares have been included in the	
		training and this has been positive.	
	•	The My Home Life Team holds a retreat every year and all of those	
		who have attended the course are invited to this for a mini	
		refresher.	
	•	The infographic format of the paper was well received by the group.	
	•	It was agreed that this project had been a good use of the ICF.	
	•	Professor Belinda Dewar is the project lead and the project is now	
		spreading internationally.	
	•	It was agreed that the last sentence of the first paragraph on the	
		first page should be amended to reflect that 16 people attended	ACTION MM
		each cohort and that all nine care homes had been involved.	
	•	32 people will have attended the course by the end of cohort two	
		and will be in a position to share what they have learned with	
		colleagues.	
	•	Margaret McGowan agreed to forward additional information to give	ACTION MM
		the group a better understanding of the context and percentages for	
		the project.	
8.	Local	ity Plans	
	•	Some SPG members are involved in the Locality Working Groups	
		(LWGs). Five summary plans have been seen by the IJB and	
		endorsed and work is now underway to develop the full plans.	
	•	The Locality Co-ordinators have worked hard with the LWGs to	
		address the challenges in meeting the needs and expectations of all	
		of those involved.	
	•	Now on the 8 th round of LWG meetings in all localities.	
	•	Working towards presenting a full plan to EMT in May and then	
		work will begin on the remaining plans on this basis. Feedback will	
		be sought from IJB to ensure that that they are happy with how	
		things are progressing before the plans go out for up to three months of public consultation. This will have to link in with a	
		months of public consultation. This will have to link in with a number of plans including the Local Outcome Improvement Plan	
		(LOIP) and conversations on the best way this can be achieved are	
		(LOIP) and conversations on the best way this can be achieved are ongoing.	
	•	The issue of information sharing between the SPG and the LWGs	
	•	was raised. It was agreed that there should be a clear linkage	
		between the groups. It was agreed that the SPG minutes would be	
		made available to the LWGs and vice versa.	ACTION SH
	•	There was discussion around the usefulness of social media in	
	-	reaching different groups and this is something that may be looked	
		at moving forward.	
9.	Revis	ed Terms of Reference & Membership	
	•	The revised Terms of Reference and membership were discussed	
		in detail at a previous meeting before going to the IJB for	
		information. This has now come back to the group for a final look	
		over.	

	•	The importance of providing the details of a deputy was raised	
		again and members currently without a named person to deputise	
		were asked to forward a name and contact details to Suzanne	ACTION SH
		Hislop.	
	•	The importance of Health professional representation of both	
		clinical and community staff was raised. The previous	
		representative for this prescribed group was Anne Livingston who is	
		no longer in post.	
	•	It was suggested that it may be useful to link in with the Borders	
		Older Peoples' Planning Partnership (BOPPP) as membership of	
		BOPPP may help to inform SPG membership in terms of health	
		professional representation. Tim Patterson agreed to link in with	ACTION TP
		Murray Leys and feedback to the group.	
	•	The frequency of SPG meetings was raised and it was suggested	
		that these should be more frequent. It was highlighted that this had	
		been discussed previously and the consensus was that SPG	
		meetings should continue to be held prior to and be aligned with IJB	
		meetings.	
10.	Devel	opment Session	
	•	The group were asked to help shape the agenda for the	
		development session scheduled for 15 May. This has been	
		organised on the back of early conversations that looked at moving	
		the group forward. The agenda for the session is currently open and	
		members were asked what they wanted from this session that will	
		be facilitated by Christina Naismith (Head of Strategic	
		Commissioning, Integration Division, Scottish Government).	
		Christine Naismith has a wealth of knowledge and experience	
		around what is happening across the country and the group were	
		asked to think about how to make best use of this. Suggestions	
		included:	
		Emphasis on a number of small discussions rather than	
		presentations	
		 Feedback on what other partnerships are doing Feedback on how strategie plenning groups in other 	
		 Feedback on how strategic planning groups in other portporching are organized (work) 	
		 partnerships are organised/work Lessons learned from other areas/partnerships 	
	_	It was agreed that an invitation to the development session should	ACTION SH
		be extended to SPG deputies.	
	•	It was highlighted that public members should have the right to	
		challenge decisions. Public membership is in place to challenge and	
		hold the professionals to account to make sure everything is	
		working.	
	•	It was highlighted that the SPG was not the only group through	
		which the partnership was getting its message across. The Joint	
		Staff Forum (JSF), Public Participation Forum (PPF) and Local Area	
		Forums are all examples of other channels for information. The	
		SPG has a formal part to play but is not the only route that is use to	
		get information out.	
	•	It was suggested that PPF receive a regular update on the work of	
		the SPG and it was agreed that SPG minutes are to be forwarded to	ACTION SH
		the PPF.	
	•	Elaine Torrance is unable to attend the development session on 15	
		May as she will be attending the Community Led Support National	
	l	may as she will be alterialing the community Led Support National	

	Gathering in Manchester.	
11.	AOB	
	None noted.	
12.	Date and time of next meeting: 15 May 2017 between 1.00pm & 4.00pm	
	in Committee Room 1 SBC HQ	