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Eildon Area Partnership



MINUTE of Meeting of the EILDON AREA PARTNERSHIP held in The Corn Exchange, Melrose on Thursday, 24 January 2019 at 6.00 pm

- Present:- Councillors S. Aitchison, A. Anderson, K. Drum, G. Edgar, E. Jardine and E. Thornton-Nicol
- Apologies:- Councillors T. Miers and D. Parker
- In Attendance:- 25 Partners, Community Councillors, officers and members of the public.

1. **WELCOME AND INTRODUCTIONS**

The Chairman, Councillor Edgar, welcomed everyone to the meeting of the Eildon Area Partnership and thanked Community Councillors, Partners and local organisations for their attendance. Councillor Edgar explained, that prior to a facilitated discussion on issues and local priorities around the theme 'Our Health, Care and Wellbeing', the meeting would begin with introductory talks and a short presentation by two young people from Galashiels Academy.

2. **THEME: OUR HEALTH, CARE AND WELLBEING**

- 2.1 Mr Robert McCulloch-Graham, Chief Officer Health and Social Care, explained that the Public Bodies (Joint Working) (Scotland) Act 2014 required Health Boards and Local Authorities to integrate Health and Social Care services. In the Scottish Borders this included all Social Care Services, Home Care, District Nurses, GPs, Community Hospitals, Mental Health Services, Dentists and Physiotherapists. The Integration Joint Board (IJB) was established to oversee these services and was made up of 5 Councillors, 5 Non-Executive Directors and other representatives. The Joint Board determined how the budget, currently £160m, was spent. The IJB focus was: to improve the health of the population to minimise help required from health professionals; to identify quickly when help was needed from health professionals and to make a quick diagnosis; and to provide support within the community for people to manage their own conditions, through home care etc and avoid hospital readmissions. Driven by work and engagement with local communities the local objectives set out in 5 Locality Plans dovetailed into the IJB's Strategic Plan. Local priorities were to increase the availability of locally based rehabilitation services; improve the availability of services including access in rural areas; look at housing needs; assess and support unpaid carers; shift the balance of care from hospital to communities for some conditions; and to reduce problems associated with disability and access to services. As part of the objective to direct service users and families to the right services at the right time Community Link Workers had been recruited.

2.2 Dr Keith Allan, Consultant in Public Health, referred to six new Public Health Priorities identified in a recent report by the Joint Director of Public Health. In particular regional and local work was being carried out around type 2 diabetes prevention by encouragement of healthy eating, the Scottish Borders having a higher rate of occurrence of diabetes than the national average. Ms Fiona Doig, from the Alcohol and Drug Partnership, summarised three areas of work being carried out. In terms of the supply of alcohol from local outlets the Local Licensing Forum produced an annual Alcohol Profile which pulled together statistics on the impact of alcohol consumption in the community. The Profile was used as a reference to assist the Scottish Borders Licensing Board in its decision making. Health Improvement work was also directed towards smoking information services including interaction with other behaviours and towards schools and other groups to encourage engagement in activity and healthy eating. Ms Fiona Jackson was in attendance as Project Manager for the 'Respect' project currently being introduced by NHS Borders for roll-out in this area. She explained that Respect was a guide that reflected the need to document conversations with family and health professionals for a person's clinical care in a future emergency, in which they were unable to make or express choices. It provided health and care professionals with a summary of recommendations to enable decisions to be made about that person's care and treatment. This would be complementary to a person's anticipatory care plan. Copies of the Respect form had been brought along to the meeting for information.

2.3 Galashiels Academy pupils, John Carr and Doddie Turner, gave a presentation they had prepared entitled 'Health and Wellbeing in Galashiels' and provided additional commentary on the slides shown and the views expressed by the range of people they had interviewed. John and Doddie firstly summarised the view of pupils about the main issues, which included reference to alcohol and drugs being a problem amongst youth in Galashiels; too much litter; and neglect of mental health. The Head of Health and Wellbeing in the school had explained that the Academy explored the physical and emotional wellbeing of youngsters but a wider range of activities was needed. Issues included transport and the opportunity to take part in the environment. A representative from Quarriers (a social care charity providing practical care and support for vulnerable children, adults and families) thought that the main issue was children not feeling safe within school whether this was caused by instability through family or friends or by gender/sexuality insecurity. Staff at Stable Life (providing equine assisted learning) believed that the main issues included isolation in rural areas and pupils not attending at school. The School Nurse said that openness was one thing that could be improved throughout the school. She believed that drugs and alcohol were more of a problem now because they were more readily available than they used to be. The Chairman thanked John and Doddie for their very interesting presentation and it was agreed that the slides be circulated with the feedback from the meeting.

2.4 Following the introductory presentations, officers joined Elected Members, partners and the public at their tables for a discussion on the main issues and priorities for the area in terms of 'Our Health and Wellbeing'. A pack of information had been provided at each table in addition to feedback sheets on which emerging points could be recorded. A summary of the output of the discussions is provided as an appendix to this Minute.

3. **FEEDBACK FROM MEETING ON 22 NOVEMBER 2018**

The Minute of the meeting of the Eildon Area Partnership held on 22 November 2018 had been circulated along with a summary of the discussion on the Council Budget 2019/20 attached as an appendix. The Locality Development Co-ordinator, Gillian Jardine, summarised the feedback which highlighted priority spending issues identified by those present at the meeting.

4. **LOCALITIES BID FUND**

Ms Jardine gave an update on the Localities Bid Fund (LBF). She gave a reminder that the second funding round of LBF was currently open, with applications being accepted until 5 pm on Thursday 28 February. Bids were invited to the £119k available in the

Eildon area; a maximum bid of £15k from constituted groups and £5k from those which were un-constituted. She confirmed that advice and help with applications was available on request from the Council's localities team.

5. **SMALL SCHEMES AND QUALITY OF LIFE PROJECTS**

Lists of schemes approved and funded from the Small Schemes and Quality of Life Budgets, within the three Eildon Wards in the current financial year, had been provided on the tables for information. In an update on the balances remaining within each budget, Ms Jardine advised that there was £2,374 left to be allocated in the Small Schemes budget for the Eildon area. Of the £20k annual budget for Quality of Life, divided between the three Wards, Galashiels had zero remaining, Selkirkshire had £1,758 and Melrose and Leaderdale £2,456 (although funding was not available to all Community Councils in this Ward due to the agreement to divide the budget between the Community Councils). Any queries or requests for funding from these budgets should be directed to the Council's Neighbourhood Area Manager, Mr Craig Blackie.

6. **NEXT MEETING**

The next meeting of the Eildon Area Partnership was scheduled for Thursday 7 March 2019. The Chairman explained that the focus of this meeting would be the preparation of a Locality Plan for the Eildon area. A draft plan, based on all the priority issues raised under the five themes at previous meetings, would be circulated prior to the meeting. The venue would be confirmed in due course.

The meeting concluded at 8.20 pm

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Eildon Area Partnership - 24th January 2019: Health Care and Well-Being		
Issues/ Challenges	Solution / Commentary	Priority Rating
<p>Waiting list for carers</p> <p>Access to alcohol & Drugs</p> <p>Socially acceptable/ Alcohol- bigger problem than drugs</p> <p>Alcohol and young people</p> <p>Rural, problems to reach health prevention classes</p>	<ul style="list-style-type: none"> • How long is waiting list? • Individuals paying for private carers • Adaptions to allow for those that can shower to do so <ul style="list-style-type: none"> • Push the licensing board to be more stronger with small groups • Enforcement of alcohol sales- "Test shoppers" <ul style="list-style-type: none"> • Change school education to move away from having a block of alcohol education to discussing alcohol use throughout the year. • Need to have alternative activities in the community • Need to create social spaces in the evening which don't sell alcohol <ul style="list-style-type: none"> • Students understand but what about parents= learn physical and emotional impact and how to recognise and deal with the issue • Extension of ambassadors (ex pupils) appearing in schools = positives and negatives- (real life stories ruined lives) and the emotional impact. <ul style="list-style-type: none"> • Revamp of rural transport • Schools to be used, for health education • Evening classes 	
<p>Lack of carers as a whole</p> <p>Awareness of risks from smoking & services to keep</p> <p>People drinking to get drunk People drinking more than what they realise High level of sugar in alcohol</p> <p>Rural opportunities for all ages</p>	<ul style="list-style-type: none"> • Is criteria in assessment fit for purpose? <ul style="list-style-type: none"> • Make services more visible to the public eye • Make young people more aware of the danger of smoking- Public health and schools <ul style="list-style-type: none"> • Community interventions in the pub during the day to provide people with an alternative • Trial giving non-alcoholic drinks to people to see if they realise it is non alcoholic <ul style="list-style-type: none"> • When a new school is created (Eg. Earlston Primary) it is created to allow full access for young people/ community to perhaps support those who cant afford/ access eg. Culture and bring it to the community. 	

<p>Gentle exercise , Classes stopped due to low numbers</p> <p>Physical activity</p> <p>Marketing encourages drinking amongst young people Extreme messages</p> <p>Housing for the elderly.</p>	<ul style="list-style-type: none"> • Volunteers could be trained to deliver class work with VCB to recruit volunteers. Groups could cover the cost of bringing in Live Borders (Micro grants and windfarms) • Make information on physical activity more accessible • Strengthen links between school conversations and home life • Test Purchasing • Provision needed to be included in the strategy for housing • All new builds- social housing to be accessible 	
<p>Good Practice</p> <p>Openness to talk about problems (young people)</p> <p>Alcohol can make peoples mental health illnesses worse</p> <p>GP Services</p> <p>People With dementia</p>	<ul style="list-style-type: none"> • Local patient transport system- CC cover cost of Petrol. CC area and will cover neighbouring areas. CC Cover insurance cost. • Increase mental health counselling in schools • Increase awareness of mental health workshops – development resilience • Need to be identified and supported • Dementia cafes, introduce dementia friendly walks 	
<p>Patient Transport</p> <p>Loneliness and isolation</p> <p>Bullying amongst young people , especially through social media</p> <p>Social media creates pressure to keep up with other people’s lifestyles</p> <p>Transport Issues</p> <p>Caring for people at home and improving the employee carers</p>	<ul style="list-style-type: none"> • Promote opportunities to meet eg. Bingo workshops for older people • Used council buildings/ schools/ mens shed/ time bank • Obvious! • Not enough time • Social interaction -wellbeing initiatives where residents commit to support our residents. 	
<p>Stow medical centre Long waiting times for appointments</p> <p>Holiday Hunger</p> <p>Opportunities for all ages</p>	<ul style="list-style-type: none"> • Focus centre provide breakfast during holidays • Varied opportunities across the high schools to impact on pupils/ parents/shops • The extension of music as core, very positive impact a health of wellbeing- Keeps you of drink 	

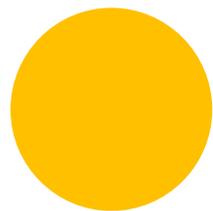
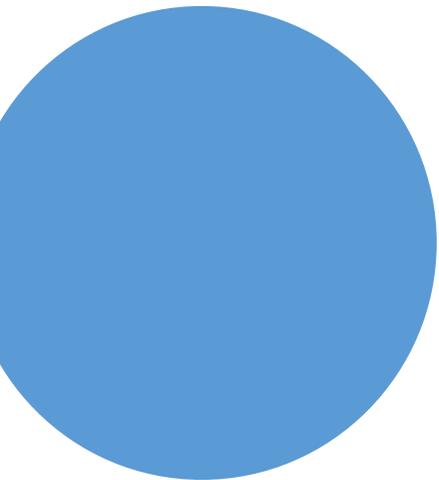
<p>If people need to be in hospital then they should rather than health centres being first port of call.</p> <p>Access to rural facilities</p>	<ul style="list-style-type: none">• Leisure facilities• Unisex changing may seem like a good idea but uncomfortable for many• Encourage young ladies especially some facilities should be single sex	
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Services more expensive for people with disabilities

Respect form-

Very confusing- draft of living will as an example

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Health and Wellbeing in Galashiels

Presented By
John Carr &
Doddie Turner



The View Of The Pupils

- Alcohol is a problem with youth in Galashiels.
- Too much litter.
- Free Gym passes for school pupils.
- Mental health is neglected.
- Sport is really prominent.
- Facilities need upgrading.
- New Kit for sports teams.
- Drugs and alcohol are a problem.
- Upgrades are needed.

A Word from our Head of Health and Wellbeing

“Issues for H&W include transport and the opportunity to take part in the environment.”

Page 11 “Galashiels academy explores the physical and emotional wellbeing of youngsters within the school, but we need a wider range of Activities.”

“ The sports facilities are moderately good. Great fields (when dry) but aging indoor facilities within the school.”



We also spoke
to Lesley from
Quarriers

Lesley thought that the main issue was children not feeling safe within the school whether this is caused by instability through family or friends or by gender/sexuality insecurity.

She also thought it could be improved by mental health ambassadors and more detail on mental health in PSE classes

Another point was that self harm was making people more self conscious about people seeing them.

The opinion of staff at Stable Life

They said issues include isolation in rural areas and pupils not attending school.

They thought that it was good that they brought in people from outside the school.

The view of the School Nurse

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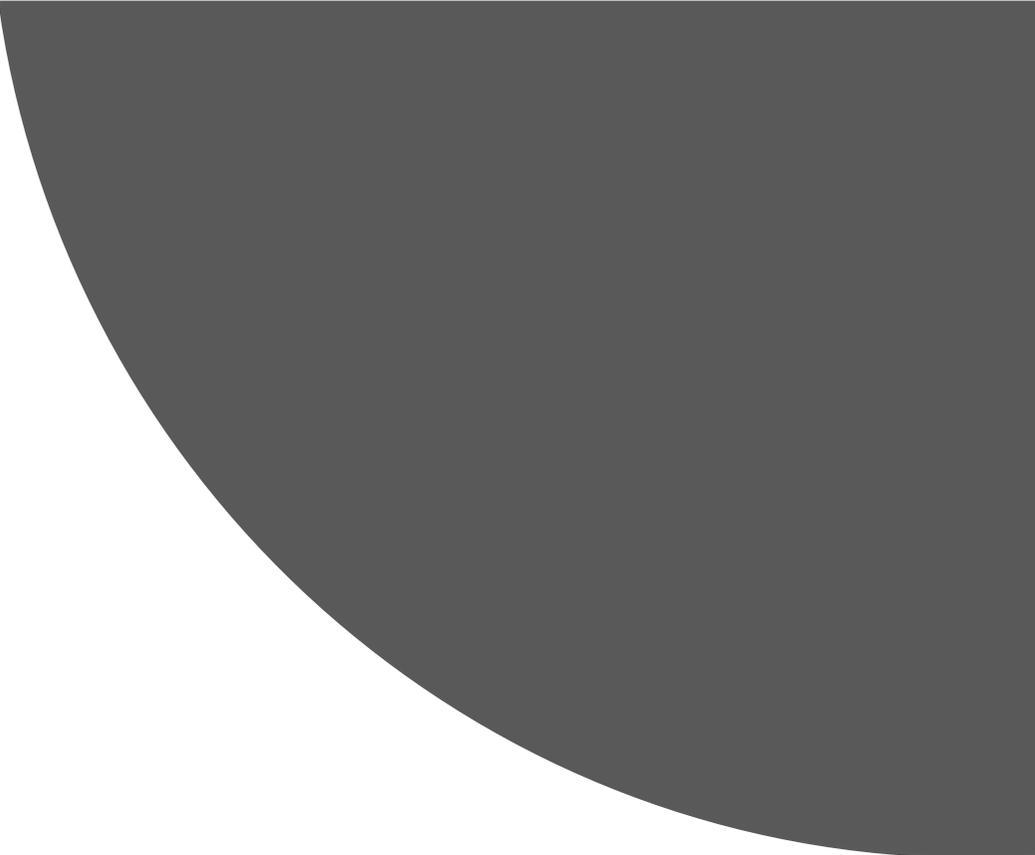
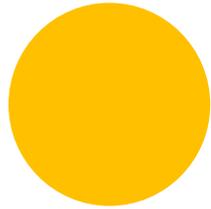
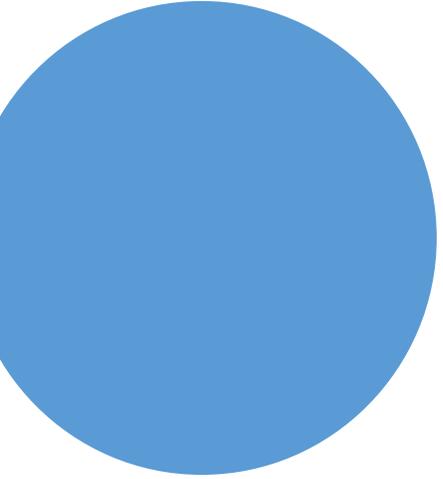
THE ISSUE FOR HEALTH AND WELLBEING INCLUDE EMOTIONAL HEALTH AND RISK TAKING BEHAVIOUR.



SHE SAID THAT OPENNESS IS ONE THING THAT CAN BE IMPROVED THROUGHOUT THE ENTIRE SCHOOL.



SHE TOLD US DRUGS AND ALCOHOL WERE MORE OF A PROBLEM NOW BECAUSE THEY ARE MORE READILY AVAILABLE THAN THEY USED TO BE.



Thank you for
listening

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