



Minutes of a meeting of the **Scottish Borders Health & Social Care Strategic Planning Group** held on **Wednesday 4 November 2020** at **10am** via Microsoft Teams

Present: Malcolm Dickson, Non Executive NHS Borders (Chair)
Rob McCulloch-Graham, Chief Officer
Caroline Green, NHS Public Participation Network Representatives
David Bell, Joint Staff Forum
Colin McGrath, Community Councillor
Diana Findlay, Public Member
Lynn Gallacher, Borders Carers Centre
John McLaren, Joint Staff Forum
Gerry Begg, Housing Strategy Manager
Jane Douglas, Chair of Scottish Care
Kathleen Travers, Borders Voluntary Care Voice
Graeme McMurdo, Programme Manager

In Attendance: Iris Bishop, Board Secretary
Susan Holmes, Communications Officer
Brian Paris, Project Manager

1. Apologies and Announcements

Apologies had been received from Dr Tim Young.

The Chair confirmed the meeting was quorate.

2. Minutes of the previous meeting

The minutes of the previous meeting held on 5 August 2020 were approved.

3. Matters Arising

Action18: Mr Graeme McMurdo advised that the EQIA had been updated, however he had not shared it with the Group. Mr McMurdo agreed to circulate the EQIA to the group for information.

The **STRATEGIC PLANNING GROUP** noted the Action Tracker.

4. Performance Report

Mr Graeme McMurdo provided an overview of the content of the report. He advised that the social care indicators were recorded at a point in time and he was actively seeking more

recent data. All of the data within the report was pre-COVID-19, however he had noted in certain areas of the report the impact of COVID-19. He emphasised that in some circumstances an improvement in performance could be seen and could be correlated directly back to the COVID-19 impact.

Mr McMurdo spoke to the key elements of the report including: improvements in performance for emergency hospital admissions for the over 75s, predominantly due to the impact of COVID-19; A&E attendances had dropped, due to the impact of COVID-19 as people refrained from attending A&E; A&E waiting times performance had reduced and had been significantly impacted by COVID-19; emergency hospital stays; Older people receiving packages of care; reduction in occupied bed days, largely due to the impact of COVID-19; snapshot of delayed discharges data; patient survey; acute patient discharges to residential care; emergency readmissions; end of life care; carer support plans and outcomes; and domiciliary care.

The Chair noted the positive point on page 6 of the report in regard to occupied bed days for emergency admissions and the sustained performance since 2018. Mr McMurdo agreed that it would be good to see performance continue to be sustained in the longer term.

Mr David Bell enquired about waiting times performance. Mr Rob McCulloch-Graham advised that scrutiny of waiting times data was being undertaken and he was awaiting feedback on the reasons for delays.

Mr Bell enquired about the percentage of older people receiving home care and whether their quality of life was improving. Mr McCulloch-Graham commented that surveys were undertaken and a report had been commissioned from the external auditors to look at packages of care, lessons learnt from COVID-19 and delayed discharges. He further commented that he was aware of the challenges for carers in looking after family members who would normally have access to respite and day services and additional resources were being put in place to support people further.

Mr McMurdo commented that any reduction in packages would be as a consequence of an assessment having been carried out. He anticipated a measured reduction in packages of care as the reablement service was introduced.

Mrs Jane Douglas enquired if any packages of care had been increased and in offering care at home if the frailty of people could be captured which would assist care homes when undertaking placements. Mr McCulloch-Graham commented that all services were driven to keep people at home or in a homely setting for as long as possible for quality of life purposes. Sometimes a person's quality of life would be better met, if they were admitted to a residential care facility and discussions would have been undertaken by social workers and clinicians before any such decision was made.

Mr Brian Paris commented that it was recorded both where packages of care were increased or decreased as part of the individuals review process.

Mrs Lynn Gallacher commented that there were delays in having the assessments completed which had an impact on the cared for person and the carers involved, as well as potentially

impacting on the frailty of people prior to admission to a care home. She was keen that the gap in the provision of day care services be highlighted.

Mr John McLaren highlighted the reported performance against Objective 1, Improving Health and Reducing Hospital Admissions, and commented that there was a need to focus on the whole objective and not just a part of it. He noted that whilst performance appeared to be good it was probably a consequence of the impact of COVID-19.

The Chair commented that waiting times and A&E performance were likely to be as a consequence of the response to the pandemic given the Ambulatory Assessment Unit (AAU) had ceased to operate alongside A&E. The AAU was the facility whereby doctors would prearrange admission to the hospital. Mr McCulloch-Graham commented that the AAU did serve to reduce the pressure on the Borders General Hospital (BGH) and it did have an impact on waiting times but it was difficult to quantify it.

The **STRATEGIC PLANNING GROUP** noted and approved any changes made to performance reporting.

The **STRATEGIC PLANNING GROUP** noted the key challenges highlighted.

5. Annual Performance Report

Mr Graeme McMurdo provided an overview of the content of the report and commented that it had been published. There had been a legislative requirement to produce the report by July however an extension to that deadline had been granted due to the pandemic. He further commented that the report had been received by the Integration Joint Board at its' August meeting and had been broadly accepted bar a few minor amendments.

The Chair commented that it had been a well written report and the links contained within it added to its meaningfulness.

The Chair and Mr Rob McCulloch-Graham thanked Mr McMurdo for producing the report.

The **STRATEGIC PLANNING GROUP** noted the published report.

6. Service User Engagement

Mr Rob McCulloch-Graham provided an overview of arrangements through a presentation on Locality Working Groups and highlighted that the intention was for service user engagement to be run in conjunction with the traditional Locality Working Groups membership. He was keen to test the concept in the first instance.

Mr Graeme McMurdo commented that consultation was currently problematic due to the pandemic with all communication being managed online. He was keen that all avenues were joined together so that an answer on any topic could be provided to the community.

Mr David Bell supported the direction of travel and was keen for the partnership to become more open and accessible to the public.

Mrs Diana Findlay commented that when the Locality Working Groups were in operation they had met during the day which excluded a proportion of the public and equally if meetings were to continue online they would exclude those who did not have access to the required technology. The Chair echoed the point and commented that to exclude those without access to the appropriate technology was an inequality that should not be tolerated.

Mr McCulloch-Graham commented that meetings could be both recorded and broadcast and questions on the subject matter could be gleaned in advance. He also suggested people would be given the ability to post questions and comments whilst the meeting was taking place. There would however be a resource requirement and a limit placed on the length of time for conversations. He suggested if some groups could be pin pointed then a buddy system could be put into operation.

Mrs Kathleen Travers commented that the third sector had played a huge part in getting people onto digital platforms, offering devices, and assisting people to get online. Good partnership working had taken place between the third sector and local authority and there were now several digital champions in place and funding, support and training were being made available.

Further discussion focused on: empowering people to have a stronger voice; potential title change – Hearing Peoples Voices/Having Your Say; inclusion of current groups; and the potential in the future for a blend of physical and digital meetings.

Mrs Lynn Gallacher offered to scope the format for the future through her existing third sector groups.

The **STRATEGIC PLANNING GROUP** noted the update.

7. Update to SPG Terms of Reference

The Chair highlighted the changes to the terms of reference.

The **STRATEGIC PLANNING GROUP** accepted the revised terms of reference and recommended their submission to the IJB for formal approval.

8. Meeting Cycle 2021

The Chair introduced the paper.

The **STRATEGIC PLANNING GROUP** approved the proposed meeting dates and business cycle for 2021.

9. Lessons Learned – Delayed Discharge

Mr Rob McCulloch-Graham provided an overview of the content of the report and highlighted: ultimate destination of delayed discharges; trusted assessment scheme in the right place; 7 day working; intermediate care; areas of work currently underway; and external support and advice. He further commented that at the commencement of the pandemic packages of care

had been reduced and some had been reinstated but not all. Some multi disciplinary teams had felt that some packages of care had been over prescribed and were preventing some people from leaving hospital and were in effect building in delays.

Mrs Lynn Gallacher enquired if it would lead to pressure being taken off of community social workers assessing. Mr Brian Paris explained the process to be followed and the role of the Trusted Assessor. He emphasised that the point at which the social worker engaged with the person would be in their home setting and not in the hospital setting. The benefit to the system would be to reduce any unnecessary delays or burdens on people awaiting a social work assessment as it would be done by the appropriate professional earlier in their care package journey.

Mrs Gallacher commented that she had received feedback from some carers in regard to care packages, where they had made the choice to stop their care package but were now wishing to have it reinstated, however that was being denied due to a lack of resource. Also the status of some paid carers had changed again due to a lack of resource.

Mr Paris commented that some of the programme of work within the paper was in regard to how to improve capacity across the care providing organisations. With regard to packages of care, some had been reinstated and some had changed due to an increased frailty of individuals. He accepted that there were service capacity issues and the intention was to maximise the scheduling to focus on reablement which should lead to less demand on long term care packages. Change was taking place at the moment and would impact on the next few weeks and months and he accepted it would unfortunately cause some distress in some households.

The Chair commented that delayed discharges affected each part of the partnership in terms of health and social care as it impacted on their main resources. He enquired if a common approach was being taken to address delayed discharges. Mr McCulloch-Graham commented that there was a high degree of frustration across the partnership in regard to delayed discharges. The direction of investment and prioritisation had been confirmed so that a focus on intermediate care, trusted assessor, identification of care levels, gaps and policies could be taken forward. In terms of moving forward he emphasised the need for managerial grip, learning from the outcomes of the internal audit, noting pressure and demand and putting in place more processes to ensure the policies were being followed and were enabling people.

Mrs Diana Findlay commented that she assumed when a patient was in hospital it was the NHS budget that covered the costs and when a patient was moved to the community it was the local authority budget that covered the costs. She suggested therefore that it was that point that was the test of being a partnership. She further commented that it appeared as if the local authority seemed to have the delays in regard to calculating what was required for the patient. Mr McCulloch-Graham commented that Ms Findlay's analogy was correct, however, the Integration Joint Board held the budget for delayed discharges across both the NHS and local authority and had responsibility for the strategy and policies to deal with delayed discharges by moving funding to the community.

The Chair commented that the whole *raison d'être* of the partnership was to stop what Mrs Findlay has described happening.

The **STRATEGIC PLANNING GROUP** noted the report.

10. Any Other Business

Community Empowerment: Mr Colin McGrath requested to speak to the Group about community empowerment. He spoke of various legislation that had been put in place including the Public Bodies Joint Working (Scotland) Act 2014, and the Community Empowerment Act 2015. He then spoke of the Care Inspectorate report from 2017 and its recommendation in regard to the partnerships' strategic planning and management.

Mr McGrath sought a public voice on the Oversight Board or its supporting workstreams. He had been keen to be a public voice on the IJB and he noted that Mrs Morag Low had a seat on the IJB in the service user context.

Mr McGrath was keen that public members or citizens were members of each workstream that fed into the Oversight Board, so that they could put their views to the workstream and be empowered to make decisions on what should happen. He did not believe the Chief Officer, Chair or Executives should be making the decisions.

Mr McGrath reported that he was liaising with the Cabinet Secretaries for Health and Communities (Cabinet Secretary for Health and Wellbeing, Cabinet Secretary for Communities and Local Government) and that they were not happy with the proper consultation and empowerment of the people not just in the Scottish Borders.

He offered the view that it was important not to fall foul of the Care Inspectorate and suggested they were very upset at missing a meeting of the Strategic Planning Group in 2019/20 as the date had been changed at the last minute. He suggested inviting the Care Inspectorate to a future SPG meeting to give them a view on what was happening and that it should include involvement in empowering the people. He then suggested that Service User Engagement be changed to Service User Empowerment.

Mr McGrath proposed that the Community Council Network, of which he was the Chair and which he said represented 69 community councils, could fulfil the service user engagement role for the IJB.

Mrs Diana Findlay supported Mr McGrath's suggestion and said there were weaknesses in the way the IJBs had been set up by the Scottish Government and if they wanted it they needed to give all the power to the Chief Officer.

Mrs Lynn Gallacher commented that user carer involvement was very important as carers were part of the solution and she was keen that as far as possible they were at the centre of the process. She suggested working together to find cost effective solutions to meet peoples needs. There were areas that needed to be worked on and improved and there would be lessons to be learnt from the COVID-19 pandemic.

The Chair enquired if consultation via the Locality Working Group structure would improve things. Mrs Gallacher said she believed a name change was definitely required and the existing groups should be used for engagement purposes. She provided the example that

there were 6 Locality Peer Carer Groups with 12 carers on each group throughout the Borders who had a strong voice and would be willing to be involved.

Mrs Kathleen Travers reiterated Mrs Gallacher's suggestions and commented that in terms of service users, there were various groups of service users that were up and running, that would be keen to be involved and would provide meaningful feedback. She provided the example of service user and carer groups for mental health and dementia. She suggested there was an opportunity to provide meaningful engagement with service users and carers and the third sector had a very big role to play in that engagement process.

Mr Rob McCulloch-Graham reported that in terms of the Care Inspectorate report of 2017, referred to by Mr McGrath, a follow up inspection and review had taken place and the partnership had made progress in all of the areas identified. It had been unfortunate that the Care Inspectorate were unable to attend the SPG but they had at that time been invited to come back to the IJB and to the SPG and they had not taken up that offer.

In terms of representation on the SPG, Mr McCulloch-Graham referred to the earlier discussion about service user engagement and reiterated that the existing carer and user groups and locality working groups should be used for that wider engagement. He was keen that the experience of direct live debate through online and potentially physical arenas was undertaken in the first instance.

In concluding the conversation the Chair made several comments including that he had exchanged correspondence with Mr McGrath in regard to his take on community empowerment. He sympathised that things did not appear to be happening as fast as everyone would like and so he undertook to promote the influencing role of the SPG and to build on what could be done with engagement through locality working groups. He agreed there could be a name change to the locality working groups initiative. In regard to the workstream groups that sit below the Oversight Board, they had been agreed, recommended to the IJB and adopted. He reminded the SPG that the Oversight Board was a management group and it would not be appropriate for any IJB Board members, let alone SPG members, to sit on that management group.

The Chair commented that it had taken a while to get to the current situation and the COVID-19 pandemic had slowed down engagement further. He welcomed the suggestion of putting empowerment into some of the structure.

Mrs Gallacher further commented that it was a good opportunity to look at engagement, learn from previous mistakes, look at what had and had not worked in terms of commissioning decisions in the past especially where carers and service users had not been involved, particularly in terms of home care. She was keen that carers and service users had a strong voice in the commissioning of services going forward.

Mr McGrath said he felt the public should have a bigger say in the running of services and referred to Eyemouth deciding to take control of the primary school and Jedburgh moving to take over council activities and receiving a fee.

Mr McCulloch-Graham proposed that once the scoping and initial testing of the new service user engagement had been undertaken then a potential revisit of Mr McGraths' discussion on empowerment could be undertaken, if the SPG had an appetite for that.

The **STRATEGIC PLANNING GROUP** noted the discussion.

11. Date and time of next meeting

The Chair confirmed the next meeting of the Strategic Planning Group would be held on Wednesday 3 February 2021, at 10am to 12pm via Microsoft Teams.

APPROVED