



Minutes of a meeting of the **Scottish Borders Health & Social Care Strategic Planning Group** held on **Wednesday 5 May 2021** at **10am** via Microsoft Teams

Present:

- Malcolm Dickson, Non Executive NHS Borders (Chair)
- Rob McCulloch-Graham, Chief Officer
- Colin McGrath, Community Councillor
- Lynn Gallacher, Borders Carers Centre
- Gerry Begg, Housing Strategy Manager
- Graeme McMurdo, Programme Manager
- Jenny Smith, Borders Voluntary Care Voice
- Amanda Miller, Eildon Housing Association
- Karen Lawrie, Partnership Lead for NHS Borders
- Wendy Henderson, Independent Sector Lead
- Lucy O'Leary, Non Executive NHS Borders (Chair from August 21)
- Stuart Easingwood, Director of Social Work
- Keith Allan, Consultant in Public Health Medicine
- David Bell, Joint Staff Forum
- Linda Clotworthy, NHS Staff Member
- Susan Holmes, Principal Internal Auditor
- Graeme McMurdo, Programme Manager

In Attendance:

- Laura Prebble, Minute Taker
- Philip Lunts, Strategic Planning Lead for NHS Borders
- Gordon McLean, Strategic Partnership Manager, Macmillan Cancer Support
- Bill Clark, Social Care Advisor, Macmillan Cancer Support
- Clare Oliver, Communications Manager
- Andrew Carter, Director of Workforce
- Bob Salmond, Head of WDMS
- Arthur McLean, Co Chair of Independent Sector Providers SAG

1. APOLOGIES AND ANNOUNCEMENTS

Apologies had been received from Diana Findlay and Caroline Green.

The Chair confirmed the meeting was quorate.

The Chair welcomed both Wendy Henderson and Lucy O'Leary to their first meeting today.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 3 February 2021 were approved with the following amendments:

- Pg 2 – Colin McGrath’s comments – **Action:** Colin to email amended wording to Laura Prebble to amend the Minute.
- Jenny Smith’s organisation is Borders Care Voice – to remove ‘voluntary’.

3. MATTERS ARISING

Action Tracker:

Item 2 - Rob McCulloch-Graham met yesterday with Amanda Miller and Nile Istephan from Eildon Housing. It was a productive and useful meeting to develop further the commissioning and capital strategy. To develop the relationship further. A further meeting is scheduled in 2 weeks. Jenny Smith added that there are a lot of exciting projects in the early design stage. To look at the gaps and share business strategy and look at how to this aligns with IJB. Rob noted there will be a new Health & Social Care Partnership commissioning plan/strategy by April 2022.

Item 3 – covered in today’s Agenda.

Item 4 – To be discussed at BET on Friday.

Item 5 – Rob McCulloch-Graham emailed information to Diana Findlay.

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

4. PERFORMANCE REPORT

Due to a delay in receiving the data, this report will be circulated to the group after the meeting.

Action: Graeme McMurdo to email report to all.

5. UPDATE ON PERFORMANCE REPORTING

Graeme McMurdo gave an outline of the proposal to update performance reporting. The quarterly report will remain the same as the public facing report for this group.

The proposal is to supplement the report with additional, more useful information. Future reports will aim to use more spotlight reporting to demonstrate what people are gaining from IJB services. Reporting will still include financial, details and how we are seeking to change and improve services through co-production. The reporting will aim to be more flexible so a report can look at current activity and show progress in particular across all IJB programmes including the 10 priorities within the Strategic Implementation Plan.

Graeme invited comments at the meeting or for people to contact him directly after the meeting.

Lynn Gallcher noted that it is difficult to capture co-production and asked if there was a way of measuring it. We need to be better at demonstrating outcomes. Wendy Henderson noted that her organisation uses the integrated impact assessment to track a process.

The **STRATEGIC PLANNING GROUP** agreed a more flexible report would be beneficial, to go ahead and develop additional data from an IJB and H & SC perspective.

6. TRANSFORMING CANCER CARE – Gordon McLean and Bill Clark

The Chair welcomed Gordon McLean and Bill Clark to the meeting.

Gordon McLean presented a PowerPoint presentation to the group – ‘Macmillan’s Improving the Cancer Journey – Proposal for the Borders Health & Social Care Partnership’. A discussion followed. Gordon had met with Rob McCulloch-Graham to discuss the programme earlier.

The programme focuses on the non-clinical and un-met social care needs. It is a multi-agency approach to improve the lives of people affected by cancer, enabling service users and utilising community assets both statutory and voluntary. The programme has been evaluated by Edinburgh University as delivering on 9 of the H & SC priorities and is being rolled out across Scotland and are looking to roll it out in the Borders with the help of the H & SC Partnership. Bill Clark added that this would be a good project for the Borders and would make a real measurable improvement for the lives of cancer patients and other serious illnesses, reducing the number of patients returning to hospital. There is a vibrant 3rd sector here in the Borders which will add to the programme.

The Chair thanked Gordon and Bill and asked if there were any comments from members.

Dr Keith Allan noted the level of assessment (5 yrs) speaks very well. Co-production is key. Net savings and a more efficient use of services can be made. Gordon added that there will be an investment of £320K which will last 3-5 years to fund link officers. They are looking to align with existing services to prevent duplication. A letter will be sent to service users to offer to link them with this service. A link worker would then visit them in their locality to understand their needs and determine their top 3-5 current priorities before moving on to the next level. In Glasgow, only 5% of those worked with required a referral back into a clinical setting. The majority were signposted to voluntary and 3rd sector setting. David Bell raised the issue of the Borders being a rural community with poor public transport links. Gordon noted that this programme has worked well in super rural communities such as the Highlands. Link officers are based in localities; 1 per 100,000. It will be for local colleagues to decide how funds are best utilised. Bill added that the Borders is most similar to Fife where giving equal access is a challenge. Jenny Smith asked about how long before it will be up and running and if there will be a reporting mechanism for the efficacy of the service. Gordon confirmed that a robust quarterly report is produced as part of the programme governance. There will be a scoping first of each locality to understand the community assets. Bill added the programme needs service users and the 3rd sector to be involved with an investment strategy for the 3rd sector. Wendy Henderson said she would be very interested and would like to be involved in this programme, to inform the business models of the independent sector. Linda Clotworthy asked if volunteers who have already been through the journey or are still living with cancer would be used to assist in filling any gaps; people who know the issues and the processes. Bill noted this and stated that this works in other areas.

Rob thanked Gordon and Bill for attending the meeting today. The project will be a catalyst to co-production and coordination, knowing where the 3rd sector are in each locality. Strata software will allow services to be mapped and allow referral. .

The **STRATEGIC PLANNING GROUP** agreed the project will be a benefit for the Borders and Gordon will be asked to return to the SPG once the programme is up and running.

7. ADDRESSING HEALTH AND INEQUALITIES PROGRAMME – Philip Lunts

The Chair welcomed Philip Lunts to the meeting. Philip shared a PowerPoint presentation with the group. The programme looks at how to maximise the impact of NHS Borders in mitigating health inequalities. To identify groups and target work towards them. The most deprived make up 29% of the population and have 45% more deaths than average. Based on respiratory illness, older people are 1000% more likely to die. Occupation, deprivation, age, ethnicity and co-morbidities are health inequalities. BEM – 15% are employed by NHS so the organisation is well placed any health inequalities resulting from ethnicity. NHS Borders are proposing to take action, where it is possible. A 2 year programme focusing on 3 areas – gathering data, engaging with groups and individuals and NHS as an institution being the anchor.

Comments: It was good to see staff were recognised as communities. Keith Allan added that this is crucial to the health of the Borders. The inequalities have been exacerbated over the last year and the Scottish Government are consulting on how to address inequalities identified. Lynn Gallcher noted to include unpaid carers in this. Linda Clotworthy asked if the impact of Covid on mental health had been included. Philip advised that it looks at how people use our services and this will include mental health services as a priority. To explore if services are where they are needed most. The Equality and Diversity forum is back up and running and Philip confirmed they are involved.

The **STRATEGIC PLANNING GROUP** noted the content of the report and thanked Philip Lunts for his presentation.

8. HEALTH AND SOCIAL CARE ENGAGEMENT: CONVERSATION WITH COMMUNITIES – Clare Oliver

The Chair welcomed Clare Oliver to the meeting. New initiatives have taken place in the past month and have been successful. 60 people have come forward to support the new programme. There will also be a general event with an open invite to the community. Clare noted that they are keen to get the views of carers and service users. To make a plan on how to move forward and make sure conversations are meaningful. Rob McCulloch-Graham noted that concerns had been raised that there was a perception that work had not begun. Work is being done both in SBC and NHS and there is a greater need to publicise this. The programme aims to develop a different relationship with residents of the Borders.

The **STRATEGIC PLANNING GROUP** noted the report and the Chair thanked Clare Oliver for her presentation.

9. WORKFORCE STRATEGY – Andrew Carter and Bob Salmond

The Chair welcomed Andrew Carter and Bob Salmond to the meeting.

Rob McCulloch-Graham noted that there has been a lot of work carried out by NHS, working with lots of partners, on the workforce strategy. There is still more work to be done. The focus is currently on NHS but the next stage is to expand to IJB and other areas. Graeme confirmed the information will be expanded and will be brought to SPG and IJB in the future.

Andrew presented a PowerPoint presentation of the early draft strategy, for comment.

The workforce strategy will help develop the workforce work stream. Andrew introduced Bob as the lead on this project. The aim is to have the right people at the right place, at the right time. To work more integrated than previously. Covid19 has made this a priority and so to use the lessons learnt to produce a 2021-24 integrated workforce plan. The Scottish Government have asked Health Boards and IJBs for a 1 year plan to give a compass bearing/direction of travel, as statutory agencies. A template was given to be completed in 7 weeks. Feedback is expected in a month's time.

A working group has been set up with partnership and stakeholder representation to focus on the 31st March 2022 deadline for the new 3 year plan. The group will ensure it engages with all partnerships next year.

The Chair thanked Andrew and Bob and invited comments from members.

Colin McGrath asked if the document could be paginated. Andrew noted that later draft versions have been but this is an earlier draft version brought for discussion. Colin asked if integration has taken place as intended by the IJB. Andrew noted that staff are on statutory contracts with NHS or SBC and have not merged but people are working closely. Bob noted that NHS staff have transferred from admin to hands on but not across H & SC. This has resulted in staff being re-skilled as an emergency response to the pandemic. Colin asked if this would continue, as a principle, and Bob confirmed they will have a protocol on how staff can be redeployed in the future. Colin asked if there are any problems recruiting staff in the Borders. Bob confirmed how links have been made with NHS Lothian and joint appointments made. Colin asked if he could share this information and Bob noted he would need to confirm this with management first. David Bell asked when will there be a link between the 2 organisations as it has taken 2 years to get a basic outline. Andrew said he is happy to work with SBC and there will be workshops looking to get both staff to the same level. Part of the next 3 year plan. Jenny Smith added that the 3rd sector will want to contribute but do not have the resources to collect information. To be involved with the workforce work stream group. Andrew confirmed he is more than happy to work with the 3rd sector.

Lynn noted the importance on patients and unpaid carers of staff having the correct skills and competences to perform their job well and this should be included in the plan. There is a common theme around communication being an issue. Andrew reiterated the need for the right people in the right job at the right time with the right skills. A new training board has been set up to look at these issues. David Bell added further development across the whole of H & SC is needed.

Staff have moved into different setting during the pandemic working alongside other sectors when there have been issues. This has been done voluntarily and has been beneficial. A challenge – a blurring of edges for some professions. Jen Holland added that SBC want to develop a training route with training recognised across all areas. Colin noted that the community should be involved in decision making and that the integration of staff may have an impact on the community.

Linda Clotworthy added that communication has been a big issue raised by NHS staff. There is a need to look at other avenues of communication so information can reach staff on time. This is not just an NHS issue. A platform where staff can log on from anywhere to get the information they need. The Chair confirmed this is a good point raised. Andrew and Bob to look at a platform for those who do not have access to the internet. They confirmed SBC are looking at this as part of the digital transformation. Jen Holland added that this had been an issue noted that SBC are rolling out 'Total Mobile' which could be a good tool and a portal for all providers so everyone has access to information.

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

10. ANY OTHER BUSINES

Rob McCulloch-Graham offered his sincere thanks to Malcolm Dickson for his chairing of this group for this term. Colin McGrath and others thanked him too. The Chair thanked members for their support. Lucy O'Leary was welcomed as the chair for the next term.

Colin McGrath asked about the concept of putting the service user at the centre and that their views mattered. The Community Empowerment Act gives empowerment to the community. Colin suggested replacing engagement with empowerment. Colin asked why The Equalities Act 2010 was quoted as it has been around for a long time. Philip explained that this was just for context for the group; a reminder of its importance. Colin advised that he has been asked by SBC to write to the Government for comments on The Community Empowerment (Scotland) act 2015. There will be significant changes that will affect the IJB.

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 4 August 2021, at 10am to 12pm via Microsoft Teams.