



Minutes of a meeting of the **Scottish Borders Health & Social Care Strategic Planning Group** held on **Wednesday 6 December 2023** at **10am – 12pm** via Microsoft Teams

Present:

Cllr David Parker (Chair)
Chris Myers, Chief Officer for Health & Social Care
Caroline Green, Public Member
Lynn Gallacher, Borders Carer Centre
Sohail Bhatti, Director of Public Health
David Bell, Staff Officer
Kathleen Travers, Borders Care Voice
Linda Jackson, Service User Representative
Vicki MacPherson, Mental Health and Learning Disability Services
Wendy Henderson, Independent Sector Lead

In Attendance: John Barrow, Bhav Joshi, Elaine Dickson, Janet Bennison, Katrina Culley, Claire Oliver, Amanda Young (Minute Taker)

1. APOLOGIES AND ANNOUNCEMENTS

1.1. Apologies received from: Gwyneth Lennox, Colin McGrath

2. MINUTES OF THE PREVIOUS MEETING

2.1. Linda Jackson asked that the minutes be approved with adjustment to Item 12: AOB Winter preparedness, adding the words 'in relation to carers involvement'.

2.2. **Scottish Borders Health & Social Care Strategic Planning Group** approved the Minute of the previous meeting held 1 November 2023 with the changes agreed.

3. MATTERS ARISING/ACTION TRACKER

3.1. Action Tracker was discussed:

3.2. Action 13 Complete

3.3. Wendy Henderson provided an update on Action 14 and will bring updates to future meetings

The **Scottish Borders Health & Social Care Strategic Planning Group** noted the Action Tracker.

4. Scottish Borders Macmillan Improving Cancer Journeys

- 4.1. Wendy Henderson discussed the Improving Cancer Journey paper saying that Stage 1 impact assessment had been through a very robust impact assessment. Wendy is encouraged by the level of understanding, embedded throughout, and noted that praise should be given where praise is due and this paper is an exemplar of best practice in addressing Inequalities on the Improving Cancer Journey.
- 4.2. Chris Myers gave an overview of the Improving Cancer Journey paper on behalf of Jen Holland explaining it was part of a MacMillan funded national programme and highlighting key points discussed. Funding and support has previously often been focused on acute care and clinical care. Improving Cancer Journeys is about addressing the social needs of people living with cancer and helping people to live better in the community. This is considered an important development as figures projected today suggest that the number of people living with cancer in the Borders is set to increase to around a 1000 a year by 2025.
- 4.3. Linda Jackson asked about what happens at the end of the journey with the Link Worker, and if there were plans for a leaflet to be developed and requested that any future production be written in plain English, with less acronyms.
- 4.4. The link worker model would operate, providing support and developing links across communities. People will be able to follow various pathways, and move both back and across pathways as needed.
- 4.5. Kathleen Travers commented on communications to the public asking for less jargon and less acronyms. Kathleen asked about the Local Area Coordination Review and if this would have any impact on this proposal.
- 4.6. Chris Myers stated there was no expected impact and the Local Area Coordination Review paper is due to come to a future SPG meeting. The review was essentially to do stocktake of the service, to look at the alignment to our strategic approach, to assess best practice hope to see further development of the Local Area Coordination services. An independent review report had recently been returned for an officer's response. Staff are aware of the findings of the review but recommendations have yet to be shared as decisions on what recommendations are to be accepted have not happened yet. This is ongoing and we should see a real synergy with Local Area Coordination service and not create a silo in the Borders service provision.
- 4.7. Wendy Henderson welcomed the papers, and the proposal, noting the support socially and financially for families as an outcome. In terms of equality, Wendy asked if the number of acronyms contained in the paper could be addressed before publication.
- 4.8. Caroline Green complimented the Macmillan Cancer Centre, noting the support, the ability to liaise with other centres and help with any problems presented, and if they have the opportunity to do more of this, this is even better.

4.9. Cllr Parker thanked Caroline for her contribution, agreeing that this was good to hear.

Scottish Borders Health & Social Care Strategic Planning Group approved the Improving Cancer Journey with changes to the acronyms and jargon as discussed before publication.

5. Carer's Strategy and Implementation Plan

- 5.1. John Barrow gave an overview of the paper discussing how the strategy has evolved, recognising that only by getting the needs of those being cared for, will those providing care have their needs met. John then discussed the Carer's Workstream meetings, the purpose of these meetings, and how this has created a platform for carers voices to be heard. Furthermore, work is ongoing to consult with different communities about the support needed, recognising that different areas have different needs and that a one size fits all strategy will not work. Carers respite needs are also being addressed through the strategy.
- 5.2. Chris Myers thanked John Barrow and the Carers Workstream, Linda Jackson, Lynn Gallacher and other partners for the work in this area. It is a hugely important piece of work and one of the strategic objectives of the HSCP. The document states the intent of where we want to go and contains clear actions and is a very important document and a key moment in time for the IJB.
- 5.3. Lynn Gallacher confirmed that the work involved in the paper has been very much a partnership approach. Carers are at the heart of what we do, and looking to the future, that we evolve and fully engage with carers to provide support for carers.
- 5.4. Wendy Henderson thanked John Barrow for pulling the paper together and recognised the evidence of great partnership working and shared working. Wendy stated she will be running a workshop for the sub-group of the Carers Workstream to help identify inequalities in care and support for both carer and cared for. Wendy then discussed changing legislation in relation to Young Carers and the ways that children have 'lived experience' of care and the challenges around adult care service and how this links to Young Carers.
- 5.5. Further discussion followed in terms of the approach between adult carers and young carers and the delegated responsibilities. In the Borders, the IJB does not have Young Carers services delegated to it. However, Carers funding is essentially 'ageless' as a result a proportion of national funding for carers that is passed to the IJB is earmarked and passed onto Children's Services. John Barrow and Scott Watson are sighted on this and there is a targeted approach ongoing towards supporting Young Carers.
- 5.6. Linda Jackson would like to see more acknowledgment of the Borders Carers Centre in the final paper, to draw attention to the work the Borders Carers Centre does on behalf of the Council through the commissioning services.

5.7. Chris Myers noted this was a key point. It is important that key partners and those who work in partnership need to be recognised in the final version. Consideration should be given to joint branding too.

5.8. There followed a discussion about support for Carers who are no longer caring for person, for example when someone has been admitted to a care home. It was noted that legislation requires Carers' Plans to be in place, and that there are support groups, in person, online and telephone based. These should all be signposted to the care giver through their plan and interactions with social work. Care Homes also look out for those who have previously provided care, acknowledging the sense of loss when a person is moved from the family home and are aware it may be sometime later when the impact is felt by the person who previously provided the care.

Scottish Borders Health & Social Care Strategic Planning Group approved the Carers Strategy and Implementation Plan with the changes discussed.

6. Tackling Healthcare Inequalities Strategy

6.1. Sohail Bhatti noted the presentation has been shared and discussed the index of multiple deprivation and the impact of that on data, explaining how the system averages out figures based on areas, which can result in hidden deprivation. Data shared demonstrates the need to tackle health care inequalities by looking at the causes. Causes discussed included poverty, wage rates, public transport infrastructure, alcohol and drug abuse, and domestic violence. It was noted that partnership working is very important and this is a significant piece of work that connects strongly to our strategic aims.

6.2. David Bell thanked Sohail and noted that the facts were not a surprise and asked if the data could this be broken down further, enquiring about areas away from the hospital experiencing more inequalities than the central area of the borders and added that this could be a great driver for both SBC and NHSB to recognise that remote areas are impacted by the distance between towns and the BGH and that providing more community based services may reduce inequalities experienced in remote rural areas.

6.3. Wendy Henderson welcomed the report and asked in terms of membership of the group working on the paper, is there a place for the Human Rights and Inequalities Lead and offered to help with this piece of work.

6.4. Sohail Bhatti agreed and welcomed Wendy's comments and noted the differences between health inequalities and equality work and need to educate on this point.

6.5. Chris Myers explained that a result of the IJB development session with the improvement service around priorities and self-assessment and discussion with IJB members, there needs to be a focus on reducing poverty and inequalities and on early intervention and prevention. As a result, there is work going on in the background to bring communities, staff and partners together. Sohail Bhatti's team is involved as is Claire Oliver's team looking at engagement and alignment with the area partnerships

in the Scottish Borders, to develop a function that brings value and support the reduction in health care inequalities.

Scottish Borders Health & Social Care Strategic Planning Group noted the Tackling Healthcare Inequalities Strategy paper and looks forward to updates in the future.

7. Financial Planning Principles

7.1. Chris Myers presented a PowerPoint discussing financial planning principles for the IJB, both in terms of process, and legislative requirements, covering the challenges, opportunities and risks. Mr Myers explained that by following guidance included in the legislation, a letter will be issued requesting payment for the IJB services and explained proposed changes in how budgets are set, reflecting that there are significant budget pressures all around. It was noted the financial planning need to focus on financial sustainability and must align to the strategic aims of the group. He would use the views of the group and the IJB to inform the final letter drafted to the Directors of Finance in the Scottish Borders Council and NHS Borders.

7.2. Lynn Gallagher asked about where the Carers Act funding sits. Mr Myers explained that it sits under the IJB but SBC administer this funding in line with the Direction from the IJB on budgets. Carers Act Funding has been looked at closely and a previous underspend was carried forward, but that we are likely to overspend this year on the carers budget. Mr Myers noted that in addition the IJB are investing in carers and the cared for, from other areas/budgets, not only from Carers Act Funding.

7.3. The Strategic Planning Group discussed issues around financial planning for the IJB noting there needs to be a focus on prevention and early intervention and need to align all financial planning with its strategic aims. The need for robust inequality assessments, population expectations, workforce challenges, the pressures on budgets both local and national, Time for Change conversations taking place currently in communities, and what the future may look like were all considered.

7.4. The group acknowledged that there will be more changes and difficult decisions to be made as financial pressures will become the new normal. Cllr Parker thanked Mr Myers for bringing the principles and stated the group would look forward to see how this evolves.

Scottish Borders Health & Social Care Strategic Planning Group noted the **Financial Planning Principles** presentation and looks forward to updates in the future.

8. Emergency Department Review

8.1. Bhav Joshi introduced Dr Janet Bennison, Associate Medical Director and Elaine Dickson, Associate Director of Nursing and then discussed Emergency Department Workforce Review.

- 8.2. Mr Joshi discussed the review, explaining that the review looked at the safe provision of staffing risks currently being carried in the Emergency Department at NHSB, noting there is little appetite, nationally for the ED to be operational in any form less than or equal to the current status quo. Mr Joshi the talked through the slides covering actions previously taken, the risks around the current staffing model, the risks currently listed on the risk register, the longer term ambitions, the governance and process and that recommendations contained in the review have been measured against benchmarking criteria. Mr Joshi underlined that the Emergency Department Review, although improves and reduces the current risk level, it does not aim to remove all risks and the costs involved are the bare minimum to bring the current risk level to a more palatable level of risk. Five proposals were presented to Strategic Planning Group which included an ask for £1.1m.
- 8.3. Cllr Parker asked how are the proposals are to be paid for, observing that the Health Board has a substantial deficit, and noted that a financial plan would need to come with the ask within the paper, once it gets to the IJB.
- 8.4. Mr Myers thanked Mr Joshi for presenting the paper and discussed possible streams of funding that could be accessed and whether this we could come from a 'set aside' fund and/or from de-prioritisation of another service and that the paper has come to SPG under planning processes of the IJB, rather than with an operational oversight and that these proposals will go before the Health Board (for funding decisions) on Thursday and the IJB once the financial plan was clear.
- 8.5. There followed a discussion about the future of the Emergency Department. Key points mentioned were: funding is reducing overall, the need for an Emergency Department in the Borders, changes in the operation of the Emergency Department, moving funding from other services and/or de-prioritisation of other services, the current operational risks, the risks of not acting, reputational risks, adverse events, and risks to staff themselves, including increased sickness absence and pressured working environments. There was further discussion on ways to reduce Emergency Department presentations, trends in the nature of what brings people to the Emergency Department and new legislation relating to safe staffing were also considered.
- 8.6. The Strategic Planning Group acknowledged that the people of the Borders expect a good emergency service, noting that the Emergency Department is often seen as the front face of the NHS. Bhav Joshi noted that the proposals brought today are not to make an 'all singing and dancing' Emergency Department, but are bring it to a bare minimum, *safer* operational department, being mindful that the 'Safe Staffing' legislation is imminent.
- 8.7. Cllr Parker observed that the paper in its present form is saying that the emergency Department must have this additional funding but does not reflect where this funding is to come from, particularly when there is significant debt currently. The concerns need to be addressed but the articulation of the funding plans need to be improved before the paper comes to the IJB for approval.

8.8. Mr Myers recognised the risks involved, noting that the Emergency Department Review paper is due to go to the next Health Board meeting and funding mechanism would be discussed in more detail at that point, therefore by the time it reaches the IJB, there will be a stronger financial plan in place.

Scottish Borders Health & Social Care Strategic Planning Group noted the Emergency Department Review presentation.

9. **Any Other Business**

No further business raised

10. **Date of next meeting**

Wednesday 7 February 2024, 10am -12pm