



**Minutes of a meeting of Dumfries and Galloway Third Sector Forum on Tuesday 25 August 2009 at 10.30 a.m. at Woodbank, Edinburgh Road, Dumfries**

Present:

Paula Cochrane, Community Worker  
Hazel Thompson  
Sharee Rennie, EDA  
Peter Ross, Chair  
Barbara Radcliffe, General Manager  
Irene Mungall, Chief Executive  
Joyce Harkness, Executive Officer  
John Scoular, Chair

Miriam Owen, Project Manager

Carol Williams, Development Manager  
Michelle McCrindle, Chief Executive Officer  
Gail Rhind

Susan Nicoll, Joint Manager  
Jim Carruthers, Manager  
Clare Carson, Project Manager  
Dave Bleasdale, Operations Manager  
Morven Campbell, Project Worker

Age Concern & Help the Aged in Scotland  
Alcohol & Drugs Support SW Scotland  
APEX Scotland  
Building Healthy Communities  
Care Training Consortium  
D&G Citizens Advice Service  
D&G Federation of CVS  
D&G Day Centre Network and D&G  
Ileostomy Association (*to item 5*)  
D&G Small Communities Housing Trust  
and Accessible Transport Forum  
D&G Seniors Forum  
Food Train  
National Schizophrenia Fellowship  
Scotland  
Princess Royal Trust for Carers  
Relationships Scotland  
Scottish Pre-School Playgroups Assoc.  
Turning Point Scotland  
User & Carer Involvement

In Attendance:

Liz Thompson, D&G Federation of CVS

**1. Welcome and Apologies**

Joyce Harkness welcomed everyone to the meeting. Apologies for absence were received from Aberlour, Alzheimer's Scotland, British Red Cross, Capability Scotland, Children 1st, DGHP, Holywood Trust, Home Scotland, LGBT Youth, Parents' Inclusion Network, Scottish Childminding Association and VOICE

**2. Minutes of meeting held on 12 May 2009**

The minutes of the meeting held on 12 May 2009 were approved.

**3. Matters arising**

There were no matters arising.

**4. Representation**

*3SF Representation Protocol*

The representation protocol had been circulated and had received positive comments. The following points were noted:

- representatives were expected to consult with colleagues in other organisations but this was not always feasible as papers were often received very close to the meeting date;
- papers were often full of acronyms and not readily understandable until queries could be raised at the meeting;
- representatives would do their best to consult but there needed to be trust between organisations that the interests of the sector would be represented;
- a timescale of 2 weeks after the meeting for a report to be circulated was reasonable, but it would depend on commitments.

The following points were agreed:

- 3SF would write to the Joint Management Team raising concerns about the late issue of papers and seeking circulation of papers 2 weeks before meetings;
- concerns about the use of acronyms (particularly by the NHS) would also be raised with the Joint Management Team;
- the representation protocol would be sent to area 3SFs for information and to ask if they wanted to consider adopting it or something similar.

**Action: DGFedCVS**

#### *Local Housing Forum*

It was noted that some Registered Social Landlords had not been aware of the Forum and were now involved. Jamie Dent, Small Communities Housing Trust had expressed an interest in representing 3SF on the Forum and this was agreed.

#### *Adult Protection Committee*

It was noted that meetings were currently being held monthly but would be moving to meetings every 2 months. There was also a Training Sub Group.

A number of organisations had already expressed an interest or registered their interest in being a representative or alternate – Capability Scotland, Care Training Consortium, Turning Point Scotland, User & Carer Involvement. It was agreed that a meeting of those interested would be convened to agree arrangements for representation. **Action DGFedCVS**

#### *Community Health Partnership*

Michelle McCrindle reported back on attendance at a meeting of the Community Health Partnership. It was noted that the main discussion had been on the “Shifting the Balance of Care” initiatives and the HEAT targets (Health improvement, Efficiency, Access to services and Treatment). Mental health and child health did not appear to be included, though the HEAT targets did cover mental health.

In response to a question about the relationship between the CHP and the Community Health and Social Care Partnership, Joyce explained that each local authority area has a statutory duty to have a CHP. The Community Health and Social Care Partnership only included the NHS and the Council and was where the resource transfer funds were decided upon.

It was agreed that the Third Sector needed to be represented on the Community Health Partnership with a minimum of 2 representatives and 2 to alternate. A number

of organisations expressed an interest – Accessible Transport Forum, Age Concern and Help the Aged in Scotland, Building Healthy Communities, D&G Citizens' Advice Service, D&G Ileostomy Association, National Schizophrenia Fellowship and Turning Point Scotland. An e-mail would be sent out to arrange a meeting of these groups to take representation forward. **Action: DGFedCVS**

It was noted that the minutes of the previous CHP meeting had only listed names of those attending. It was agreed that in the letter to the JMT referred to under 3SF Representation Protocol, the point would be made that the representatives' roles and organisations needed to be included in the minutes.

#### *Alcohol & Drugs Partnership*

It was noted that the Alcohol & Drugs Partnership had asked for one Third Sector representative but it was agreed to seek 2 places with 2 alternates. Several organisations expressed an interest in being representatives – Alcohol & Drugs Support SW Scotland, APEX Scotland, Holywood Trust and Turning Point Scotland. An e-mail would be sent out to identify any other organisations interested in being involved in representation. **Action: DGFedCVS**

## **5. Health**

#### *Shifting the Balance of Care leaflet*

The leaflet was circulated. The following points were noted:

- there was a big training need for staff to care for people being maintained at home instead of being admitted to hospital;
- it was not clear who was going to provide all the necessary services;
- it would not be possible to shift the balance of care if services were not in place and/or not available in certain parts of the region;
- individuals must be involved in their care packages and this did not seem to be given enough emphasis;
- the opportunity existed to make a career in care something to be valued but this had not happened because of low pay and split shifts;
- the development of a multi-million pound mental health facility in Dumfries, though recognised as being needed, did not contribute to shifting the balance of care, particularly for residents in the west of the region.

All 3SF members were asked to consider any additional points to be put forward.

**Action: All**

#### *Feedback from Long Term Conditions Management Board*

The following points were noted:

- the Social Services representative was to be Peter David;
- an action plan was now almost complete;
- two bids had been made to the Long Term Care Alliance Scotland for funding - this was an open fund, available to Third Sector organisations only;

- a pilot scheme was running in Dalbeattie practice with 10 patients trialing a new system of case and care management;
- a new guidance document “It’s All About Me” on self-management has been produced and circulated across Scotland for use;
- a number of NHS Scotland papers had been circulated for which feedback was to be submitted by the next meeting;
- a £10,000 bid was being made to Health Education Scotland for a particular type of communication training for staff called Sage & Thyme;
- it had been reported that one of the main reasons for re-admission was a lack of equipment as the equipment bank only ran for 3 days per week in certain areas.

It was also noted that the Long Term Conditions Conference would provide an opportunity for wider discussion on the issues.

John reported that there was a Self Care Alliance run by Stirling University but NHS D&G did not have a representative. Joyce asked if John could e-mail her details of this alliance and she would send it out to relevant 3SF members. **Action: John Scoular**

There was also a concern that the link to the Single Outcome Agreement was not clear and members of the group did not appear to know who the SOA lead officer was for health. Joyce reported that the link was Dr Derek Cox and she would feed back to him that the group had been unclear about this.

It was agreed that reference should be made in the 3SF representation protocol to a link to the Single Outcome Agreement. **Action: DGFedCVS**

#### *Long Term Conditions Conference*

It was noted that NHS D&G was funding a conference, the focus of which was self management approaches to long term conditions. A brief needed to be prepared for circulation to voluntary organisations to help them raise the profile of their groups via the conference. It was agreed that a 3S group would take this forward: John Scoular, Peter Ross and the 3 representatives on the Long Term Conditions Partnership Board (Sharon Hepburn, Michelle McCrindle and Irene Mungall).

#### *Focus Group Report*

The report was approved.

#### *Compact Record Form*

Joyce reported that a Compact Record Form had been submitted about the lack of notification to the Third Sector of places on the Public Partnership Forum. The form had been sent in during July to John Burns, Chief Executive of NHS D&G and Alice Wilson, Associate Director of Nursing but no response had been received. On 18 August, Joyce had sent in an urgent e-mail asking for a response, as the 20 days allowed in the Compact had expired.

Carol reported that she had attempted to find out more about the Public Partnership Forum but could only get voicemail messages from a number of different phone numbers. She had eventually contacted the Communications Department and spoken

to John Glover who had asked her to e-mail him the details and he would ensure that she received a response.

It was agreed that the issue should be taken to the next stage of the Compact process. Joyce said she would notify the Compact Implementation Group members. A meeting of the Implementation Group was due to be held the following week.

**Action: DGFedCVS**

#### *Health Board elections*

It was noted that Fife and Dumfries & Galloway had been chosen as areas for NHS Board pilot schemes as the NHS, Council, Police and Fire Services boundaries were co-terminous. The Dumfries & Galloway pilot scheme provided for 50% of the Board members to be directly elected. It was agreed that a specific meeting to discuss this would be required and Joyce would e-mail members about dates. **Action:**

**DGFedCVS**

## **6. Update information on:**

### *6.i Fairer Scotland Fund*

It was noted that, as a result of 3SF feedback on the short timescale for responding to tenders, an additional two weeks had been included in the tender for Community Agents.

Morven queried an Employability Co-ordinator post, announced as being funded from the Fairer Scotland Fund, which was advertised on the Council website. Joyce undertook to check on this. **Action: DGFedCVS**

### *6.ii Community Planning Joint Board July 2009*

The report, which had been previously circulated, was noted. Joyce reported that the Interface consultation was now scheduled to take place in September.

It was also noted that some themed discussions were due to be held at a meeting of the Joint Board. Gail and Peter volunteered to be involved. Joyce would advise CPJB accordingly. **Action: DGFedCVS**

### *6.iii Briefing paper from D&G College*

A briefing paper from D&G College was noted. The College's Community Services Manager was keen to do work with the Third Sector but not to duplicate training already being provided. It was agreed that this would be discussed after the Conference in November. **Action: DGFedCVS**

### *6.iv D&G Federation of CVS:*

#### *Single Outcome Agreement:*

Joyce reported that she had contacted the Community Planning team to ask how the Third Sector can link up to the SOA "below the waterline" strategies and plans as an action from the May 09 3SF workshop.

It was noted that the CP Team would be looking at how to map the strategies and plans that sit below the waterline in the SOA. Over the coming months the owners of these documents will be asked to check their strategies against the SOA and an assessment will be made of how many match the SOA and how well, and if this is an

indirect or direct relationship. Following that exercise there will be a benchmark on how good the co-relation is (or not). The benchmark will then be considered when each strategy/plan is due for renewal, and the plan authors will be expected to align it with the SOA.

#### *Links to area Third Sector Forums*

Irene reported that she and Joyce had been asked to attend a meeting of the Annandale & Eskdale Third Sector Forum to discuss representation on the Funding Task Group. A&E 3SF had felt that the representative should be a volunteer but Irene had said that there was no difference whether it was a volunteer or member of staff – the representative required the skills and knowledge, as with any group.

At the meeting, the information received by the A&E 3SF had also been discussed. Joyce confirmed that everything which was sent to the regional 3SF also went to the area CVSs for the local 3SFs. However different forums took different approaches and she had been told that A&E 3SF had asked not to be bombarded with information. It was for the local 3SF to agree its preferences and advise its local CVS.

Representation of local 3SFs on the regional group was discussed. It was noted that some members of the regional 3SF were also on local 3SFs. It was agreed that local 3SFs be invited to nominate a specific representative or use an existing representative if they wished to be members of the regional 3SF. **Action: DGFedCVS**

## **7. D&G Compact**

It was noted that the Third Sector Conference would potentially be held on 24 November (venue to be decided). There was a budget of £5,000 for the conference. Volunteers for the Working Group to organise the conference were asked to contact Joyce. **Action: All**

Joyce reported that the number of organisations signed up to the Compact was now 51, the target being 100 by March 2010.

It was noted that Joyce was now the Chair of the Compact Implementation Group.

## **8. Other business**

### *Additional support to Third Sector organisations*

Irene reported on a letter D&G Citizens Advice Service had received from D&G Council about strengthening support to Third Sector organisations. Some other organisations also reported having received the letter.

The letter said that health checks were to be carried out by local CVSs for 3S groups who sought Council funding and could be used as evidence for future funding applications. Members felt that whilst the principle was fine, there were some concerns:

- it appeared to be an audit by another name;
- would each CVS use a common tool?
- did the individuals concerned have the necessary training?
- some organisations were already subject to a considerable amount of audit;
- what would happen to the results of the health check and would it remain voluntary?

- health checks had been done for day centres but, because no resources had been available to implement the findings, nothing had changed.

It was agreed that these points be raised with D&G Council. **Action: D&G Citizens Advice Service**

**9. Next meeting**

Tuesday 24 November – *potentially the Third Sector Conference*