

H&L AP

DRAFT MINUTES

Meeting of the H&L AP, 24th September 2014, 7-9pm Garvald Village Hall

Meeting Chaired by : Douglas Proudfoot, (Interim Chair) Head of Development, EL Council (DP)

Members (and substitute members) present

Hamish Hastie, Knox Academy Pupil Representative (HH)
Lois Finnie, Knox Academy Pupil Representative (LF)
Alastair Beck, Humbie E&W Saltoun and Bolton Community Council (AB)
Rosemary Greenhill, Humbie E&W Saltoun and Bolton Community Council (RG)
Ann McCarthy, EL Health Network (AM)
Brian Baillie, Nungate Tenants and Residents Association (BB)
Gill Colston, EL Health Network (GC)
Nick Morgan, Gifford Community Council (NM)
Craig McLachlan, Gifford Community Council (CM)
Penny Short, Garvald & Morham Community Council (PS)
Hilary Dickson, Haddington Community Development Trust (HD)
Amanda Herriott, Knox Academy Parent School Partnership (AH)

Others in attendance

Kaela Scott, Local Community Planning Officer, EL Council (KS)
Doug Haig, Community Development Officer, EL Council (DH)
Rurigh McMeddes, Assistant Local Community Planning Officer, EL Council (RM)
David Small, Director of Health and Social Care Partnership (DS)
Andrew Milne, Project Director Hub Initiatives, NHS (AM)

Apologies received

Cllr. John McMillan (JM)
Abbi Robertson, Knox High School Pupil Representative (AR)
Emily Armatage, Haddington Community Council (EA)
Paul Darling, Haddington Community Council (PD)
Phillip White, Garvald & Morham Community Council (PW)
Ross Prentice, Haddington Business Association (RP)
Rena Polson, Riverside Tenants and Residents Association (RP)
Emma de Costa, Knox High School Pupil Representative (EdC)

Agenda Item	Key discussion points	Action
1. Welcome	<p>DP welcomed attendees as the interim chair and a number of apologies were made.</p> <p>Everyone present introduced themselves, and the group they represented.</p>	
2. Approval of the minutes	<p>One attendee asked how the themes were ranked in order of priority, expressing that their understanding of the voting had led to different rankings.</p> <ul style="list-style-type: none"> • KS answered stating that the rankings were calculated by assigning a value of '1' to green votes, and a value of '-.5' to orange votes. A full list of the voting preferences for the themes can be found in the appendix. <p>Attendees were asked to provide clarification on a number of points that had arisen during the discussion at the previous meeting.</p> <ol style="list-style-type: none"> 1. KS requested clarification on the Idea for Action in the Transport discussion sheet: <i>"Public Meeting"</i>. <ul style="list-style-type: none"> • It was answered that the point referred to the need for wider input from the general public re transport needs 2. KS requested clarification on an Issue in the Transport discussion sheet <i>"Garvald – Summer holiday service for children"</i> and an idea for action on the same point <i>"Invite expertise"</i>. <ul style="list-style-type: none"> • It was explained that this point referred to the lack of appreciation that different bus services might be appropriate during school time, and school holidays. At present the same times are in operation, though needs are different. • The Idea for Action referred to the hope that transport experts might be consulted on this issue. DP stated that it was hoped someone might be found to give input on this issue. 3. KS requested clarification on the Idea for Action in the Transport discussion sheet <i>"Passes – electronic"</i>. <ul style="list-style-type: none"> • It was explained that this referred to difficulty in using e-tickets in an area without broadband. 4. KS requested clarification on the Idea for Action in the Community Facilities and Resources discussion sheet <i>"Resource plan ie (friendly architects/surveyors)"</i> <ul style="list-style-type: none"> • No attendees were able to give clarification on what was meant by this point. <p>The draft minutes were approved with no amendments.</p>	<p>Members: If present during discussion attempt to remember what was meant by this point and inform ELC staff accordingly</p>
3. Matters Arising	<p>a) Response to Boundary Commission</p> <p>KS stated that a response to the Boundary Commission – expressing concern regarding the proposed reduction in the</p>	

	<p>number of councillors for EL – has now been lodged. Attendees noted thanks and appreciation of the quality of the response that KS had submitted.</p> <p>b) There were no other matters arising.</p>	
<p>4. Presentation on the EL Community Hospital</p>	<p>Due to the clear importance of Access to Health Services within this partnership, the forthcoming Health and Social Care Consultation and particularly the development of an EL Community Hospital, DS and AM were invited to the meeting to give a presentation regarding NHS plans for the Community Hospital in Haddington.</p> <p>a) Presentation</p> <p>DS and AM gave a powerpoint presentation, stating that the Community Hospital has been ‘a long time coming’ but is now at a stage where it is moving from ‘principles to details’, expressing that the first stage of the service will be ready for use by December 2017.</p> <p>- During the presentation AM indicated that a ‘Hub Process’ is being used, and that full information regarding hub processes is available online here: http://www.scottishfuturetrust.org.uk/our-work/sft-build/hub/</p> <p>b) Questions</p> <p>Following the presentation attendees asked a number of questions and stated a number of concerns regarding what was planned. A summary of these questions/ concerns and replies given follows:</p> <ol style="list-style-type: none"> 1. Presenters were asked for a clarification of what ‘Unscheduled Care’ means. <ul style="list-style-type: none"> • DS explained that this refers to post-trauma care, giving the example of an elderly person breaking their hip. With the new hospital in this scenario the individual will be taken to Edinburgh for immediate trauma treatment, but then repatriated to the community hospital in EL for the duration of their after care. This will make it easier for friends and relatives to visit, and reduce strain on central hospitals. 2. Presenters were asked if there would be any A&E provision at the planned community hospital. <ul style="list-style-type: none"> • It was explained that there were no plans to include A&E at the community hospital and that this is due to the lack of availability for consultants and doctors to staff an A&E safely. • Attendees expressed disappointment with this state of affairs, noting that it meant a long journey to get to the nearest A&E in Edinburgh. • It was noted that EL may not produce sufficient casualties to sustain an A&E department, and that this was understood to 	

	<p>be a common situation across the central belt.</p> <ol style="list-style-type: none"> 3. Presenters were asked if a Greenfield site had been considered, rather than using the site of the current Roodlands hospital. <ul style="list-style-type: none"> • Presenters answered that yes, Greenfield sites had been considered, but none had been deemed appropriate. 4. Presenters were asked if there would be GP practices and Mental Health services on site. <ul style="list-style-type: none"> • It was answered that yes, they were currently investigating the provision of both GPs and community based mental health services in the planned community hospital. 5. Presenters were asked if transport had been taken into account. le: would bus routes be altered to take in the hospital site? <ul style="list-style-type: none"> • DS assured attendees that transport issues were being taken into account, and though it wasn't possible to force service providers to change routes, positive experiences with similar issues in Midlothian regarding Lothian bus routes should give cause for optimism on this issue. 6. Concerns were raised regarding the provision of ample parking on the site, with attendees pointing out the there was no 'spill-over' at the Roodlands Site, like there currently is in the centre of town. Attendees pointed out that while there may be many benefits to using public transport, it was unlikely that in a rural area such as H&L, it would ever be able to provide appropriate service for hospital attendance. Thus it was vital that enough parking was provided. <ul style="list-style-type: none"> • Presenters assured attendees that the plans did include space for ample parking. • It was pointed out that as it is important to encourage people to use public transport, it is necessary to strike a balance between provision of public and private transport. • Attendees were assured that there would be no charge for parking at the hospital site. 7. DP questioned whether there was room for the plan to develop as the consultation process continues. <ul style="list-style-type: none"> • Presenters confirmed that this was the case. They continued stating that during this process Community Councils, as statutory consultees, would be included, but stated further that the APs would have a key role to play throughout the consultation process. 8. Presenters stated that the full development should be completed during 2018. 9. DP asked presenters to give further information regarding plans for greater use of shared spaces and integration of services. <ul style="list-style-type: none"> • Presenters explained that many opportunities for shared spaces and integration are being considered, these particularly focus around integrating day centre, social care and mental health care provision, though other options are 	
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	<p>also being considered.</p> <p>10. Presenters were asked if the development would be managed by the Health and Social Care Partnership or by the NHS.</p> <ul style="list-style-type: none"> • DS explained that the building would primarily belong to and be managed by the NHS, but there would be several areas of cross-over. <p>11. Finally attendees asked who the hospital was aimed at.</p> <ul style="list-style-type: none"> • Presenters answered that the hospital was for use by individuals throughout the whole of EL. <p>c) Discussions</p> <p>Following the Q&A attendees split into three discussion groups to consider any issues that may remain as concerns regarding the community hospital development.</p> <p>Full details of these discussions can be found in the appendix, a short summary of main points is detailed below:</p> <p>Issues:</p> <ul style="list-style-type: none"> • Quality of care – need to make sure high standard. • Parking – need to be realistic. • Access – need to have cycle access for staff and visitors. • Lack of injuries in EL – keen to see more figures • Placemaking – need to balance with wider needs of Haddington area • Futureproofing – need to make sure stands test of time <p>Positives:</p> <ul style="list-style-type: none"> • Proposals are very positive ‘looks great’ • Integrated and working w/ Third Sector • Improves Haddington as a place to live • Very positive regarding travel distance reduction for visitors and patients 	
<p>5. Taking Themes Forward</p>	<p>a) Opportunities for Children and Young People</p> <p>It was explained that the next meeting on the 12th of November will be ‘given over’ to deal with the theme Opportunities for Children and Young People. To achieve this four representatives from Knox Academy will be taking a lead role in the next meeting including HH and LF, who were present for the current meeting.</p> <p>DH explained that staff from ELC are meeting with the representatives from Knox on Thursday 25th September to look over previous consultation with young people in the area, and start planning the following meeting on the 12th of November.</p> <p>KS highlighted that it is hoped the focus on Children and Young People will encourage representatives from Parent Councils in the area to engage</p>	

with the APs, as so far this has not occurred.

In the discussion that followed a number of points were raised:

- RG stated her concern that there may be some confusion as to which AP parent councils should be attending, as some in this ward live in catchment areas for schools in other wards.
 - KS explained that the intention is to stick to ward boundaries with the APs meaning Parent Councils in this situation should therefore attend the H&L AP.
 - However parent councils in this situation are on both mailing lists, this is because there may be some occasions where their input is required in the AP where their children attend school, rather than where they are resident. Nonetheless they are members of the AP where they are resident first and foremost.
 - Members raised concerns that this might be too demanding on people's time.
 - KS assured attendees that this would be taken into consideration.
 - RG stressed the importance of clarity, stating that parent councils in this position must not be led to believe that the APs represent an opportunity to have catchment lines re-drawn. RG further stated that this particular issue does cause tension because for many people it would appear to have a fairly simple solution.
 - KS stated that for the time being catchment review is not under consideration. KS noted however, that input is still forthcoming on the Main Issues Report (MIR) and that these issues may be dealt with there.
- At this point DP provided an explanation of the MIR for the benefit of attendees. For those not in attendance or seeking further information a brief explanation of the MIR process can be found here:
http://www.eastlothian.gov.uk/info/204/statutory_development_plans/1470/east_lothian_local_development_plan/3
 - As the MIR feeds into the Local Development Plan (LDP) there may be an option to re-draw catchment areas.
 - RG asked when the LDP is due, DP answered that this depends on a number of things, but it is expected roughly 12 months after the end of the MIR consultation process. DP stressed that there is a great deal of work to get through for both pieces of work.
 - KS highlighted that the council is aware of catchment as an issue in the H&L ward, and will be looking at issues of catchment and demand in the context of population growth in the area.

DP concluded this discussion stating that he was looking forward to hearing from young people at the next meeting.

b) Broadband

There is a high prevalence of 'not spots' in this ward where no benefit from the roll-out of Next Generation Access (NGA) broadband will be seen. As such the AP has a key role to play in assisting the development of solutions for small rural communities who lack reliable internet access.

By their very nature, many of the communities unaffected by the roll-out are very small, and some may struggle to gain traction with Community

	<p>Broadband Scotland and Scottish Government if acting individually. This is not only the case within H&L, there are also unaffected communities in NB&C and D&EL.</p> <p>As such it was suggested that a sub-group is formed, under the umbrella of the H&L AP to take these issues forward, working also with unaffected communities in the adjacent wards. This will allow unaffected communities to learn from each other in developing viable and sustainable solution, while also presenting a united front to CBS and Scottish Gov.</p> <p>KS stated that the involvement of Cllr McMillan in this sub-group will also be highly beneficial.</p> <p>Attendees expressed concerns about the representation of ‘maybe spots’ within this group. KS stated that communities within maybe spots will also be represented, as 2017 is too long to wait for many of these areas.</p> <p>KS explained that while some areas are already ahead on this issue (eg: Humbie), others are further behind (eg: half of Pencaitland), highlighting that aggregating allows us to build links to help people co-develop solutions.</p> <p>Decision: A sub-group will be formed from members of the H&L AP to work with communities throughout EL unaffected by NGC roll-out to ensure viable co-developed solutions can be found.</p> <p>DP posed the question of how this Sub-Group will go forward from this meeting.</p> <p>KS indicated that there will be a preliminary meeting on Thursday the 9th of October in the Townhouse, Haddington for representatives of communities keen to take this forward.</p> <p>DP asked whether representatives from the council IT dept will be in attendance at that meeting.</p> <p>KS stated that there is a deliberate overlap with a business information session which will ensure some level of input from Scottish Government and Community Broadband Scotland at the start of the community meeting. After these representatives leave both Cllr McMillan and someone from ELC IT dept will remain to input into the meeting.</p> <p>It was highlighted by attendees that for this matter the community need solutions – not a restatement of problems.</p> <p>One attendee questioned whether those communities who have already developed solutions (eg: Garvald) be invited. KS stated that indeed they will, but she highlighted that they will be invited as community representatives, not business representatives.</p> <p>c) Community Transport</p> <p>KS highlighted that – as with Broadband issues – concerns regarding community transport are apparent in many rural areas throughout EL, including H&L, NB&C and D&EL.</p> <p>KS indicated that there is a lot of work to be done on this aspect and NB will be taking a lead on it, while RM will be carrying out research into best</p>	<p>Members: Those interested in broadband sub-group to attend meeting on 9/10 in the Townhouse</p>
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	<p>practices elsewhere in the UK. This will lead towards developing a coordinated strategic approach to community transport provision.</p> <p>Efforts to pull affected communities from throughout EL together to start working on this are likely to begin early next year. Focus will be on developing practical solutions that are responsive to the needs of rural communities.</p>	
5. Next steps	<p>The notes from the discussions this evening regarding the community hospital at Haddington can be found in the attached documentation.</p> <p>The next meeting will focus on the theme Opportunities for Children and Young People and representatives from Knox High will play a leading role during this meeting.</p>	
6. Any other Business	<p>DP noted that there had been no contributions to the agenda for the meeting and highlighted that any member of the Area Partnership do have the opportunity to add topics to AP meeting agendas.</p> <p>Attendees requested copies of the presentation on the community hospital and it was highlighted that these should be watermarked to make clear that they do not represent final copies of plans.</p> <p>Please find PDF copies of the presentation slides in the email attachments you received with this document.</p> <p>It was pointed out that there is will be a long time before the hospital is finished, and DP highlighted that there will be a robust process of consultation throughout.</p> <p>One attendee requested more ward profiles. Several will be brought to the next meeting and more are available in hard copy from ELC if interested parties provide ELC with a postal address. Alternatively the profile can be downloaded from ELC's website here: http://www.eastlothian.gov.uk/downloads/file/7348/haddington_and_lammermuir_by_numbers-profile_2014</p> <p>DP asked how attendees felt things are progressing. Overall attendees expressed that they felt highly positive about how things were progressing. Representatives from Garvald Community Council indicated that they had been unsure at first, but were now quite excited with what was proposed. PS stated that it is great that AP meetings are taking places in small rural areas like Garvald, highlighting that this made the process much more inclusive.</p> <p>DP concluded that there is a 'journey to go yet', but stated that the concerns being voiced were 'very responsible', stating that he felt encouraged by the ground that had been covered so far.</p>	<p>Members: alert community planning team to any proposed additions to agendas for any future meetings.</p> <p>Members: to use the presentation to inform the group they represent but are asked not to directly distribute it.</p> <p>Members: contact ELC to receive hard copies of ward profiles in advance of the next meeting.</p>

Date of Next Meetings	Wednesday 12th November, 7-9pm, - Library, Knox Academy Wednesday 10th December, 7-9pm, (venue tbc)	Please send any apologies to: h&l-ap@eastlothian.gov.uk
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Contact: Kaela Scott, Local Community Planning Officer: h&l-ap@eastlothian.gov.uk 01620 827822

Community Hospital Plans

What is the specific issue?	What (if anything) is already being done to address this?	Who is involved?	What else (if anything) do we need to know to be able to work on this issue effectively?	Ideas for action
Transport and access from rural areas				Be realistic
Parking – problematic at present		Vocal Residents – Problems already with congestion. Patients – how they access services.		Be totally realistic
Impact on other services				
Quality of care				
Lack of A&E facilities in EL, particularly for rural communities and Dunbar, etc.				
Mental Health and In/Out Patient				
Future proofing				
Cycle networks for site.	Planning looking at extending long nasty cycle path along edge of sites into Haddington	Staff/Visitors		Cycle networks, public paths
hub for voluntary sector on site		Voluntary sector, McMillan, etc.		
Housing growth in area being taken into account?				
Need to strike balance with Haddington High St.				

**Priorities identified at the Haddington and Lammermuir
Area Partnership meeting on 13 August 2014**

Theme	Priority (Weighting - number of green minus half number of orange)	Ranking
Opportunities for children and young people.	9 green, 2 orange (9 - 1= 8)	3(joint)
Community cohesion	11 green, 6 orange (11 - 3 = 8)	3 (joint)
Volunteering	2 green, 10 orange (-)	8
Transport	9 green, 4 orange (9-2= 7)	6
Broadband	12 green, 9 orange (12- 4½= 7½)	5
Access to health services	11 green	1
Local economy	7 green, 1 orange (7-½= 6½)	7
Community facilities and resources	9 green, 1 orange (9-½= 8½)	2