

An example was given by the panel to illustrate gaps in provision where a person could be discharged to a sheltered home placement after the staff had left for the night and be assessed by a district nurse the next day who identified a care package was needed. Marion Reddie stated that when cases like the example were reported to social work services it was taken up with the NHS to highlight that the discharge had not been handled appropriately. She stated that some discharges take place without a referral notice and the service were trying to pick this up with NHS directly so that care packages could be in place.

Members asked for further information on the number of intermediate care beds available at Tygetshaugh. Marion Reddie advised that there were currently five intermediate care beds in place but that this could be increased to six. Further, additional beds had been made available at Summerford House care home as an interim measure. Further training had been delivered to staff on reablement and no individuals were currently waiting for intermediate care.

In response to a question on occupational therapy, Margaret Anderson stated that carrying out assessments put pressure on other community care areas. Around a third of assessments were reviews rather than new service users. Initial screening prioritised those waiting for assessments and there was no waiting list for priority one individuals. A review was carried out each day as priorities changed. The service continued to aim to do all assessments as quickly as possible.

The panel raised that people who were screened as priority two and three could be provided with average wait lengths so that they were not left wondering when their assessment would be carried out. Margaret Anderson advised that all individuals were informed of their priority rating but that due to the dynamism of the ever changing situation timescales were not provided to people.

Members asked if there had been any change to occupational therapists' terms and conditions in relation to essential car users. Margaret Anderson stated that car allowances had changed some time ago so that everyone was paid the same. There had been no recent change associated with occupational therapists.

The panel asked about the average waiting time for people to receive occupational therapy assessments. Margaret Anderson advised that the average varied from team to team. For priority two the wait was likely to be at least three months. However, because of the prioritisation system priority one people, those with the most acute needs were able to be seen with no waiting list. Members asked that the average waiting time for priority two and three individuals to receive assessments was included in future reports.

Members asked about the resourcing of occupational therapy. Margaret Anderson stated that the number of occupational therapists had not decreased but that staff had been asked to take on more tasks. There had been an increase in the amount of work carried out in relation to adult support and protection as any trained staff must respond as needed and that included occupational therapists. This caused delays to how quickly assessments could be carried out as adult support and protection cases often took around a week to deal with.

The panel asked if there was flexibility to allow resources between teams to be shared and address areas of high demand. Margaret Anderson advised that the composition of teams was based on detailed analysis of the volume of work and population by area. Resources were allocated based on levels of need. Managers were able to move staff to other teams but only if there was sufficient excess resource available against levels of demand, which was not currently the case.

In response to a question on the availability of extra resources to alleviate stresses leading to 29% of all sickness absence days being lost through mental well-being, Margaret Anderson highlighted that staff counselling was available to all staff. Members had suggested that transitions in relation to health and social care integration and the creation of the Council's Children's Service may have created unease for staff. Margaret Anderson stated that this reporting period did not capture the effect of those areas. However, the service was managing the transition carefully and would ensure staff were supported by the existing counselling service.

In relation to 33% of sickness absences relating to musculo-skeletal conditions the panel asked if there were trends to the types of injuries and if more training could be offered. Margaret Anderson stated that the service had robust training on lifting and handling. Many of the absences related to longer term issues which had occurred before engagement with social work services training. There were dedicated trainers in residential care and community care. Specialist lifting equipment was also available to staff. Margaret Anderson highlighted that the workforce who were most likely to have absences in this area were those with 20 – 30 years of experience which, even when done correctly, takes a toll on the body.

The panel discussed that sickness absence information was formerly reported by section and category which was felt to be beneficial as members could identify where injuries were occurring. Margaret Anderson stated that this information would be included in future reports or be appended.

Members discussed the funding of social work compared to the funding available for the NHS and the important role of preventative work. The panel also discussed social work overspends. Margaret Anderson advised that detail was provided in the budget report. The areas of most significant pressure and spend were community care and children and families. Children and families had experienced significantly increased demand but some of the impact related to months not included in the reporting period for this meeting. At the end of December 2014 256 children were being looked after away from home, which was an increase of 32 from the previous year. However, this was still below the Scottish average. The increased demand had resulted in a substantial budget impact as placements were expensive to access and members were provided with information on specific costs. Margaret Anderson then highlighted some patterns and trends noting that more siblings were now being accommodated together away from home and there had been a significant increase in the number of post 16 year olds being looked after away from home. The Children and Young People (Scotland) Act 2014 will strengthen duties towards looked after children and the number of looked after children over 16 would be likely to increase. Margaret Anderson stated that around 80% of all cases of children being looked after away from home were the result of statutory orders.

Further information was provided to the panel in relation to the budget and spend. Margaret Anderson stated that in community care there had been an increase in the number of high cost packages alongside a general increase in the number of care packages provided. There had also been an increase to the number of care home places needed which had risen by 6% against the previous year to 945 at July 2014. The service tightly monitored spending on residential places which could only be approved by the Director of Social Work Services or the Head of Children and Families and Criminal Justice. Placements were only approved where it was felt by senior management to be necessary. Where possible return home plans were accelerated, but only if safe for the individual to do so. The service was looking at spend to save initiatives and Margaret Anderson highlighted that had been done in relation to fostering to complete assessments more quickly and buy less places from external providers.

Members asked how many children were being looked after away from home in non-secure residential placements. Margaret Anderson advised that at the end of December 2014 there were 31 children and young people in residential school placements which included four in secure placements. There were 31 children and young people placed with external residential establishments and a further 40 with external foster carers. The service sought to provide for as many people as possible internally but sometimes specialist responses were needed. Margaret Anderson stated that the number of individuals in residential schools was lower than that during 2007 – 2010, when social work services had a higher percentage overspend. Since then preventative services had been developed, a secure unit had been built, foster care had been invested in and eligibility criteria had been brought in. However, changing demographics continued to create severe pressure on services.

The panel asked about the success of the fostering programme. Kathy McCarroll stated that for the past four years the number of foster carers had increased year on year. However, while recruitment had been successful, there had also been a number of retrials. The central belt was particularly badly affected by having external agencies attempt to take foster carers who had been recruited by the Council through paying higher rates. Falkirk had however been able to retain most of its existing carers and had not lost any newly recruited carers to external agencies. A variety of recruitment methods were used such as adverts on bus shelters and on buses. The website was used and leaflets had been handed out at Falkirk football club games. However, word of mouth was the most effective method of recruitment and many current carers were enthusiastic about spreading the message to recruit others.

Members asked if there had been an increased challenge for staff in relation to children with autism. Kathy McCarroll stated that there had been an increase in the number of young children being diagnosed with additional support needs but that this had not increased the number accommodated away from home. There had been an increase in the provision of respite and referrals to the activity scheme for children with disabilities.

In response to a question on the number of children and young people at risk of self harm and sexual exploitation, Margaret Anderson advised that mental health issues were present in a number of cases where children were looked after away from home. The service was aware that vulnerable young people were at risk of being exposed to grooming which could lead to sexual exploitation and they tried to intervene early. Margaret Anderson stated that Police Scotland were key partners on the child protection committee.

Members noted the achievements of staff in maximising benefits and indicated that the Service deserved praise for this crucial area of work.

Decision

The panel noted the performance report.

FALKIRK COUNCIL

MINUTE of MEETING of the PLANNING COMMITTEE held ON SITE on MONDAY 9 FEBRUARY 2015 commencing at 9.30 a.m.

COUNCILLORS:

Baillie William Buchanan (Convener)
John McLuckie
John McNally
Malcolm Nicol

OFFICERS:

Ian Dryden, Development Manager
Kevin Collins, Transport Planning Co-ordinator
Antonia Sobieraj, Committee Services Officer
Russell Steedman, Network Co-ordinator
Karen Quin, Solicitor
Brent Vivian, Senior Planning Officer

P112. APOLOGIES

Apologies were intimated on behalf of Baillie Paterson and Councillors Carleschi, Meiklejohn, Nimmo and Turner.

P113. ERECTION OF 4 RETAIL UNITS AND 4 FLATS WITH ACCESS AND PARKING FACILITIES ON LAND TO THE EAST OF 22A GLASGOW ROAD, GLASGOW ROAD, DENNY FOR MR NIMI DHILLON – P/14/0077/FUL

With reference to Minute of Meeting of the Planning Committee held on 28 January 2015 (Paragraph P111 refers), Committee gave further consideration to a report by the Director of Development Services on an application for full planning permission for the erection of a two storey building comprising four retail units and four flatted dwellings, with associated access and parking facilities, on a site consisting of vacant land on a lower level from the adjoining road to the east of 22A Glasgow Road, Glasgow Road, Denny.

The Convener introduced the parties present.

The Senior Planning Officer (B Vivian) outlined the nature of the application.

Mr Riddoch, the applicant's agent, arrived at 9.40 a.m. and was then heard in relation to the application.

Mr Dhillon, the applicant, was heard in relation to the application.

Mr Hendry, a supporter, was heard in relation to the application.

Mrs Wilson, a supporter, but with some concerns in relation to addressing the problems with the water supply, parking and privacy issues from the overlooking from the balcony of the property, was heard in relation to the application.

The comments of support included the benefit of tidying up the site and putting the site to good use.

No objectors were present at the meeting.

The public representations within the report were noted and included:-

- That the applicant did not own the adjoining access lane;
- That due to a resident's disability, there must be vehicular access to the house at the rear at all times during construction work;
- The need for clarification on what can be done to ensure there is no parking on the property to the rear once the work was completed and whether there would be parking facilities on the site as this was already a very busy area;
- The development would block part of the route to, and the entrance door into an adjoining Scottish Power sub-station; and
- That Scottish Power cannot accept any proposal that blocks or restricts a lawful route (they have a servitude right of access).

Questions were then asked by Members of the Committee.

Councillor Oliver, a local Member for the area, was heard in relation to the application.

Councillor Blackwood, a local Member for the area, was heard in relation to the application.

Councillor McCabe, a local Member for the area, was heard in relation to the application.

The Convener concluded by thanking the parties for their attendance. The matter would be determined by the Planning Committee on 25 February 2015.

DRAFT**FALKIRK COUNCIL**

MINUTE of MEETING of the JOINT CONSULTATIVE COMMITTEE held in the MUNICIPAL BUILDINGS, FALKIRK on WEDNESDAY 17 FEBRUARY 2015 at 9.30 A.M.

COUNCILLORS:

David Alexander
David Balfour
Stephen Bird
Adrian Mahoney
Dr Craig R Martin
Rosie Murray
Depute Provost John Patrick

**TRADE UNION
REPRESENTATIVES:**

Gray Allan, UNISON
Peter Donnelly, SSTA
Les Grant, UCATT
Bert McManus, GMB
Herbie Schroder, T&G
Margaret Smith, EIS

OFFICERS:

Karen Algie, Head of Human Resources and Customer First
Margaret Anderson, Director Of Social Work
John Angell, Head Of Planning & Transportation
Tracy Gillespie, Human Resources Manager
Anne Marie Johnstone, Organisational Development Manager
Brian Pirie, Democratic Services Manager
Stuart Ritchie, Director of Corporate and Neighbourhood Services

ALSO ATTENDING:

Janet Stewart, UNISON

JCC32. APOLOGIES

Apologies were intimated on behalf of Councillor Dennis Goldie, Councillor Cecil Meiklejohn; and Colin Finlay (EIS), Margaret Cook(UNISON), Bill Marshall(Unite), Lyn Turner(Unite), Lynne Tanner(UNISON), Graham Turnbull(UCATT) and Christina Lambie(GMB).

JCC33. DECLARATIONS OF INTEREST

No declarations were made.

JCC34. MINUTE**Decision**

The minute of the meeting of the Joint Consultative Committee held on 12 November 2014 was approved.

JCC35. EMPLOYEE TURNOVER

The committee considered a report by the Director of Corporate and Neighbourhood Services detailing the employee turnover figures for the period April to November 2014 as set against the benchmark comparison figure for public sector organisations of 9.4%.

Decision

The committee noted the report.

JCC36. SICKNESS ABSENCE

The committee considered a report by the Director of Corporate and Neighbourhood Services providing updated information on sickness and absence across Services of the Council and the steps being taken to manage absence.

The committee discussed the actions taken to address absence and in particular the letters issued to staff when absence triggers are reached. It was agreed that the template absence letters would be discussed and reviewed with the Trade Unions and a copy of the amendments would be provided to Members.

Decision

The committee noted the report.

JCC37. SERVICE BASED FORUMS

The committee considered a report by the Director of Corporate and Neighbourhood Services presenting minutes from the meetings of Development, Social Work and Education Service Based Forums for the period September to December 2014.

Decision

The committee noted the report.

JCC38. FLEXIBLE WORKING POLICY

The committee considered a report by the Director of Corporate and Neighbourhood Services presenting information in relation to the number of requests for voluntary reduced working together with a revised Flexible Working Policy for approval.

The committee had considered a draft Flexible Working policy at its meeting on 12 November 2014 (ref JCC29). After discussion on the proposals in regard to voluntary reduced working time and in particular the proposed removal of the 2 year temporary option for working reduced hours, the committee asked for further information.

The report provided background on the number of employees that had reduced their working hours in the last 5 years. Of 252 cases, 85 are still within the 2 year period. Of the cases when the two year period has been reached, 63% of employees chose to reduce their hours on a permanent basis.

In order to respond to some issues raised by Trade Unions, the following text was suggested by officers:

Temporary part-time working arrangements will be considered in exceptional circumstances, subject to the business needs of the service and for a maximum of two years.

The committee was invited to approve the revised policy, amended to include the above text, to be added to para 2.1 of the draft policy.

Councillor Murray, seconded by Councillor Mahoney, moved that the committee approve the proposed Flexible Working policy, as adjusted, and refers it to the Executive for approval.

After discussion, Councillor Alexander, seconded by Councillor Bird, moved, in substitution for the motion that:-

The current policy which provides flexibility for up to 2 years, subject to agreement between the staff members and the service should be continued. As a consequence committee agrees to delete the proposal set out in paragraph 2.2 of the report from the draft policy and that this revised policy is referred to the Executive for approval.

The committee then adjourned at 10.10a.m. to allow both sides to consider the terms of the amendment and reconvened at 10.20a.m. with all members present as per the sederunt.

In terms of the JCC's constitution a decision can only be reached when the majority of both sides present and voting agree. With a motion and an amendment proposed the JCC proceeded to vote on each

	Employees Side	Employers Side
Amendment	0	3
Motion	8	4

With a majority of members voting for the motion on both sides the motion was carried.

Decision

The committee agreed the motion.

MINUTE of MEETING of the CIVIC LICENSING COMMITTEE held in the MUNICIPAL BUILDINGS, FALKIRK on WEDNESDAY 18 FEBRUARY 2015 at 9.30 A.M.

COUNCILLORS:

Jim Blackwood
Baillie William Buchanan
Gordon Hughes
Baillie Joan Paterson
Depute Provost Patrick
Provost Pat Reid (Convener)

OFFICERS:

Bryan Douglas, Licensing Co-ordinator
Arlene Fraser, Committee Services Officer
Rose Mary Glackin, Chief Governance Officer
Frances Kobiela, Senior Solicitor

CL130. APOLOGY

An apology was intimated on behalf of Councillor Ritchie.

CL131. DECLARATIONS OF INTEREST

No declarations were intimated.

CL132. MINUTE

Decision

The minute of the meeting of the Civic Licensing Committee on 14 January 2015 was approved.

CL133. LIST OF APPLICATIONS GRANTED UNDER DELEGATED POWERS IN DECEMBER 2014 AND NOTIFICATIONS OF PUBLIC PROCESSIONS PENDING

The committee considered a report by the Chief Governance Officer detailing (a) applications granted under delegated powers between 1 and 31 December 2014 in terms of the Civic Government (Scotland) Act 1982 and the Marriage (Approval of Places) (Scotland) Regulations 2002, and (b) notifications of pending public processions.

Decision

The committee noted the report.

CL134. CIVIC LICENSING ENFORCEMENT – DECEMBER 2014

The committee considered a report by the Chief Governance Officer giving an overview of enforcement action taken with regard to Civic Licensing activities during December 2014.

Decision

The committee noted the report.

CL135. EXCLUSION OF PUBLIC

RESOLVED in terms of Section 50A(4) of the Local Government (Scotland) Act 1973, to exclude from the meeting the press and public for the following items of business on the ground that they would involve the likely disclosure of exempt information as defined in Paragraph 6 of Part 1 of Schedule 7A to the said Act.

CL136. APPLICATION FOR THE GRANT OF A NEW STREET TRADER LICENCE

The applicant, Mr C, entered the meeting.

With reference to Minute of Meeting of the Civic Licensing Committee held on 14 January 2015 (paragraph CL128 refers), the committee considered a report by the Chief Governance Officer on an application for the grant of a new street trader (mobile) licence (a) advising of the background to the application; (b) detailing the consultations undertaken and the responses received, and (c) detailing the applicant's record.

The committee **NOTED** that the Council's Estates Unit had made comment on the application and, in particular, that if the licence be granted, that the licence holder, if trading at a particular location for a period exceeding five minutes, shall ensure the collection and removal of any paper, food wrapping, food, litter or refuse, containers or drinks containers within a 25m zone.

Mr C spoke in support of the application and in response to the comment made by the Council's Estates Unit.

Questions were then asked by members of the committee.

Decision

The committee agreed to grant the street trader licence for a period of 3 years, with a warning letter and subject to the standard conditions. An additional condition was also applied, namely that if the licence holder trades at a particular location for a period exceeding five minutes, he shall ensure the collection and removal of any paper, food wrapping, food, litter or refuse, containers or drinks containers, attributable to the licensed activity, within a 25m zone.

CL137. APPLICATION FOR THE GRANT OF A NEW TAXI DRIVER LICENCE

The applicant, Mr H, entered the meeting.

The committee considered a report by the Chief Governance Officer on an application for the grant of a new taxi driver licence (a) advising of the background to the application; (b) summarising the consultations undertaken and responses received, and (c) detailing the applicant's record.

Mr H spoke in support of the application.

Questions were then asked by members of the committee.

Decision

The committee agreed to instruct officers to arrange for the applicant to undertake a medical and should the applicant pass the medical, to grant the application for a new taxi driver licence for a period of one year, subject to the standard conditions. Should the applicant fail the medical examination, the application will be submitted again to the Civic Licensing Committee for further consideration.

CL138. APPLICATION FOR THE GRANT OF A NEW TAXI DRIVER LICENCE

Having heard from the Licensing Co-ordinator that the applicant was not in attendance, nor had she made contact with the Licensing Section, the committee determined to consider the application in the applicant's absence.

The committee considered a report by the Chief Governance Officer on an application for the grant of a new taxi driver licence (a) advising of the background to the application; (b) summarising the consultations undertaken and responses received, and (c) detailing the applicant's record.

The committee **NOTED** that the applicant had failed the knowledge test on her first attempt and had been invited to re-sit the knowledge test on five separate occasions, but had been unable to attend on each occasion. At the last invitation, the applicant advised that she no longer wished to be a taxi driver and that she would submit a letter to this effect, however, to date, no letter has been received.

Decision

The committee refused to grant the taxi driver licence in terms of the Civic Government (Scotland) Act 1982, section 13(5) on the ground that the applicant, having failed to pass the knowledge test, has failed to satisfy the Authority that she had adequate knowledge of the area to which the licence relates and the layout of the roads in the area.

CL139. APPLICATION FOR THE RENEWAL OF A PRIVATE HIRE CAR DRIVER LICENCE

The applicant, Mr O, and his employer, Mr M, both entered the meeting.

The committee considered a report by the Chief Governance Officer on an application for the renewal of a private hire car driver licence (a) advising of the background to the application; (b) detailing the consultations undertaken and the responses received, and (c) detailing the applicant's record.

Mr M spoke in support of Mr O's application.

Questions were then asked by members of the committee.

Decision

The committee agreed to renew the private hire car driver licence for a period of one year, subject to the standard conditions and with a warning letter.

DRAFT**FALKIRK COUNCIL**

MINUTE of MEETING of the SCRUTINY COMMITTEE held in the MUNICIPAL BUILDINGS, FALKIRK on THURSDAY 19 FEBRUARY 2015 at 2.30 PM.

COUNCILLORS:

Allyson Black
 Baillie William Buchanan
 Charles MacDonald
 John McLuckie
 Baillie Joan Paterson
 Provost Pat Reid (Convener)

OFFICERS:

Fiona Campbell, Head of Policy, Technology and Improvement
 Jack Frawley, Committee Services Officer
 Colin Moodie, Depute Chief Governance Officer
 David Tollick, Corporate Policy Officer

ALSO ATTENDING:

Karen Herbert, Chief Executive, Falkirk & District CVS
 William Kelly, Chair of the board, Falkirk & District CVS

S61. APOLOGIES

None.

S62. DECLARATIONS OF INTEREST

Councillor Black declared a non-financial interest in item S64 as she had received an award at the Falkirk & District CVS annual volunteer awards ceremony but did not consider that this required her to recuse herself from consideration of the item having regard to the objective test in the Code of Conduct.

S63. MINUTES**Decision**

- (a) The minute of the meeting of the Performance Panel held on 20 November 2014 was approved, and
- (b) The minute of the meeting of the Scrutiny Committee held on 8 January 2015 was approved.

S64. FOLLOWING THE PUBLIC POUND (FPP): FALKIRK & DISTRICT CVS

The committee considered a report by the Director of Corporate and Neighbourhood Services providing background to the presentation from representatives of Falkirk & District CVS, requested by committee at its meeting of 1 December 2014 (S50 refers). Appended to the report were the annual reporting statement 2013/14; Falkirk & District CVS Report and Financial Statement – Year Ended 31 March 2014, and Falkirk & District CVS Annual Review 2013/14.

Karen Herbert, Chief Executive Falkirk & District CVS (CVS) and William Kelly, Chair of the board introduced themselves to the committee and presented on the work of CVS in the Falkirk area for the year 2013/14. Karen Herbert stated that there were 32 third sector interfaces (TSI) in Scotland, one for each local authority area. CVS were recognised by the Scottish Government as the TSI for Falkirk which gave them the role of being the voice for the third sector in Falkirk. In terms of a specific concern raised by the committee, Karen Herbert stated that CVS had regained full operational control of its website from November 2014.

CVS received most of its funding from the Scottish Government and were to meet four national outcomes of:

- Promoting volunteering;
- Developing and growing social enterprise;
- Supporting third sector organisations, and
- Providing an interface for the third sector with strategic partners.

A single outcome agreement was in place to direct the local delivery of services. In 2013/14 and 2014/15 the single outcome agreement matched the national outcomes. Following the audit of the community planning partnership and development of the single outcome local delivery plan CVS' priorities were realigned to match local priorities and would, for the first time, include poverty.

Karen Herbert provided the committee with information on the work carried out by CVS in 2013/14:

- CVS had held a Funders Fayre which attracted more than 180 local organisations;
- partnership working had improved social enterprise levels and other areas were visiting Falkirk as an example of good practice;
- while volunteering was in decline in other areas levels continued to be strong in Falkirk. There had been a record number of nominees at the CVS annual awards ceremony, and
- Falkirk was the first and one of only two areas in Scotland to have 1,000 young people having achieved Saltire awards.

Karen Herbert stated that work toward representation was where CVS had been weakest in 2013/14 but that changes had been made to improve this.

In 2014/15 CVS had made a number of changes around how it carried out its business. CVS had ceased non-core services to ensure that they did not compete in service delivery with other third sector organisations. CVS had invested in staff training and had reshaped the structure of the organisation. The largest area of support CVS provided to organisations was in relation to governance and funding.

In performing its role as a representative of the third sector CVS regularly attended 21 local, regional and national groups. Karen Herbert stated that CVS also attended 9 local groups on reshaping care for older people, 4 on integrated joint working and 6 on the community planning partnership. Further, Karen Herbert co-chaired the community planning partnership improvement group on community engagement and participation.

A new full time representation development officer position had been advertised and a support officer was already in post in order to allow the appointee to start in post as effectively as possible.

For 2015/16 two staff would be dedicated to working on representation and CVS would support representation on the integrated care board. The post for social enterprise would terminate at the end of the financial year and one volunteering support position would not be replaced.

The committee asked for further information on the funding received by the organisation for 2013/14. David Tollick stated that CVS received core funding of £113,748 from Corporate and Neighbourhood Services with an additional £19,400 from Social Work Services for community health and care support. This was the funding monitored under following the public pound arrangements. Funding for Broadening Your Horizons had not been continued as the work covered areas which other organisations already provided. The Helix Social Enterprise Zone funding would finish at the end of the current financial year. Karen Herbert stated that the funding had been available for two years and was provided by the Council and Scottish Canals. David Tollick stated that the total funding of £519,402 included funding received from the Scottish Government.

Members asked about the impact of the shift in focus from national to local priorities. Karen Herbert advised that this was an ongoing change for the organisation and that previously poverty was now a main focus whereas it had not previously been prioritised.

The committee asked about the role of CVS in collaborative working such as with the food bank. Karen Herbert stated that CVS were members of the food bank and that they recruited volunteers for the project. CVS also linked in with the national volunteering database so that people could be matched up to the opportunities which best suited them. William Kelly stated that volunteer recruitment also took place through improved use of the website and use of an electronic newsletter. Karen Herbert advised that 1,300 individuals were subscribed to the newsletter.

Members asked for further information on the decision to stop non-core services where duplication with other organisations had occurred. Karen Herbert stated that CVS had recognised duplication around employability training, graphic design and accounts checking and so decided to stop these activities.

The committee asked about the role of the board and their relationship with the organisation. Karen Herbert advised that the change of focus and future direction for the organisation had been set by the board. William Kelly stated that the board received regular updates on the work of CVS using a traffic light reporting system to measure performance. They had specified a new direction of the organisation when going through the appointment process for the Chief Executive. William Kelly stated that the board were satisfied that Karen Herbert was managing the organisation well.

Members asked about the circumstances in which CVS would encourage groups to take on the social enterprise model and how they would ensure that any advice to do so was for the best of the organisation. Karen Herbert stated that any third sector organisation which asked for support would be assisted by CVS. Before providing guidance on changing to a social enterprise model, or any other type of model, CVS would work closely with the organisation. She advised that there were different benefits and negatives to each type of model. CVS would work with organisations to work out, based on their current situation and planned future direction, what was the best model to use. For example, Karen Herbert stated that social enterprise would be the most appropriate fit for a community café, while for taking on a community asset a development trust would be best. CVS would not force any particular model upon an organisation, the decision sat with the organisation to take. CVS would provide legal advice for groups before taking such decisions if it was desired.

The committee asked how selection of different models would affect a group's access to funding, highlighting that lottery grants could not be accessed if using a building on a short term lease. Karen Herbert stated that CVS go through the advantages and disadvantages of models and consider what the organisation wants to achieve. CVS took care to ensure that the implications for the organisation were understood. Karen Herbert stated that she was keen to engage with organisations early as most of the difficulties encountered arose after organisations had structured and then tried to change.

Members discussed that in taking over a community asset the trust model would be best fit but asked how this would work if funding was cut. Karen Herbert advised that CVS advocated that organisations utilised a 'cocktail of funders' so that they were not over reliant on one funder and were therefore less vulnerable to cuts. She wanted organisations to forecast and have funding plans in place. She also encouraged organisations to carry out risk assessments and identify how sustainable they would be if they did not achieve the funding they had planned for.

In response to a question on how long term funding could be achieved if groups could not keep going back to the same funders year on year, Karen Herbert stated that there were thousands of different funders available. Further, groups could look at charging for services. However, Karen Herbert noted that some organisations would always require funding.

The committee asked about issues faced by CVS in connecting with third sector organisations. Karen Herbert stated that CVS had faced staffing issues to do with sickness absence but that they had been resolved. However, being a small organisation, sickness absence was always a risk for CVS as any absence had a significant impact. In order to mitigate this risk cross cover was utilised where possible. Karen Herbert stated that CVS wanted to be the go to organisation in the area for the third sector but rebuilding their reputation would take time. Karen Herbert stated that some resentment had been felt by the third sector towards CVS due to the time when they had duplicated other organisations areas of service delivery, which had now been resolved.

He advised that other funding streams related to activities for generating funds, which were from: tenants; conference hire; payroll, accountancy and admin services, and graphic design.

In light of the above information, the committee asked for further information on why CVS had changed its position in regard to income generation. William Kelly advised that the figures provided showed gross income and not the net profit result. The board had reviewed each activity to see if they were worth continuing.

Responding to a question on the partnership innovation fund, Karen Herbert stated that it would finish at the end of the financial year. She advised that the integrated care fund was available to support the third sector in delivering preventative care services.

The committee asked about the number of young people recognised at the annual awards ceremony. Karen Herbert stated that she was happy with the number of young people present and that those did not include all those who had achieved Saltire awards. In response to a question on maintaining youth volunteers into adulthood, Karen Herbert stated that people often stopped volunteering in their early twenties and then returned after having raised young families.

Members asked about volunteer recruitment at the funding fayre and whether or not these individuals kept up their involvement in volunteering in the longer term. Karen Herbert stated that 877 volunteers had signed up at the fayre and that CVS followed up with them after 3, 6 and 9 months to track their involvement in volunteering.

The committee asked for more information on the Helix Social Enterprise Zone. Karen Herbert stated that the project had included the Council, Scottish Canals, CVS and the Social Enterprise Academy. Firstport, the largest new enterprise funder, had ring fenced grants for the Falkirk area. Although the project was related to the Helix brand it was open to benefit the whole Falkirk area.

Decision

The committee approved the report and acknowledged the progress made by Falkirk & District CVS in meeting Council priorities

S65. SCRUTINY PLAN - 2015

The committee considered a report by the Chief Governance Officer which presented a summary of the committee's consideration of reports requested at its meeting of 14 August 2014 as potential areas of in depth scrutiny for inclusion in the annual scrutiny plan.

Members asked if the complaints system was proscribed to the Council or if there was an opportunity to review it. Fiona Campbell stated that Social Work Services had a different complaints procedure to other services but that the rest of the Council used the standard system for the public sector in Scotland. The committee discussed that it was also worth reviewing the extent to which complaints were considered and lessons learned.

Following discussion on the appointment of head teachers and availability of supply teachers, Colin Moodie advised that a report was due to come to committee on the topic of supply provision.

Decision

The committee agreed to recommend to Council:-

- (1) the following areas for scrutiny as part of the annual scrutiny plan:-**
 - (i) the operation of the complaint system within the Council, in particular, the extent to which complaint outcomes are considered and lessons learned for the future. The scope of the scrutiny panel would include customer feedback as well as formal complaints, and**
 - (ii) outcomes for looked after children, and**
- (2) that the scrutiny committee should agree a third area for scrutiny with preference given to a subject suggested by the opposition members on the committee, in the event that they participate in the scrutiny process.**

Forth Valley NHS Board

27 January 2015

**This report relates to
Item 3 on the agenda**

Minute of Forth Valley NHS Board Meeting held on 16 December 2014

For Approval

FORTH VALLEY NHS BOARD

DRAFT

Minute of the Forth Valley NHS Board meeting held on Tuesday 16 December 2014 in the NHS Forth Valley Headquarters, Carseview House, Castle Business Park, Stirling.

Present	Mr Alex Linkston (<i>Chair</i>)	Mr John Ford
	Councillor Linda Gow	Dr Graham Foster
	Ms Fiona Gavine	Miss Tracey Gillies
	Mrs Jane Grant	Mr Tom Hart
	Mrs Helen Kelly	Mr James King
	Mrs Fiona Ramsay	Mrs Julia Swan
	Professor Angella Wallace	

In Attendance	Mrs Elsbeth Campbell, Head of Communications
	Ms Gail Hayworth, Deputy Head of Corporate Services (<i>minute</i>)
	Mr David McPherson, General Manager
	Mrs Kathy O'Neill, General Manager, Forth Valley CHP's
	Mr Tom Steele, Director of Estates and Facilities
	Ms Elaine Vanhegan, Head of Performance and Governance

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Dr Allan Bridges, Dr Stuart Cumming, Mr Charlie Forbes and Councillor Gary Womersley.

2. DECLARATIONS OF INTEREST(S)

There were no declarations of interest.

3. MINUTE OF FORTH VALLEY NHS BOARD MEETING HELD ON 7 OCTOBER 2014

The minute of the Forth Valley NHS Board meeting held on 7 October 2014 was approved as a correct record.

4. MATTERS ARISING FROM THE MINUTE

There were no matters arising from the minute.

5. QUALITY & SAFETY

5.1 Patient Story

Professor Wallace narrated the story of a patient, Mr Cole, detailing his experiences of care and treatment received over the years from the NHS in Scotland.

The story highlighted the varying relationships between Mr Cole and key NHS staff, communication issues and the appreciation of vital support. Professor Wallace also highlighted the learning and the sharing of best practice from the patient stories.

The NHS Board discussed the element of staff attitude and communication issues in complaints received by the NHS Board and the focus on addressing the issues. The recognition of the issues and time for reflection to improve patient experiences by staff, were also discussed.

After discussion, the NHS Board thanked Professor Wallace for sharing Mr Cole's story.

Mr Linkston congratulated Dr Foster on his recent appointment to the post of Director of Public Health and Planning.

5.2 National Health Care Associated Infection Reporting Template (HAIRT)

The Forth Valley NHS Board considered a paper "National Health Care Associated Infection Reporting Template", presented by Dr Graham Foster, Director of Public Health and Planning.

Dr Foster reported on the various relevant updates relating to infection prevention and control, stating that this was a provisional report, with the final report being submitted to the Scottish Government in December 2014.

He reported the position against *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* targets for November 2014, as follows:-

- *Staphylococcus aureus* Bacteraemia (SABs) = 6
- *Clostridium difficile* Infections = 3
- Devices Associated Bacteraemia = 5

He confirmed that there were no deaths attributed to *Staphylococcus aureus* Bacteraemia or *Clostridium difficile* in October or November 2014. He also reported that work was ongoing around triangulation of ward visit/SAD/DAB/CDI data to ascertain any correlation between each on a ward by ward basis, ensuring targeted interventions were in place.

Dr Foster highlighted the recently published Vale of Leven Hospital Inquiry Report and the Healthcare Environment Inspection reports.

The NHS Board discussed the lessons from inspections, the continued focus on improvement and practice and the monitoring process that was in place to minimise risk. In response to a question from Mr Ford regarding the ward visit programme, Dr Foster confirmed that clinical areas were visited every week and the other facilities every two weeks. Professor Wallace confirmed that the ward visit programme and patient safety walk rounds were integrated.

After discussion, the NHS Board noted the National Health Care Associated Infection Reporting Template.

5.3 External Inquiry Reports – Update Position

The Forth Valley NHS Board considered a paper "External Inquiry Reports – Update Position", presented by Miss Tracey Gillies, Medical Director.

Miss Gillies reported that the Vale of Leven Hospital Inquiry Report had been published on 24 November 2014 and that the report on the review of the quality of the care in NHS Grampian, undertaken by Healthcare Improvement Scotland, had been published on 2 December 2014.

Both reports highlighted significant failings at operational and governance levels through the two NHS Boards involved. NHS Forth Valley was currently reviewing the findings of the reports and

giving consideration to whether there were any changes required to the current assurance processes

Miss Gillies reported that with regard to the Vale of Leven Hospital Inquiry Report, a template, requiring detail of the current position against the recommendations, additional action and delivery had been circulated and were required to be completed and submitted to the Scottish Government by 19 January 2015.

The NHS Board discussed the staff and patient experience and the assurance responsibilities.

After discussion, the NHS Board:-

- Noted the publication of the two reviews
- Agreed that identified action for NHS Forth Valley would be discussed in detail at the relevant governance committees
- Agreed that the template response on the Vale of Leven Hospital Inquiry Report to the Scottish Government would be considered for approval by the Performance and Resources Committee on 13 January 2015, prior to submission to the Scottish Government by 19 January 2015.

6. HEALTH IMPROVEMENT & INEQUALITIES

6.1 Final Report from Community Planning Short Life Working Group

The Forth Valley NHS Board considered a paper "Community Planning Review – Final Report", presented by Dr Graham Foster, Director of Public Health and Planning.

Dr Foster highlighted the "Key Issues" as detailed within the report, specifically the recommendations of the Community Planning Short Life Working Group on the future approach to community planning.

Mrs Swan commended the work of the Short Life Working Group and acknowledged the ongoing positive work within the organisation.

The NHS Board noted the recommendations contained within the Report.

7. CORE PERFORMANCE

7.1 Executive Performance Report

The Forth Valley NHS Board considered a paper "Executive Performance Report", presented by Mrs Jane Grant, Chief Executive.

Mrs Grant highlighted the key events and meetings detailed within the Chief Executive's Summary. She reported that the performance against the 4 hour target in the Emergency Department remained variable at times, with many factors influencing performance. The patients delayed in their discharge position had fluctuated with a significant increase noted towards the end of October into November. Dialogue was continuing with Council colleagues to address the continuing challenge.

Mrs Grant also highlighted the successful Staff Recognition Awards and the re-launch of the Long Service Awards.

In respect of "Core Performance", detailed within the appendix, Mrs Grant reported on the Balance Scorecard and Performance Summary, as follows:-

Timely

In respect of In Vitro Fertilisation (IVF) treatment, no one meeting the access criteria was waiting over 12 months. The 4 hour target in the Emergency Department remained challenging and was a major priority for the NHS Board and Scottish Government. Key actions had been agreed to support delivery of the target in respect of improving flow, improving early morning discharges to maintain flow and increase admission avoidance.

In response to a question from Mr King with regard to the Referral to Treatment Target, Mrs Grant confirmed that the target was 90% of planned/elective patients to commence treatment within 18 weeks of referral.

In response to a question from Mrs Swan regarding faster access to Child & Adolescent Mental Health Specialist Services, Mrs Grant reported that waiting list initiatives were being carried out, a service redesign and recruitment to additional posts was underway, which aimed to accelerate progress towards achieving the target from December onwards. A further update on Child & Adolescent Mental Health Specialist (CAMHS) Service would be presented to a future NHS Board meeting.

Effective

In respect of A&E attendances the October 2014 position was 1743 attendances per 100,000 population against a target of 1612. There was an increased focus on admission avoidance and key actions were being implemented. There was also an increased focus on patients delayed in their discharge, with the reasons for delay differing across the Council areas, but no new emerging issues.

In response to a question from Mr Linkston regarding patients delayed in their discharge within the Community Hospitals, Mrs O'Neill reported on the robust implementation of the Choice Policy with regard to interim placements was underway, supported by Joint Improvement Team.

Equitable

The ongoing work on alcohol brief interventions, fluoride varnish, early access to maternity care and new outpatient appointment "Did Not Attend" rates, were highlighted.

The NHS Board discussed the fluoride varnish target compliance and the effective use of resources

Person Centred

Mrs Grant reported that work continued in respect of the Attendance Management standard of 4%, which remained a challenging target and a high priority for the NHS Board. The October position was 5.51%. NHS Forth Valley's strategy for attendance management was based on a whole systems approach delivered in partnership. The Complaint response time for October 2014 was 84.44% of complaints responded to within 20 working days maintaining the position ahead of the overall 70% target that was in place. The focus was to improve upon this standard but also to reduce the number of complaints received with a 20% target reduction in complaint numbers agreed across NHS Forth Valley.

Professor Wallace reported on the successful work and improvement in nutrition. It was however noted that there was an issue with pressure area care, with a small increase in pressure ulcers noted throughout the previous month. A dedicated group of senior nurses were being tasked to carry out a casenote review in respect of this and to support work in relation to ensuring a return to the standard.

Mr Hart reported on the work to reintegrate the process for the Knowledge Skills Framework and interactive training for reviewers.

After discussion, the NHS Board:-

- noted the key items of information detailed within the Chief Executive's Summary.
- noted the main areas highlighted in the Balanced Scorecard and the Performance Summary

7.2 Financial Monitoring Report

The Forth Valley NHS Board considered a paper "Financial Monitoring Report", presented by Mrs Fiona Ramsay, Director of Finance.

Mrs Ramsay reported that a balanced financial position was reported to the end of October 2014 for both revenue and capital. A balanced position remained projected for the year end, although the position remained tight and would require continued efforts to control and minimise costs.

She confirmed that hospital prescribing had continued to increase, reflecting increased activity in oncology and rheumatology and the introduction of a new drug for Hep C. She also confirmed the Unit positions and forecasts, as detailed within the paper. With regards to Capital, a risk remained regarding the sale of Bannockburn Hospital and the Bonnybridge site. Given that those proceeds comprise part of the final repayment of brokerage to the Scottish Government, alternative options for repayment were being explored.

Mr Hart reported on a presentation on the financial position of NHS Boards across Scotland, given by Ms Christine McLaughlin, Deputy Director of Health Finance, Scottish Government. In response to a question from Mr Ford regarding winter pressure monies, Mrs Ramsay reported that further information was awaited on this.

The NHS Board noted:-

- the balanced revenue and capital positions to 31 October 2014
- a projected balanced out-turn for both capital and revenue to 31 March 2015
- planning was in progress for 2015/16 with the financial position increasingly challenging

7.3 Waiting Times Report

The Forth Valley NHS Board considered a paper "Waiting Times Report", presented by Mr David McPherson, General Manager.

Mr McPherson reported that the paper outlined the NHS Board's position in relation to a range of access targets established by the Scottish Government, specifically the main elective targets, inpatients/daycases and new outpatients, both in terms of the stage of treatment targets and the combined 18 weeks Referral to Treatment position, unavailability, diagnostics, cancer, Drugs and Alcohol Treatment Services, Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies.

He highlighted the main points, as follows:-

- October 2014, 18 week RTT position remained stable at 87.5%
- The number of outpatients waiting over 12 weeks had increased to 1037

- Compliance with the Treatment Time Guarantee remained high at 99.9% in September with a forecast position for October of 99.7%
- Improvement with a further decrease in inpatient/daycase unavailability to 11%
- Outpatient unavailability remained at 0.8%
- Radiology remained compliant with the 42 waiting time standard.
- Endoscopy had reduced the number of patients waiting over 42 days to 175
- Compliance with the 31 day Cancer waiting time standard had been maintained. Performance for the 62 day standard for October had improved to 95.2%
- Mental health: Drug and Alcohol services continued to perform well. CAMHS and Psychological Therapies were working through their waiting list backlog.

The NHS Board discussed the ongoing work to address the challenges in Endoscopy, CAMHS and Psychological Therapies.

Councillor Gow highlighted potential budget pressures for Falkirk Council that may impact on NHS services. She confirmed that the budget options were out for consultation and could be accessed online. Mr Linkston reported that the NHS Board would review the proposals and respond to Falkirk Council appropriately.

After discussion, the NHS Board noted the Waiting Times Report.

7.4 Quarterly Communication Update

The Forth Valley NHS Board considered a paper "Communications Update Report – August to November 2014", presented by Mrs Elsbeth Campbell, Head of Communications.

Mrs Campbell reported on the ongoing work to develop and improve internal and external communications across NHS Forth Valley, in line with the plans and priorities set out in the NHS Forth Valley Communication Strategy. She also highlighted some of the key work undertaken to raise awareness of the wide range of service developments, campaigns, events and initiatives during the period from August – November 2014.

The NHS Board noted the Communications Update Report.

8. STRATEGIC PLANNING & DEVELOPMENT

8.1 Integration of Adult Health and Social Care

The Forth Valley NHS Board considered a paper "Integration of Adult Health and Social Care", presented by Mrs Kathy O'Neill, General Manager.

Mrs O'Neill reported on the progress of implementing arrangements for Health and Social Care Partnerships in Forth Valley. She highlighted the proposed arrangements for establishing Transitional Boards and the principle changes to the National Regulations and Guidance.

She also highlighted the following, as detailed within the paper:-

- Progress with Integration Scheme Development for both proposed Partnerships
- Proposals for Shadow Integration Joint Board Arrangements
- Chief Accountable Officer appointment arrangements
- Finance and Assurance Framework
- Guidance received on the Disestablishment of Community Health Partnerships
- Integrated Care Fund submissions

In response to a question from Mr King regarding the Assurance and Governance Framework, Mrs Ramsay reported that discussions were ongoing with Audit Scotland to clarify the position and that further discussions were required with Internal Audit.

The NHS Board discussed arrangements to join budgets, understanding of responsibilities and the management of large hospital services. The proposal setting out options for interim arrangements during the transitional year and governance of those CHP services out with the scope of Adult Health and Social Care Integration were also discussed.

After discussion, the NHS Board:-

- approved the proposed vision for Health and Social Care Integration for wider engagement and consultation.
- approved the proposal that Partnership Boards are stood down, with Standing Orders amended in the next update.
- approved the proposal to establish Transitional Boards from January 2015 to oversee the completion of the Integration Schemes and establish arrangements for Integration Joint Board operating in shadow from April 2015.
- approved the core membership of Transitional Boards and Shadow Integration Boards and the Health Board nominations for each Board
- approved the arrangements for the recruitment of a Chief Officer for each Partnership
- noted the proposed timeline
- noted the intention to commence engagement and consultation on the draft vision
- noted the arrangements for the Integrated Care Fund submission.

9. GOVERNANCE COMMITTEE MINUTES

9.1 Staff Governance Committee Minute: 23 September 2014

The Forth Valley NHS Board noted the minute of the Staff Governance Committee meeting held on 23 September 2014.

Mr Hart reported that the results of the NHS Staff Survey would be announced on 17 December 2014.

9.2 Audit Committee Minute: 17 October 2014

The Forth Valley NHS Board noted the minute of the Audit Committee meeting held on 17 October 2014.

9.3 Endowment Committee Minute: 17 October 2014

The Forth Valley NHS Board considered the minute of the Endowment Committee meeting held on 17 October 2014.

Ms Gavine highlighted the presentation from Art Link and the consideration to appoint a Charity Patron.

The Forth Valley NHS Board noted the minute of the Endowment Committee meeting

9.4 Performance and Resources Committee Minute: 4 November 2014

The Forth Valley NHS Board noted the minute of the Performance and Resources Committee meeting held on 4 November 2014.

9.5 Clackmannanshire and Stirling Partnership Board Minute: 4 November 2014

The Forth Valley NHS Board noted the minute of the Clackmannanshire and Stirling Partnership Board meeting held on 4 November 2014.

9.6 Falkirk Partnership Board Minute: 5 November 2014

The Forth Valley NHS Board noted the minute of the Falkirk Partnership Board meeting held on 5 November 2014.

9.7 Area Clinical Forum Minute: 20 November 2014

The Forth Valley NHS Board noted the minute of the Area Clinical Forum meeting held on 20 November 2014.

10. ANY OTHER COMPETENT BUSINESS

There being no other competent business the Chair closed the meeting at 11.20am.

11. DATE, TIME AND VENUE OF NEXT MEETING

The Forth Valley NHS Board will meet on Tuesday 27 January 2015 at 9.00am. Venue to be confirmed.

TRANSITIONAL BOARD

MINUTE of MEETING of the TRANSITIONAL BOARD held in the MUNICIPAL BUILDINGS, FALKIRK on FRIDAY 9 JANUARY 2015 at 9.30 AM.

MEMBERS:

Councillor Allyson Black, Falkirk Council
Councillor Dennis Goldie, Falkirk Council
Councillor Linda Gow, Falkirk Council
Jim King, Vice-Chair of NHS Forth Valley
Alex Linkston, Chairman of NHS Forth Valley
Julia Swan, Non-Executive Member of NHS Forth Valley

OFFICERS:

Margaret Anderson, Director of Social Work Services, Falkirk Council
Fiona Campbell, Head of Policy, Technology and Improvement, Falkirk Council
Jack Frawley, Committee Services Officer, Falkirk Council
Tracey Gillespie, Human Resources Manager, Falkirk Council
Rose Mary Glackin, Chief Governance Officer, Falkirk Council
Jane Grant, Chief Executive, NHS Forth Valley
Helen Kelly, Director of Human Resources, NHS Forth Valley
Lesley Macarthur, Corporate Policy Officer, Falkirk Council
Morag McLaren, Head of Organisational Development, NHS Forth Valley
Colin Moodie, Depute Chief Governance Officer, Falkirk Council
Kathy O'Neill, CHP General Manager, NHS Forth Valley
Mary Pitcaithly, Chief Executive, Falkirk Council
Fiona Ramsay, Director of Finance, NHS Forth Valley
Bryan Smail, Chief Finance Officer, Falkirk Council
Suzanne Thomson, Programme Manager - Health & Social Care Integration Falkirk Council
Elaine Vanhegan, Head of Performance and Governance, NHS Forth Valley

TB1. APPOINTMENT OF CONVENER

Nominations were sought from the voting membership for the position of convener for this meeting of the transitional board. Councillor Gow nominated Alex Linkston as convener. There being no other nominations Alex Linkston assumed the chair for the remaining business.

TB2. APOLOGIES

None.

TB3. DECLARATIONS OF INTEREST

No declarations were made.

TB4. MINUTE**Decision**

The minute of the meeting of the Falkirk Partnership Board held on 5 November 2014 was noted.

TB5. MATTER ARISING**NHS Forth Valley Inpatient Bed Model**

The Director of Finance tabled a report providing information on bed numbers and changes to provision across NHS Forth Valley. The report highlighted that there had been three main factors behind the reduction to bed numbers shown from 2005 to 2014. The need for surgical beds had decreased as there had been a drive toward procedures undertaken with same day discharge. Two maternity services had been combined which, along with patients requiring less lengthy stays, had reduced the number of beds needed in this area. Through investment in community mental health teams, the demand for beds from mental health services had decreased.

For acute medicine and older people services, in relation to comparator boards, Forth Valley had fewer beds per head of population than Ayrshire but more than Fife. Patients in Forth Valley also accessed tertiary services in Lothian and Glasgow. Figures for the impact of delayed discharges showed that the number of occupied bed days accounted for by all delayed discharges within NHS Forth Valley was projected to be the equivalent of 77 beds for 2014/15.

Councillor Gow stated that the decision to reduce the number of beds was taken for the best interests of people in the Falkirk area at the time. However, with cuts to funding, an ageing population and the level of care needed for the elderly she felt options for dealing with the pressure on services needed to be looked at.

Mr Linkston stated that it was not in the best interests of elderly patients for them to remain in hospital beds after their medical care needs had been met. He felt that as much support as possible should be provided in the community and that by working with the voluntary sector quality of life for elderly people could be improved.

Councillor Goldie asked how the delayed discharge issue could be tackled. The Chief Executive, NHS Forth Valley stated that discussion was ongoing between partners and that through the national choice policy and daily reviews of the situation that the Falkirk position had improved. However, the availability of care home places remained a challenge in dealing with delayed discharge. Mrs Grant highlighted that an additional ward had been opened in Falkirk.

Councillor Gow asked if opening a new ward undermined efforts to prepare people for returning to the community. Mr Linkston stated that the new ward was a short term measure in order to deal with a challenging situation and that funding would be redirected to community services when possible. The board requested a briefing on the clinical services review at the next meeting.

Decision

The transitional board noted the report.

Julia Swan entered the meeting during consideration of the previous item of business.

The transitional board agreed to vary the order of business.

TB6. DELAYED DISCHARGE PROGRESS REPORT

The transitional board considered a joint report by the Director of Social Work Services and the CHP General Manager providing the board with an update on progress toward meeting the target of no delays over 4 weeks.

The report set out current performance for the Falkirk area and at the December 2014 census, 9 people had been delayed for over 4 weeks. The reason for delay was the availability of care home places in both the Falkirk area and across Forth Valley more widely. Home care packages were generally provided within a few days of need being identified. In cases where packages could not be delivered internally daily phone calls were made to agency providers until suitable provision had been put in place.

In liaison with representatives of the Scottish Government, a number of immediate actions had been put in place to support additional winter pressure. Additional funding had been made available to support temporary increases in the provision of short stay intermediate care beds. Contact had been made with both Fife and North Lanarkshire Councils to discuss utilising care home places in those areas. Local providers had been asked to identify any additional capacity which they could bring on stream.

The transitional board was invited to endorse the local protocol for implementation of the national policy on choice of care home as appended to the report.

The board expressed their thanks to all staff for their response to the challenge of delayed discharge. Mr Linkston stated that the high pressure was likely to continue through February and that long term solutions were being looked at to get ahead of the curve and better deal with demand.

Councillor Black stated that delayed discharge presented a significant challenge and that preventative work was key to reducing hospital admissions. Although the use of change fund money to help people in their 50s was good she stated that older people also needed help now. Mr Linkston stated that the Bo'ness Project was aimed at supporting people in the community and that if it was effective it could be rolled out to other areas. Councillor Gow requested that a briefing on the Bo'ness Project was sent to members. The Chief Executive, Falkirk Council stated that members could be provided with a series of briefings in order to explain key services.

Mrs Swan asked if care home provision was being examined at a national level. The Director of Social Work Services stated that there was not currently a national approach but that there was a national contracting process, which provided some regulation of care home cost.

Mr Linkston stated that a culture of planning for discharge needed to be instilled in the system. The CHP General Manager stated that the majority of discharges should be quick but that for complex cases timescales would be longer.

Councillor Goldie stated that the health of patients needed to be prioritised and that appropriate placements should be found so that people did not end up back in hospital unnecessarily, highlighting that multiple moves were detrimental to health. Mr King stated that it was important to remember the flow of patients and that if some people were not discharged to interim places then it may not be possible to accept new admissions.

Councillor Black raised concern that people may feel devalued when told that they needed to move in order to free up beds. Mrs Grant reassured the transitional board that staff would always deal with this situation in a sensitive manner.

Decision

The transitional board:

- (1) noted the progress report and the immediate actions being taken to improve performance, and**
- (2) agreed to endorse the local arrangements for implementing the national policy on choice.**

TB7. TRANSITIONAL BOARD MATTERS

The transitional board considered a joint report by the Head of Policy, Technology and Improvement and the CHP General Manager proposing that the transitional board consider and agree the format and order of board meetings.

The report set out the current status of the transitional board and the process that would lead to the establishment of the shadow board and then, following Ministerial approval, the Integration Joint Board (IJB). In order to support the operation of the shadow board and IJB the report invited the transitional board to instruct officers to develop standing orders for discussion in March 2015.

Mr Linkston proposed that meetings should take place on a monthly basis but that this frequency would be reviewed after the first year and raised the possibility of bi-monthly meetings. He suggested that the transitional and shadow boards should be held in private but that the IJB should be held in public.

Councillor Gow asked if the minutes of the board would be included in the Council's information bulletin. The Deputy Chief Governance Officer confirmed that, following a decision by Council, the minutes of the board would be made available at Council meetings. The Head of Performance and Governance stated that the minutes would also be submitted to the Health Board but that timing would be reviewed as previously

Partnership Board Minutes were submitted to the NHS Board in draft. She would ensure that transitional board minutes would only be submitted to the NHS Board after approval by the transitional board.

Councillor Black stated that papers for meetings of the board should be five clear days ahead of the meeting and Mr Linkston stated that there would be a presumption against tabling reports.

Decision

The transitional board agreed that:-

- (1) the chair of the transitional board would rotate between the Health Board and Council at each meeting;**
- (2) transitional board meetings should take place on a monthly basis;**
- (3) transitional board and shadow board meetings would be held in private but that meetings of the IJB would be held in public;**
- (4) officers would develop a unique report style for the board to consider;**
- (5) the agenda and papers for board meetings should be issued five clear working days prior to the meeting date, and**
- (6) officers develop draft standing orders for discussion in March 2015.**

TB8. FORMATION OF THE INTEGRATED JOINT BOARD

The transitional board considered a joint report by the Head of Policy, Technology and Improvement and the CHP General Manager providing options regarding the process to be developed by the transitional board for recruitment of non-voting members to the IJB.

The report set out the core membership of the IJB as prescribed by the regulations and highlighted that the transitional board should consider the process for appointing non-voting representatives.

Mr Linkston stated that he felt the Chief Executives of the constituent organisations should be appointed to the board as non-voting members. He also proposed that one staff representative from each constituent organisation should be appointed. In terms of the role of Chief Finance Officer Mr Linkston requested that the finance work stream consider the matter and make a proposal.

Mrs Swan stated that there was a need to consider how key groups would be communicated with and in particular how issues could be raised by people not on the board. Mrs O'Neill advised that the structure underneath the board was important and that the board was not the only way for key groups to engage.

Councillor Gow highlighted that there were over 800 possible representatives for the third sector and only one place available on the board. She raised the possibility of having multiple representatives from the third sector on the board. Mr Linkston stated that it would be best to take a final view after the consultation had been completed.

Councillor Black suggested that there could be a pool of trained members for the third sector in order to allow effective substitution.

Decision

The transitional board agreed that:-

- (1) officers engage with specific groups as per paras 3.7, 3.10 and 3.13 of the report;**
- (2) a further options report is presented to the board at the next meeting;**
- (3) membership align with that prescribed within the regulations except that the Chief Executives of the Council and Health Board and one staff representative from each constituent organisation will be appointed to the IJB, and**
- (4) training would be provided to multiple individuals from within the voluntary sector in order to allow effective substitution.**

TB9. DRAFT INTEGRATION SCHEME

The transitional board considered a report by the Depute Chief Governance Officer, Falkirk Council presenting a draft integration scheme. The draft scheme was produced on the basis of output of various workstreams involving Health Board and Council staff and took account of decisions previously taken by the Council and Health Board. The draft scheme also took account of the model scheme provided by the Scottish Government and the requirements of the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

In terms of appointment of the chair of the IJB, Mr Linkston stated that it made sense to have a member from the organisation not employing the Chief Officer first and then to rotate. Councillor Gow agreed but asked if there would be a delay caused while awaiting the appointment of the Chief Officer. Mrs Pitcaithly stated that there would not be a delay to carrying out business as the chair could continue to rotate until the appointment was made.

Mrs Swan asked what section 4.8 of the scheme would mean in practice. Mrs O'Neill advised that any planned changes which could impact the IJB must be reported to the board and that this was based on a principle of understanding.

Mr Linkston stated that section 5 of the scheme was slightly too detailed and that it should be reviewed to be made more high level. He raised that section 5.18 should be reviewed to include reference to the Chief Social Work Officer.

Mrs Swan asked about claims liability. Mr Moodie advised that the Council and Health Board were responsible for operational delivery of services and therefore it was most likely that claims would fall with one or the other and not the IJB.

Mr Linkston asked for clarification of what section 8.1 meant in practice. The Director of Finance stated that in terms of the draft scheme the IJB would not fund central and departmental administrative charges or capital charges and that this would fall to the

constituent organisations. The transitional board noted that the section of the scheme on finance was not yet complete.

Decision

The transitional board agreed that:-

- (1) the chair and vice-chair of the IJB will be appointed from the voting board members on a rotational basis, with the first chair being appointed by [party which is not the employer of the chief officer] and the vice-chair being appointed by the [other party];**
- (2) the first appointment of chair and vice-chair shall be until 31 March 2017, thereafter the chair and vice-chair will be appointed for a period of 2 years;**
- (3) if the Chief Officer's absence is expected to be more than 4 weeks, a formal secondment or recruitment process will be put in place by the Parties, and**
- (4) officers consult on the draft scheme.**

The transitional board adjourned at 11.55a.m and reconvened at 12.05p.m. with all members present as per the sederunt.

TB10. INTEGRATION SCHEME CONSULTATION & ENGAGEMENT ARRANGEMENTS

The transitional board considered a joint report by the Director of Social Work Services, Falkirk Council and the CHP General Manager, NHS Forth Valley which provided information on the requirements and proposed arrangements to engage and consult on the draft integration scheme.

The report set out the consultees that must be consulted when preparing (or revising) the integration scheme, drafting strategic plans and making decisions affecting service provision in a locality as per the regulations. It was proposed that consultation and engagement work was carried out through the Falkirk Joint Management Group and would be overseen by the transitional board. The communication and engagement work stream had been set up to support the detailed planning of this work. The report recommended that in addition to the integration scheme, which is a complex legal document, that a summary document be prepared to facilitate the consultation process.

Mrs Swan raised that some of the wording in the appendix needed to be reviewed. Mrs O'Neill advised that similar comments had already been received and that the phrasing was being rethought. Councillor Black stated that the use of abbreviations and technical language should be kept to a minimum in general.

Decision

The transitional board:-

- (1) noted the report;**
- (2) noted that an update would be provided to the transitional board on 6 February 2015, and**

(3) approved the consultation arrangements for the integration scheme.

TB11. ORGANISATIONAL DEVELOPMENT AND CHANGE MANAGEMENT SUPPORT FOR HEALTH AND SOCIAL CARE INTEGRATION FALKIRK PARTNERSHIP

The transitional board considered a report by the Head of Organisational Development, NHS Forth Valley providing information on the key principles in developing and delivering organisational development, change management and the key areas for development.

The report advised on the development of a plan to support members of the transitional board. The proposals included:

- interviews with voting members and other key stakeholders to ascertain the perceived main areas for development;
- delivery of a joint visioning session with voting members and lead officers;
- facilitated sessions with voting members to review their role, ways of working and vision for the IJB;
- a plan to support the introduction of non-voting members, and
- a supported induction and development programme for board members.

Decision

The transitional board:-

- (1) noted that confidential interviews will take place with IJB voting members to decide a process for development and who should co-ordinate this;**
- (2) noted the establishment of the organisational development and workforce development group;**
- (3) noted that integration fund resources would be sought to support the delivery of some of the development work;**
- (4) approved commencement of development and delivery of engagement sessions with staff and stakeholder groups aligned to and complimentary to the integration scheme consultation process, and**
- (5) approved commencement of the initial mapping of existing workforce development plans and priorities across partner organisations – to begin to inform a Joint Framework for Workforce Development and Training.**

TB12. APPOINTMENT PROCESS FOR CHIEF OFFICER

The transitional board considered a joint report by the Director of Social Work Services, Falkirk Council and the CHP General Manager, NHS Forth Valley which provided options for recruitment and selection to the post of Chief Officer (Health & Social Care Integration) and attached as appendices, the job description, person specification, candidate information pack and draft advert.

The report provided background information and details of work undertaken previously including the agreement of the job description, person specification and terms and conditions by the partnership board. The report advised of a change to the job description made by the Stirling/Clackmannanshire Partnership and the transitional board was invited to consider using this proposed wording.

The report provided information on the advantages and disadvantages of both external advertisement with internally managed recruitment and external recruitment managed by external consultants. Options for newspaper advertisement were presented and the transitional board were invited to determine where to advertise. The transitional board was also invited to consider selection methods and a timescale for recruitment.

The board discussed the cost of utilising a newspaper advert. Mrs Pitcaithly advised that other posts had been advertised in the Herald and so potential candidates may be monitoring it to find out when the application period was live. The Director of Human Resources stated that a newspaper advert could be used to signpost people to online information, which would be less expensive than a full advert.

The board discussed the use of a consultant in the recruitment process and Mr Linkston expressed that he felt consultants add value to the process and get more information about the candidates. Mr King stated that this additional information helps to direct members' questions. The Human Resources Manager advised that the Council's Human Resources department could carry out personality and psychometric testing. Mr King asked how alike the Council's assessment centre process would be to that which was used by the Health Board. Mrs Kelly stated that she would need to have a discussion with Mrs Gillespie on that point.

The board discussed the proposed wording in paragraph 2.3 of the report and felt that it provided more clarity than the wording which had been in the job description.

The board discussed the composition of the selection panel. It was normal practice for the Chief Executive of the Health Board to be a voting member on their selection panels while this was not the practice of the Council. For appointment of the Chief Officer to the IJB it was felt that the Chief Executives of the constituent organisations should be included as voting members of the selection panel along with the six voting members of the board.

Decision

The transitional board approved:-

- (1) the proposed wording in para 2.3 of the report;**
- (2) the use of a small advert in the Herald;**
- (3) that selection panel membership would be the six voting members of the board plus the Chief Executives of the constituent organisations, as voting members;**
- (4) an initial leeting exercise be carried out by the selection panel;**
- (5) the use of management scenario testing and/or psychometric testing;**

(6) that panel short leeting and panel interviews should be held in January/February 2015, and

(7) the recruitment pack, as provided in appendix 3 to the report.

TB13. INTEGRATED CARE FUND PLAN

The transitional board considered a joint report by the Director of Social Work Services, Falkirk Council and the CHP General Manager, NHS Forth Valley which provided information on the Integrated Care Fund Plan which had been developed to present a shared view of how the Integrated Care Fund would be used in 2015/16.

The report provided information on why change was necessary as demand for health and social care services had substantially increased and was set to continue to increase. The key factors included an increase to the number of older people living in the Falkirk area; improving life expectancy; and expected increases to heart disease, strokes and dementia. Integrated care fund local investment priorities included: avoiding unplanned admissions, improving health and wellbeing in communities, supporting the needs of carers and infrastructure, including organisational development and workforce development. It was proposed to allocate funding to the priority areas as follows:

- Avoiding unplanned admissions – 30%
- Health and wellbeing in communities – 30%
- Carers – 10%
- Infrastructure – 30%

Councillor Black asked for information about the level of control the Health Board had over GPs. Mrs O'Neill stated that GPs were being engaged about locality priorities and that two events had been held, open to all GPS, and representatives of the Council to discuss the local priorities.

Councillor Black asked if there were any financial control mechanisms in place over GPs. Mrs O'Neill advised that there was a standard national contract in place. Work was being carried out to incentivise GPs to take part in certain initiatives and that productive sessions had been held. Mrs O'Neill highlighted the work of GPs with older people and stated that Forth Valley had more anticipatory care plans in place than any other area in Scotland.

Decision

The transitional board noted:-

- (1) the submission of the Integrated Care Fund Plan to the Scottish Government;**
- (2) that the Programme Manager – Integration will lead the development of the Integrated Care Fund Plan, and**
- (3) that further updates will be presented to future meetings of the board.**



connections

LEADERS' UPDATE

Issue 19 11/02/2014

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Leaders' Meeting 31st January

Click on the links following the summary paragraphs below to find out more on the paper that was discussed along with additional links. Please feel free to email any comments or suggestions on the content or the format of this newsletter to connections@cosla.gov.uk.

Local Government Pay and Conditions Negotiations 2015/16

With the current pay settlement period set to expire on 31 March 2015, the two largest trade union sides, representing the bulk of the local government workforce, have submitted claims for pay and conditions. The claims by the Trade Unions Sides of the SJC and the SNCT are ambitious in scope and unaffordable in their present state. Preliminary meetings with the trade unions have taken place to seek moderation of the claims but a difficult negotiating climate is anticipated.

COSLA Leaders were asked to discuss the claims, and provide political guidance and parameters for a mandate within which the Negotiating team will seek to reach agreement with the trade unions. Final say will rest with the Leaders meeting who will sign off any final agreement at a future meeting.

Improving Wage Levels in the Social Care Sector

COSLA is currently working with partners to explore how best we can improve wage levels within the social care sector. If we can move in this direction, we would hope to see a more economically just sector, with improved levels of quality.

Children's Hospice Association Scotland

Events

20 February 2015

Development, Economy and Sustainability
Executive Group

23 February 2015

Strategic Human Resource Management
Executive Group

27 February 2015

Leaders Meeting

5 March 2015

Resources & Capacity
Executive Group

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Documents

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(CHAS)

Children's Hospice Association Scotland (CHAS) provides palliative and end of life care for children and young people in Scotland. In 2011 CHAS approached COSLA with the proposal to create a national agreement with local government. The principle of the national agreement was agreed in August 2012 and was finally approved in January 2013. The agreement runs from April 2013 until March 2015. COSLA Leaders discussed renewing the national funding agreement for a further three years from April 2015 to March 2018.

Funding of WithScotland

WithScotland is a source of expertise on child protection. Its core service is to facilitate and broker links between local agencies, including authorities, on complex child protection cases. Local government has part funded the organisation since 2012 alongside Scottish Government, police and health. Leaders were asked to agree a decision about the future funding of WithScotland's services.

Health and Social Care Partnerships: Investment and Improvement Expectations

COSLA acknowledges the additional investment that the Scottish Government has made available to health and social care partnerships over the next three years. If we are to ensure that the new partnerships are properly empowered to improve outcomes locally, it follows that they need to be properly resourced – and this is a first step in the right direction. There is a vision of collaboration at the heart of the integration agenda and in our view we now need to ensure that these principle come through in the relationship between the Scottish Government, COSLA, national improvement organisations and local partnerships.

Charging Guidance for Non-residential Social Care 2015/16

COSLA Leaders agreed the national 2015/16 Charging Guidance for Non- residential Care Services. Leaders took a significant step towards achieving greater consistency by agreeing that a minimum threshold guarantee for financial assessment and are in discussion with government about agreeing a policy to lift more people on low incomes out of the charging regime.

'A Stronger Voice' – Engaging the public and service users

COSLA is working with the Scottish Government and other partners to build a framework that can be used by health and social care partnerships to support the way they engage with local populations and ensure that people have a strong and effective voice in the services they access.

Commission on Alternatives to Council Tax

Leaders' Updates

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COSLA's
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Leaders considered a report regarding the Scottish Government's Programme for Government, which set out proposals for an independent Commission to examine alternatives to the current system of Council Tax. Leaders considered initial information regarding the work of the Commission, highlighted the need to ensure that the Commission has a strong local government voice, and underscored the opportunities to ensure that the Commission builds on Local Government's wider objectives around local fiscal empowerment and strengthening local democracy.

Scottish Government's Economic Strategy

Leaders considered the emerging proposals for the refresh of the Scottish Government's Economic Strategy, proposals for a Scottish Business Pledge and mandated the President and DES Spokesperson to respond to the Deputy First Minister highlighting the implications for Councils.

Planning Penalty Clause

Leaders were asked to comment on the planning penalty clause process, to inform the Spokesperson's position at the next High Level Group on Planning, noting that the power of Ministers under the Regulatory Reform Act to vary the fees paid to planning authorities, based on their interpretation of performance, could have significant impacts for delivery of local outcomes, local accountability and local democratic control of the planning service.

Welfare Reform Update

COSLA leaders were asked to support the case being made for a quick transfer of powers in relation to the administration of Universal Credit, while accepting that transfers of staff to the Single Fraud Investigation Service should proceed as planned.

2013/14 Local Government Benchmarking Framework - Key Messages

Leaders considered a report which highlighted the key messages from the 2013/14 Local Government Benchmarking Overview report which would be published on 30th January. The core purpose of this exercise was to support local government through benchmarking to continue to improve the lives of citizens throughout Scotland's many diverse communities.

Download full report →

Distribution Issues

Under this report, Leaders considered the distribution of 2 funding items. These items were referred to the Settlement and Distribution Group for technical consideration before Leaders were asked to take a decision. The Settlement and Distribution Group is a joint local government and Scottish Government officer group made up of

Directors of Finance from a cross section of local authorities. As part of the process Directors of Finance from all 32 councils have the opportunity to feed into the SDG considerations.

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The Smith Commission: Update on Clauses and new Scotland Bill

COSLA noted a report concerning the 'Smith Process' and the recent publication of the draft clauses for the new Scotland Bill. The report highlighted the need for the position of Scottish Local Government to be afforded the same protection as that proposed for the Scottish Parliament. The report also noted the extended timeframes likely before many of the powers would come into effect, the need for progress to be achieved in areas where existing ministerial authority could be used, and for Scottish Local Government to be actively engaged in negotiating how the powers would be exercised, including the use of double devolution underpinned by the application of the 'subsidiarity principle'

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Proposed Constitutional Change by the Gender Balance Task Group

Leaders considered a report which invited them to carry out their procedural role in proposing that the Convention meeting was given the opportunity to discuss the suggested alterations to COSLA's Constitution, as recommended by the Gender Balance Task Group.

Download full report →

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