



## Note of Meeting

<b>Meeting:</b>	Strategic Planning Group	
<b>Date:</b>	14 June 2019	
<b>Venue:</b>	Denny Town House	
<b>Present:</b>	Irene McKie Fay Godfrey Suzanne Thomson Amanda Templeman Robert Clark Jennifer Steel Evelyn Crosbie Fiona Collie Lorraine Scott	Strathcarron Hospice Alzheimer's Scotland Falkirk HSCP Falkirk HSCP (chair) Unison NHS Forth Valley Public representative Public Representative Falkirk Council Falkirk HSCP (minute)
<b>Apologies:</b>	Patricia Cassidy Kenny Gillespie Margaret McGowan Kathy O'Neill Agnes McMillan Lesley MacArthur David Herron David McGhee Joe McElholm Janette Fraser	Chief Officer, HSCP Falkirk Council Independent Sector NHS Forth Valley Central Carers Centre Falkirk Falkirk HSCP GP Representative Falkirk Council Falkirk Council NHS Forth Valley
<b>In attendance:</b>	Jen Kerr Mark Meechan Karen Strang	CVS Falkirk Falkirk Council Falkirk Council

	Item	Action
<b>1.</b>	<b>Presentations</b>	
1.1	<p><b>Falkirk HSCP Partnership Working Towards Strong and Resilient Communities</b></p> <p>Mark Meechan, Falkirk Council and Jen Kerr, CVS Falkirk jointly presented on the three strands of interlinked work that will support the Partnership develop strong and resilient communities. This is in line with the HSCP Strategic Plan 2019 – 2022. The work is being co-produced and will also support wellbeing and reduce inequalities in Falkirk.</p> <p>The three strands of work and approaches relate to:</p> <ul style="list-style-type: none"> <li>Community development</li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Community Led Support</li> <li>▪ Community Link Work</li> </ul> <p>The key driver for partners has been to develop and embed approaches within all three locality areas. This will help people to become actively involved in designing and delivering health and social care services that suit the specific needs of their local community.</p> <p>Key points from the presentation were:</p> <ul style="list-style-type: none"> <li>▪ Through joint funding there has been 2 Community Led Development (CLD) workers employed with a further 1 currently advertised. They start on 1 July and their key role is to integrate communities and support groups and volunteers. The plan is to have 1 CLD worker in each of the localities.</li> <li>▪ The CLD workers will work with communities to identify local action plans and to support community capacity and resilience. This will include supporting individuals to form small action groups, focussing on improving and sustaining health and wellbeing. This will help create a sustainable foundation within communities.</li> <li>▪ Examples of how this would work were provided and included lunch clubs, radio station run by volunteers, Make it Happen Forum. It was noted there will be different provision in each locality areas, with different access criteria, and this would be scoped out.</li> <li>▪ Community Led Support is currently being developed to change and develop the way that services interact with services users. The focus being on 'good conversations' and providing advice and support to help people self-manage before crisis through the introduction of community led hubs.</li> <li>▪ This support will be most relevant for people who have had initial contact with Social Work services due to a decline in their wellbeing.</li> <li>▪ Community Link Workers (CLW's) are generalist social practitioners, generally based in a GP practice. They offer non-clinical support to patients, enabling them to set goals and overcome barriers, in order that they can take greater control of their health and well-being. They support patients to achieve their goals by enabling them to identify and access relevant resources or services in their community. This could include access to debt advices, local services, stress management courses.</li> <li>▪ This is a different service to the Primary Care Mental Health Nurses and there is a difference in their roles and remits.</li> <li>▪ There have been discussions with GPs to discuss how they would like to link workers to develop and still to be a decided if</li> </ul>	

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	<p>workers shall be general / technical or therapeutic.</p> <ul style="list-style-type: none"> <li>▪ GPs have provided positive feedback to these posts as they see the benefit of people linking with supports for non-medical needs.</li> <li>▪ There is a need to consider the monitoring and evaluation arrangements for CLW's and the impact on GP work. This is likely to be challenging collating information across different systems and consent etc.</li> <li>▪ The CLW will work in areas of most need and these have been identified as Camelon, Grangemouth and Falkirk town centre.</li> <li>▪ The OD support for practitioners was also noted and the need for an enabling structure to be in place with strong leadership.</li> <li>▪ There have been connections made with, for example the Community Trust, Braveheart and FV Disability Sports.</li> <li>▪ It was noted that although there are lots of resources they need to be coordinated and publicised so that they can reach the people who need them. Communication is an issue and will look at ways to address this. There was discussion on where best to locate information and value of "word of mouth".</li> <li>▪ A steering group has been established to co-ordinate all the community work being done. This will identify what already happens and have a better understanding of local needs and gaps.</li> </ul> <p>Mark and Jen were thanked for their presentation.</p>	
1.2	<p><b>Housing Contribution Statement (HCS)</b>  Karen Strang, Strategy and Development Co-ordinator, Falkirk Council, provide information on the HCS, including what it is and the mandatory functions that it needs to meet.</p> <p>The HCS is the link with the HSCP Strategic Plan and the Local Housing Strategy. The first HCS was approved by the IJB on June 2016 and set out 4 priority areas. The IJB received a progress report in February 2019, which included detail on the Strategic Housing Investment Plan (SHIP). This will deliver 893 new build homes (council and housing associations) that will meet accessible standards by 2023/24.</p> <p>The HCS needs to be refreshed to take into account the new Strategic Plan. The work will be informed by an assessment of need, and information was provided by Housing Service to the Strategic Needs Assessment report.</p> <p>Key points from the presentation were:</p>	

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	<ul style="list-style-type: none"> <li>▪ The importance of good housing solutions conversations with people taking place as early as possible, when there is a change in their circumstances that might require rehousing or adaptations.</li> <li>▪ Opportunities to link with community development work, Housing Services and Registered Social Landlords (RSL's). RSL's have strong community connections and a range of work in place that align well to the Strategic Plan. These include accessible housing, community groups such as Fish Tea's.</li> <li>▪ Rapid Rehousing Transition Plan to give maximum support to people with high level of substance use needs that will address issues of homelessness. It was noted that property is one requirement and will need co-ordinated care solutions.</li> <li>▪ There is ongoing work to explore how to make best use of technology to support people at home for longer.</li> <li>▪ There was discussion on the letting policy and build programme, including the types of properties needed and being developed.</li> </ul> <p>Karen was thanked for her presentation.</p>	
<b>2.</b>	<b>Note of Meeting 13 March 2019</b>	
	The note was agreed as correct.	
<b>3.</b>	<b>Matters Arising</b>	
3.1.	AT noted that both the Carers Strategy and Strategic Plan were approved at the IJB meeting on 7 June 2019.	
3.2.	ST advised that a Falkirk group for Palliative and End of Life Care (PEOLC) has recently met to discuss how to take forward PEOLC within the Falkirk Partnership. Further updates will be provided.	
3.3.	AT noted that consideration of Partnership Funding projects and approval were emailed to the group. This was due to the SPG and IJB meetings being out of sync due to the special IJB held in June. Thanks were extended to the group for responding and all recommendations were approved at the IJB.	
<b>4.</b>	<b>Annual Performance Report (APR)</b>	
4.1.	<p>ST provided an update on the development of the APR and a high level summary was tabled. The requirements to produce an APR are set in legislation. The APR has to be published after the end of the reporting year on 31 July.</p> <p>As this relies on national data sets and local indicators, these are often not available, which is a challenge to produce the information in time. This year the APR will need to report progress</p>	

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	<p>against the 2016 – 19 plan. Some work has been done to align the previous and new outcomes within the Strategic Plan 2019-22.</p> <p>The APR provides a good opportunity for the HSCP and CPP Partners to showcase work done. Additionally it can be good evidence base for inspection and internal audits etc. Work is ongoing to pull together the draft report.</p> <p>The group were asked to consider examples for inclusion in the report. The draft will be circulated for comments before publication.</p> <p>FG noted there was nothing mentioned on Alzheimer's and agreed to forward information to include.</p>	FG
<b>5.</b>	<b>Chief Officer Update</b>	
5.1	<p>AT provided an update on the IJB reports that were presented on 7 June 2019. This was in addition to the summary circulated with the meeting papers.</p> <ul style="list-style-type: none"> <li> <b>Chief Officer Report</b>  PC provided verbal update that two candidates had been offered the positions of Head of Integration and that they will be in post once references and disclosure checks were complete. It was also noted there was positive progress with Locality Manager positions. </li> </ul> <p>There were recommendations that governance arrangements be coordinated, therefore scheme of delegation and standard orders have to be taken forward to September.</p> <ul style="list-style-type: none"> <li> <b>Finance</b>  IJB approved £200k for Organisational Development to take the work forward with IPC to improve our out of hospital care services and recuperation model, which is a key piece of work for 2019/20. </li> </ul>	
5.2	<p><b>MSG review of progress with Integration</b></p> <p>AT provided an update on the self-evaluation survey. The IJB, SPG and HSCP Leadership Team were invited to complete an on-line survey. This was followed by a workshop to look at areas where there were differences on key points.</p> <p>The final HSCP evaluation was submitted to MSG on 15 May and presented to IJB on 7 June.</p> <p>The submission was an honest evaluation of where Falkirk HSCP felt improvements are required, and the workshop provided good</p>	

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	<p>discussion how we can improve. An action plan is now being developed which will work with statutory partners to make progress with integration. It was agreed that the action plan will go a future IJB and progress will be monitored by both MSG and IJB.</p> <p>AT – understand 90% budget work with what do know but different approach to both budgets nationally and locally so difficult to navigate – think message gone back clear to SG</p>	
<b>6.</b>	<b>Chief Finance Officer Update</b>	
6.1	<p>AT provided an update on the Finance Papers submitted to June IJB</p> <ul style="list-style-type: none"> <li> <b>Financial Position 2018/19</b>  This report was a reflection of the 2018/19 account figures, showing a £2.7m overspend which is mainly from health pressures eg ED and Prescribing, also the Community hospital, this is offset with underspend in other areas. FV will provide the overspend as agreed. AT highlighted that the underspends are on our community service areas which we wish to promote and the overspends are on areas we are hoping to reduce, therefore hopefully as services transfer and models are developed and implemented in line with the Strategic Plan this over / underspend shall be reduced. </li> <li> <b>2019/20 Budget Report</b>  The report recommendations were agreed with the ring-fenced budgets to be taken forward. However item 2.5 was not agreed as there was agreement more work was required and further information to be provided. Meetings have been agreed with Finance Directors of NHS and Falkirk Council. </li> </ul>	
<b>7.</b>	<b>SPG Forward Planner</b>	
	<p>ST discussed the forward planner which was circulated to the group. This includes the suggestions made by group members. These will be aligned with the IJB's reporting schedule and forward planner.</p> <p>It was noted that any further suggestions are welcome.</p>	
<b>8.</b>	<b>AOCB</b>	
	<p>EC brought to the groups attention potential funding required for a resource centre for dementia users which is potentially being built in Stirling / Clackmannanshire.</p>	

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	<p>FG advised that this was Alzheimer's Scotland project and they are currently looking to move out of their current facility as it is no longer fit for purpose. The build is in Stirling hence the reason they are moving within the same area however it will be of benefit to all people living in the Forth Valley area.</p> <p>FG discussed that a proposal has gone to the Partnership Funding Group confirming HSCP is aware of this resource requirement.</p> <p>ST also advised that there is a Dementia Strategy Group and she would pass on this on for their information.</p>	
<b>9.</b>	<b>Date of the Future Meetings</b>	
	<p>9 August 2019 at 9.30am DTH</p> <p>4 October 2019 at 9.30am DTH</p>	