

Agenda Item 14

Approved Minutes of Meetings



Minute of meeting of the Audit Committee held remotely, on Friday 3 December 2021 at 9.30 a.m.

Voting Members: Gordon Johnston (Chair)

Non – Voting Members: Robert Clark, NHS Staff Representative

Also Attending: Michelle Campbell, Personal Assistant
Patricia Cassidy, Chief Officer
Sophie Dick, Democratic Services Graduate
Brian Pirie, Democratic Services Manager
Grace Scanlin, EY (External Audit)
Jillian Thomson, Chief Finance Officer
Isabel Wright, Internal Audit, Risk and Corporate Fraud Manager

AC16. Apologies

There were no apologies.

AC17. Declarations of Interest

There were no declarations.

AC18. Minute

Decision

The minute of the meeting of the Audit Committee held on 24 September 2021 was approved.

AC19. Strategic Risk Register

The committee considered a report by the Chief Finance Officer which provided an update on the IJB's strategic risk register.

No new risks had been added to the register since the last version presented to the Audit Committee on 24 September 2021. However there had been a change in risk no.4 "capacity and infrastructure" from medium to high, as a result, there were 9 live risks recorded in the register, 8 were considered as high risk and 1 as medium risk.



The committee referred to the key actions to mitigate risk and increase capacity relating to Risk 4. 'Capacity and Infrastructure' which had increased from the last review in September 2021 to High Risk. It noted that similar actions were being implemented across Stirling and Clackmannanshire due to the highest level of risk also being applied to this area.

As part of local NHS employment contracts, staff's leaving notice period was 4 weeks which was described as more stringent in comparison to other NHS board areas. The committee suggested that using the word 'different' would be more accurate than 'stringent'.

Decision

The Committee noted:-

- (1) the risk register presented at section 4.1 of the report;**
- (2) the significant operational pressures that continue to be experienced across the whole Health and Social Care system, particularly in relation to risk no. 8 "resilience and business continuity" and the knock-on effect this has to risk no. 4 "capacity and infrastructure" which has been increased from medium to high; and**
- (3) that work to revise the format and content of the detailed strategic risk register had recommenced. In addition, a risk management action plan was currently being developed in response to the outcome of the internal audit review of the IJB's risk management arrangements. This would be brought back to the next meeting for approval.**

AC20. Internal Audit Progress Report

The committee considered a report by the Internal Audit Manager providing an update on progress with completing the 2020/21 and 2021/22 Internal Audit Plans since the last meeting of the Committee.

The 2020/21 Internal Audit report on Risk Management Arrangements had been finalised and progress was being made with 2021/22 Internal Audit work.

For the 2020/21 Internal Audit Plan, the Risk Management Arrangements report was issued on 2 November 2021.

In terms of the 2021/21 Internal Audit Plan, the Terms of Reference review would be undertaken in the final quarter of the 2021/22 audit programme.

In regard to Directions, the Internal Audit work was also scheduled for the last quarter of the 2021/22 audit programme.

Decision

The Committee noted progress being made with completing the 2020/21 and 2021/22 Internal Audit Plans.

AC21. National Audit & Inspection Report Overview

The committee considered a report by the Chief Finance Officer providing an overview of all national audit, scrutiny and inspection reports published since the previous Audit Committee meeting held on 23 September 2021.

A summary of the following recent reports was provided. These were:-

- Audit Scotland – Covid-19 Vaccination Programme
- Audit Scotland – Covid-19: Tracking the impact of Covid-19 on Scotland's public finances
- Accounts Commission – Accounts Commission Strategy 2021-26
- Accounts Commission – The impact of Covid-19 on Scottish councils' benefit services
- Audit Scotland – Audit of NHS National Services Scotland

The report also provided an insight into Inspection reports that had been issued since the last update presented to the September 2021 Audit Committee which had previously been discussed at the Clinical Care and Governance Committee.

Decision

The Committee noted the report.

AC22. IJB Audit Committee Programme of Meetings and Workplan 2022

The committee considered a report by the Chief Finance Officer setting out the proposed timetable of meetings of the Audit Committee for 2022, together with an indicative workplan for the coming year.

It was proposed that the committee meet remotely, subject to changes in Public Health guidance, at 9.30am on the following dates:

Decision

The Committee agreed:-

- (1) the proposed timetable of meetings for 2022; and**

(2) the indicative workplan for 2022.

AC23. Terms of Reference

The committee considered a report by the Chief Finance Officer presenting the Terms of Reference to the Audit Committee as part of an annual review to ensure they are accurate and remain fit for purpose.

The main changes were:-

- In terms of membership, the Terms of Reference would include an explicit definition of who should comprise the Committee and what officers should attend.
- Agendas, minutes and accompanying papers would be issued 5 clear days in advance of the meeting date.
- The Terms of Reference would provide a clear understanding of the purpose of the Audit Committee.

Decision

The Committee:-

- (1) noted the Terms of Reference set out at Appendix 1 to the report; and**
- (2) agreed to the changes to the Terms of Reference proposed by the Chief Finance Officer.**

AC24. Governance Statement Improvement Actions

The committee considered a report by the Chief Finance Officer providing an update on progress to implement a range of improvement actions identified through the annual governance statement and from various internal and external audit recommendations.

Appendix 1 detailed the 13 Governance Statement Improvement Actions and provided an update on the current status of each: 7 were delayed, 4 were on track, 1 was superseded and 1 was complete. 6 of the Actions were consulted for a revised implementation date.

The Chief Finance officer advised that in regard to Ref 1, 'Implementation of statutory guidance regarding set aside services in collaboration with NHS Forth Valley and Clackmannanshire and Stirling IJB', the implementation date would be revised from 30 November 2021 to 31 March 2022.

For Ref 6, 8, 9, 10 and 12, the committee requested a further report regarding possible implementation dates to a future meeting to which the Chief Finance Officer would provide and review possible dates.

Decision

The Committee noted the progress of the report.



**Minute of meeting of the Integration Joint Board Clinical and Care Governance
Committee held remotely, on Friday 25 February 2022 at 9.30 a.m.**

Voting Members: Fiona Collie (Chair)
Stephen McAllister (Vice-Chair)
Non –voting Members: Margo Biggs, Service User Representative
Roger Ridley, Staff Representative

Also Attending: Patricia Cassidy, Chief Officer
Claire Chapman, Locality Manager, Social Work
Amanda Crawford, Patient Relations Lead
Jonathan Horwood, Area Infection Control Manager
David Keenan, HSCP Governance Support Officer
Sara Lacey, Chief Social Work Officer
Gordon Mackenzie, Locality Manager, East
Andrew Murray, Medical Director
Brian Pirie, Democratic Services Manager
Lorraine Scott, Health and Social Care Partnership Support Officer
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager
Gail Woodcock, Head of Integration

CCG38. Apologies

There were apologies from Lynda Bennie and Ellen Hudson.

CCG39 Declarations of Interest

There were no declarations made.

CCG40. Minute

Decision

**The minute of meeting of the Clinical and Care Governance Committee
held on 26 November 2021 was approved.**

CCG41. Rolling Action Log

An action log detailing ongoing and closed actions following the previous
meeting on 26 November 2021 was provided.

Decision

The committee noted the action log.

CCG42. Adult Support and Protection Joint Inspection Report

The committee considered a report by the Adult Support and Protection Lead Officer which provided an overview of the findings of the Falkirk Adult Support and Protection (ASP) Joint Inspection of partners - Falkirk Council, NHS Forth Valley, Police Scotland and the Adult Protection Committee (APC) - and the next steps.

The report highlighted Adult Support and Protection processes in Falkirk had adapted well during the unprecedented and ongoing challenges of the Covid-19 pandemic. The inspection had concluded that both the partnership's strategic leadership and key processes for adult support and protection were effective and commended the practices and processes in place. The inspection identified examples of positive outcomes in relation to information sharing; improved outcomes; timely responses; knowledge sharing and leadership.

The six areas of improvement identified by the inspection were:

- Recording at each stage of the adult support and protection process needs to be clearer. This includes the delineation of adult support and protection stages and the application of the three-point test.
- Involvement of health colleagues, operationally and strategically, needs to be strengthened. For example – inconsistency was highlighted in the recording of adult protection concerns within health records. Case reviews could be strengthened with the attendance of health professionals.
- Risk assessment and risk management was less evident in investigations and inquiries that did not include an initial referral discussion. Risk management plans should be in place for all adults at risk of harm.
- The use and quality of chronologies required improvement. Chronologies provide a useful tool for assessing risk and should include details of significant life events. The report recommends a comprehensive and consistent approach to recording chronologies to inform decision making in adult support and protection. This should be done in consultation with the adult at risk of harm and, where applicable, their carer.
- Key partners were not always collaborative, or involved when required, in adult protection processes. All members of the partnership need to explore opportunities to make their single/joint contributions to adult support and protection arrangements more effective.
- Audits should be multiagency with findings from previous audits fully implemented. Priority should be given to improving previously identified key processes. Specifically, the completion of chronologies and risk assessment at inquiry and investigation stage.

An improvement plan developed by the partners would be produced by the APC and returned to Falkirk's link inspector within the Care Inspectorate on 23 March 2022. The ASP operational workforce would be invited and encouraged to participate in improvement planning and activity. Improvement implementation and progress would be monitored by the Adult Protection Committee and the Integration Joint Board.

Decision

The committee noted that the improvement plan would be produced and returned to Falkirk's link inspectors within the Care Inspectorate on 23 March 2022.

CCG43. Falkirk Council Duty of Candour Annual Report 2020 - 2021

The committee considered a report by the Chief Social Work Officer presenting the Falkirk Council Duty of Candour Annual Report. All health and social care services in Scotland had a Duty of Candour, which came into effect on 1 April 2018. This was a legal requirement which meant that, when unintended or unexpected events happen that result in death or harm as defined in the Act, the people affected understand what has happened and receive an apology, and that organisations learned how to improve for the future.

The Falkirk Council Duty of Candour Report provided assurance to the Committee of the arrangements in place and that there had been no incidents reported.

Duty of Candour was part of the overall approach to managing incidents and complaints and was integral to social work services approach regarding transparent and open practice. Organisational Duty of Candour was referenced in complaints procedures and a reporting template was created to ensure the consistency of reporting across services.

Decision

The committee noted the report.

CCG44. Prescribing Proportionate Care Project

The committee considered a report by the Locality Manager (East) and Team Manager which detailed the work being taken forward to embed a Moving with Dignity approach within clinical and community assessment, particularly the implementation of Prescribing Proportionate Care across the Forth Valley area. Prescribing Proportionate Care was enabled by completing a dynamic assessment and provision of specialist equipment, whilst ensuring that those in need of care and support continued to live longer, healthier lives at home. This approach would support the release of Care at Home capacity and was just one

of a number of solutions required to tackle the unmet need in Care at Home provision.

The ethos behind Prescribing Proportionate Care was using the right moving and handling risk assessment, training and equipment to personalise the prescription of care offered, ensuring the proportionate amount of care was given.

The beneficiaries from this initiative would be:-

- Service Users
- Informal Carers
- Employees
- Health and Social Care Systems

The implementation of a Prescribing Proportionate Care approach had commenced in Falkirk in late January 2022 and reviews for individual service users had begun. The roll out of the approach would be monitored closely to ensure that the anticipated benefits were realised and translated into improvements for the individuals concerned and across the wider health and social care system. A further report detailing progress would be provided in 6 months.

Decision

The Committee:-

- (1) noted the content of the report; and**
- (2) agreed that a progress report would be provided to a future meeting.**

CCG45. Overview: Local Oversight Arrangements

The committee considered a report by the Senior Service Manager which provided an overview of the local oversight arrangements that were relevant to the Falkirk Health and Social Care Partnership (HSCP).

Updates were provided on:

- Falkirk Public Protection Chief Officers Meeting;
- Falkirk Adult Protection Committee (APC) and associated groups;
- Alcohol and Drug Partnership (ADP);
- NHS Forth Valley Clinical Governance Arrangements;
- Care Home Assurance, and;
- NHS Forth Valley Command Structure.

Decision

The committee noted the report.

CCG46. HSCP Complaints and Feedback Performance Reports

The committee considered a report by the NHS FV Patient Relations Lead and HSCP Locality Manager (East) which provided an overview of complaints activity across the Falkirk HSCP during the period of October to December 2021 (Quarter 3). The report set out the number of complaints received, local resolution, compliance with the 20-day national target and Scottish Public Services Ombudsman (SPSO) referrals.

During the period, Social Work Adult Services had received 17 complaints. A number of actions had been initiated in Q3 of 2020-21 aimed at improving performance in relation to compliance with response timescales. Performance in the subsequent four quarters indicates progress had been made but with scope for further improvement.

In relation to NHS Forth Valley, during the reporting period April – December 2021, a total of 16 complaints had been received by the Patient Relations Team relating to the delegated functions for the HSCP. This excluded complaints transferred, withdrawn or where consent was not received. The overall year end performance for responding to complaints at Stage 1 and Stage 2 was 75%. On analysis of Stage 1 complaints, it was noted that the HSCP had received 5 Stage 1 complaints during the period and achieved a 100% performance and for the same period 11 Stage 2 complaints had been received and a 63.6% performance target was achieved in responding to complaints within 20 working days.

The report noted there had been no complaints received by the IJB during the reporting period.

Decision

The committee noted the report.

CCG47. Hospital Acquired Infection Performance Report

The committee considered a report by the Area Infection Control Manager which provided an oversight of all Hospital Acquired Infection (HAI) related activity across Falkirk Community and Bo'ness Community Hospitals from October to December 2021. This was detailed in Appendix 1 to the report. This included details of all Staph aureus bacteraemias (SABs), Clostridioides difficile Infections (CDIs), Escherichia coli Bacteraemia (ECBs) and Device Associated Bacteraemias (DABs) with a brief summary of the investigations that had been carried out. The report also provided details of COVID-19 work.

Decision

The committee noted the report.

CCG48. Overview: Inspection Reports and National Publications

The committee considered a report by the Senior Service Manager which provided an overview of the inspection reports and national reports published since the last meeting of the committee.

The Mental Welfare Commission (MWC) and Health Improvement Scotland (HIS) had not published reports since the previous meeting. There had been no reports published by the Care Inspectorate in relation to Covid reporting since 29 September 2021. The Care Home Assurance work and the more recently established Community Health and Care Oversight Group would ensure continued clinical and professional oversight for Care at Home and Community Health services. At the time of the preparation of the report, the Care Inspectorate was conducting unannounced inspections for the three locality Care at Home services. Updates on these inspections would be provided to future meetings.

The joint inspection report of Adult Support and Protection had been published on 8 February 2022. This was considered by Committee as a separate agenda item. The Care Inspectorate had published a report on Summerford House Care Home following an inspection visit on 27 January 2022. This was a focused inspection to follow up on the three requirements and three areas for improvement. The inspection assessed the service as Adequate for “How well do we support people’s well-being” and Good for “How good is our care and support during the Covid-19 pandemic.”

The Care Inspectorate had completed an unannounced inspection of Housing with Care Services on 30 August 2021 and evaluated the quality of services in two areas. In August, the Care Inspectorate had also assessed progress against two previously identified areas for improvement. The inspection assessed the services as Good for “How well do we support people’s well-being” and Good for “How good is our care and support during the Covid-19 pandemic.”

Appendix 2 to the report provided an overview of three national publications of interest. These were the Mental Welfare Commission for Scotland Annual Report 2020-21, Drug and alcohol services - improving holistic family support (Scottish Government) and Caring for the Carer Report (Life Changes Trust).

Decision

The committee noted the report.

Meeting: Falkirk HSCP Joint Staff Forum

Chair Karen Algie, Head of People & Transformation, Falkirk Council

Date: Wednesday 19 January 2022 at 3.30 pm

Venue: MS Teams

Present: Patricia Cassidy, Chief Officer, Falkirk HSCP (PC)
 Martin Thom, Head of Integration, Falkirk HSCP (MT)
 Gail Woodcock, Head of Integration, Falkirk HSCP (GW)
 Karen Algie, Head of HR, Falkirk Council, (KA) (Chair)
 Julie McIlwaine, HR Manager Forth Valley NHS
 Linda Robertson, HR Manager Forth Valley NHS
 Kevin Robertson, Falkirk Council Unite Representative (KR)
 Robert Clark, NHS Forth Valley, Unison Representative (RC)
 Helen Welsh, Falkirk Council Unite (HW)
 Gordon Tucker, Unison Representative, NHS Forth Valley (GT)
 Roger Ridley, Unison Representative, Falkirk Council (RR)

Apologies Raymond Smith, Falkirk Council GMB Representative (RS)
 Grace Traynor, Falkirk Council GMB Representative (GT)

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1. Minutes of Meeting 23 September 2021 Agreed as accurate.	
2. Matters Arising	
2.1. National Care Service Consultation Falkirk Council response was completed with a copy circulated to TUs. Falkirk HCSP also completed a response and circulated a copy. NHS Forth Valley Health Board and NHS Forth Valley staff completed a response. RC to circulate.	RC
2.2. Workforce Plan KA indicated that the deadline of 31 March 2022 may be extended due to system pressures. It was noted that it is now more important to do workforce planning, given challenges internally and also with external providers of retaining and recruiting staffing in personal care roles.	
2.3. NHS Homeworking Policy The policy has been paused until April 2022. A copy of draft has been shared with Falkirk Council HR.	

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3.	<p>Systems Pressure</p> <p>The system remains challenging and extremely pressured. Staff have undertaken a tremendous role in keeping people safe both in care homes and care at home. We continue to monitor the modelling to plan any additional supports required.</p> <p>HSCP has purchased additional interim beds within care home to minimise risk closures due to covid. The Partnership has also received some support from NHS Bank staff and Council volunteers. PC has agreement from CMT that volunteers from the Council will be paid at their substantive rate, time and half will be paid to managers who work over weekends to support the system this has been extended to 7 February 2022. Training and support is provided to volunteers.</p> <p>MT highlighted the whole system is under pressure and there are also issues around District Nurses. TUs meet regularly and are kept updated on the pressures within the system.</p> <p>A pilot of daily flow meetings are taking place with colleagues across the system to identify discharges from hospital home with support. An integrated discharge project team has also been set up to develop the pilot, GW to invite TUs to be a member on the group.</p> <p>We continue to provide information to Scottish Government on delays in hospital as well as the in demand communities. There is concern on the outstanding waiting lists, these are being managed through regular risk assessments. The service is under significant and ongoing risk which is not as visible as acute but no less significant.</p> <p>A request of 40 volunteers has been made through the Local Resilience Partnership (LRP). As well as administrative and HR support for recruitment from the Council.</p> <p>RR asked if the spike in demand for homecare was due to older people deteriorating during lockdown. PC noted there is no clear evidence yet, however, people may have not had the health screening as well as lack of social contact, mobility and being housebound.</p>
4.	<p>Falkirk Community Hospital Staffing</p> <p>GW provided background information on the decisions for the Falkirk Community Hospital (FCH). Staff were redeployed on a temporary basis when a number of wards closed in spring 2021.</p>

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A task and finish group has been looking at options for the displaced staff. The paper circulated is looking for agreement on 2 main objectives.

- Support the displaced staff to reduce uncertainty and increase stability by ensuring opportunities to gain suitable permanent posts
- Minimise impact on service delivery due to vacancies being put on hold as a result of temporary redeployment.

JSF group will read and provide comments to GW by the end of the week. TUs also to let GW know if they would want to be part of the scoring task. All

FCH masterplan work is continuing, next stage is for the strategic needs assessment to be confirmed and initial business case developed to be submitted to Scottish Government. The process will be lengthy and could take at least 5 years. Group agreed that this is not ideal for affected staff and a decision on the way forward is required.

5. **Social Work Adult Services Structure**

MT updated the JSF that SMT have agreed to delay the restructure given pressures staff are already experiencing. It was felt it would be unfair to put an additional burden of a restructure and consultation process onto frontline staff. TUs were understanding the reasons for the delay and acknowledged the anxieties for the staff affected.

It was acknowledged that over the last two years during the pandemic there have been a lot of lessons learned which will be taken into consideration.

The group agreed that a timescale of three months would be a reasonable timeframe to bring back to JSF.

6. **Response to Trade Unions Paper on SWAS Recruitment and Retention**

MT wanted to pick up TU paper at the last meeting, and their concerns for recruitment retention of staff and issues arising of staff returning to offices.

The small working group established by Children Services to look at national shortage of social workers, this has expanded to include wider social care workforce, and carers. MT extended an

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<p>invitation for TUs to join and shape the group. The group would like to develop and promote a visible career progression pathway for staff. MT to circulate meetings dates, TUs to agree who will be the representative.</p>	MT
<p>MT has been looking to develop a new model the role would be to provide a rapid response service, deliver complex care packages and provide reablement. MT would want to see staff help develop the model.</p>	
<p>Previous minutes and reports to be shared with TUs from recruitment and retention working group.</p>	MT
<p>7. Winter Funding Staffing Implications & Staff Wellbeing The HSCP has received significant winter funding from Scottish Government for recruitment of additional staff Band 3 Health social care workers in the community.</p>	
<p>Funding has also been received for primary care and social care staff wellbeing. A short term working group is being established including staff to identify what is important to them and enable them to remain resilient. Views from TUs is welcomed. Noted that more staff is what everyone needs which remains the biggest challenge for the service.</p>	
<p>8. Standing Items</p>	
<p>8.1. Health & Social Care Partnership Update No further update, covered in items above.</p>	
<p>8.2. NHS Forth Valley Update Admin & Clerical Staff Transfer Staff realigned to the partnership on 1 December, engagement sessions with staff were held over teams and in person. Staff received letters to confirm the realignment and a welcome letter from the Partnership. Any issues raised by staff were dealt with on a one to one basis. Angela McGregor will continue to support staff until recruitment of a Business Support Manager. Job descriptions of the realigned staff are being pulled together to pass to the partnership.</p>	JMcllw
<p>Homeworking Policy The policy has changed to Flexible Location policy. A number of comments were received from the consultation which require time to review. It was agreed to pause the policy and suite of policies until April 2022.</p>	

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Exit Interview

This was submitted to Area Partnership Forum (APF) who provided comments. The policy has been updated and will be signed off by the APF prior to its launch.

Linda Robertson has joined the group from Forth Valley NHS HR and is Service Manager for Workforce Planning / OD.

Speak Up initiative

There have been 2 ambassadors and 6 advocates appointed to the initiative to provide support to whistleblowing. Information is on staff intranet.

Discussed the crossover of policies for 2 employing agencies and how these could cause tensions within integrated teams. Council and NHS HR colleagues to align policies where possible.

Council's Hybrid Policy consultation received 270 comments. KA to send copy of draft. Group acknowledged that some frontline services are not suited to working from home and service delivery needs to be the deciding factor.

8.3. Falkirk Council Update Workforce Plan

The draft plan is being developed based on previous workshops. KA has a meeting scheduled with Council / NHS HR to finalise workforce data within the plan. A workshop is scheduled for Friday 28 January to develop further sections of the plan. Some sections will require to be completed by HSPC colleagues.

Menopause Policy

Agreed by elected members and implemented. Training is to be organised to support managers on the implementation of the policy.

Scottish Government COVID guidance will be added to website.

Pay award for 2020/21 has been agreed and will be backdated in January salary.

8.4. Feedback from Trade Unions

KR announced that his term in office ends in February. Group thanked KR for his contribution.

9. AOCB None

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Date of Future Meetings at 3.00 pm

Thursday 24 March 2022 at 9.00 am Chair Patricia Cassidy

Thursday 19 May 2022 at 9.00 am Chair Robert Clark

Thursday 14 July 2022 at 3.00 pm Chair Julie McIlWaine

Thursday 15 September 2022 at 9.00 am Chair Kevin Robertson

Thursday 10 November 2022 at 9.00 am Chair Karen Algie

Thursday 19 January 2023 at 9.00 am Chair Patricia Cassidy

Note of Meeting

Meeting: Strategic Planning Group

Date: Friday 12 February 2021 at 09:30am

Venue: MS Teams

<p>Present:</p> <p>Agnes McMillan, Carers Representative Claire Chapman, Central Locality Manager David Heron, GP Lead Evelyn Crosbie, Service User Representative Fiona Collie, IJB Chair Gordon MacKenzie, East Locality Manager Irene McKie, Chief Executive Janette Fraser, Head of Planning Jillian Thomson, Chief Finance Officer Kenny Gillespie, Head of Housing & Communities Lesley MacArthur, Partnership Funding Coordinator Margaret McGowan, Independent Sector rep Marlyn Gardner, West Locality Manager Martin Thom, Head of Integration Patricia Cassidy, Chief Officer Robert Clark, Staff Representative Suzanne Thomson, Senior Service Manager William McQuillan, Procurement & Commissioning Manager Lorraine Scott, Minute</p>	<p>Carers Centre Falkirk HSCP NHS FV Service User Falkirk Council Falkirk HSCP Strathcarron Hospice NHS Forth Valley Falkirk HSCP Falkirk Council Falkirk HSCP Scottish Care Falkirk HSCP Falkirk HSCP Falkirk HSCP NHS Forth Valley Falkirk HSCP Falkirk Council Falkirk HSCP CVS Falkirk Alzheimer's Scotland Falkirk HSCP NHS FV Falkirk Council Falkirk HSCP</p>
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<p>Apologies:</p> <p>Claire Bernard, Partnership Manager Fay Godfrey, Locality Leader Lorraine Paterson, Head of Integration Kathy O'Neill, General Manager Sara Lacey, Chief Social Work Officer Nikki Harvey, Home First Manager</p>	<p>CVS Falkirk Alzheimer's Scotland Falkirk HSCP NHS FV Falkirk Council Falkirk HSCP</p>
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1. Presentation: Falkirk Treatment Room

1.1. A report was circulated to the group prior to the meeting and MG discussed the paper highlighting:

- District Nurses have limited access to treatment room facilities within GP practices - currently there are 6 treatment rooms across central Falkirk
- Some of the treatment rooms cannot be adapted to meet current covid requirements or provide additional flexibility in treatment times for patients
- There is currently more demand for appointments and this

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means District Nurses have to complete home visits. This impacts on staffing time and costs associated with travel.

- The proposal is for treatment room facilities for Central Locality to move to one base at Camelon health centre. This will increase the number of appointments by an additional 60 each week, meeting demand and releasing additional nursing time for staff.
- This supports the Strategic Plan identifying the need for provision of timely access to services.
- This proposal will also free up rooms within GP surgeries for other practitioners to use eg Primary Care Mental Health Nurses.

1.2.

MG then discussed the consultation process to date. The Strategic Planning Group were asked their views on the following consultation questions. The feedback is noted after each question.

Q1: Can you please state what you feel the main advantages of the model will be?

- Centralised stock – the treatment room will not have its own budget and will order on a rotation from GP practice.
- Appointments – giving patients appointments to suit them is a good idea, having a 2 hour window to attend has proven difficult in the past to get appointments. An alternative is in place for those who cannot travel a home appointment will be made.
- 6 day per week appointment system is significant increase for patients

1.3.

Q2: Can you please state what you feel the main challenges of this model will be?

- Communication – this needs to be provided to ensure that all staff as well as patients are aware of changes including how to book an appointment. FC to forward details to MG to ensure elected members are briefed on the proposal.
- Need to ensure link between GP and DNs is maintained
- Car Parking at Camelon – this is currently tight at the moment, however noted it is better than at most GP practices.
- Centralising – would increase footfall however Camelon already have Covid distancing measures in place with guidance lines and 2m distancing signage
- Prescriptions – some are own patient prescriptions therefore would be allocated to GP practice. GP practices have own prescription budgets to maintain and stock will be provided by prescription from the practice. This needs further discussion and developed further to ensure that the proportionate amount was ordered from each surgery on a rotational monthly basis.

1.4.

MG advised that the outcome of today's discussion and the

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consultation will be provided in a report to the IJB on 19 March 2021.

2. Presentation: Community Choices

- 2.1. KG highlighted to the group, the Community Choices initiative which launched on 8 February 2021. This Falkirk Council initiative is working alongside Falkirk HSCP to support proposals for clubs, organisations and community groups to support Falkirk area to a Fairer, Healthier and more Connected and Inclusive community.
- 2.2. The fund is over £3m spent over 2 years and allows applications for funding to be made from communities encouraging local people to be directly involved in delivering services in their local areas that are important to them.
- 2.3. The 3 main streams of funding are:
 1. Small grants which are small proposals up to £1,500, with £10k allocated per Council ward area. This includes £60k from HSCP.
 2. Place based – this is capital money and for projects over £5k with no limit to costs. Each council ward is allocated a percentage of the fund, based on child poverty figures.
 3. Mainstreaming – this is for year 3 onwards and is under service review and design to keep people at the heart of the decision of services and how money is spent, allowing community involvement.
- 2.4. Each stream has a voting system
 - Expressions of interest to be submitted by 6 March
 - An advisory panel will consider each proposal and support any going forward to a public vote
 - All detailed submissions to be received by 9 April
 - Public vote will be from 26 April to 14 May
 - Successful proposals announced afterwards.
- 2.5. The advisory panel will be made up of 9 community representatives, 1 from each council ward, 4 representatives from Third sector and 4 representatives from Falkirk Council and Falkirk HSCP.
- 2.6. KG confirmed that all projects details will be online and further information will be circulated when public voting commences.
- 2.7. It was agreed that further communication and circulation of details is necessary not just electronically. When lockdown is lifted then paper flyers and posters will be circulated within GP practices and local libraries which will include details how to become a member or the

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advisory panel and how to vote.

3. Minutes of previous meetings

- 3.1. Minutes of above previous meetings were agreed as accurate
- 17 February 2020
 - 7 August 2020
 - 2 October 2020
 - 30 October 2020.

4. Chief Officer Update

- 4.1. **National Adult Social Care Review**
Unfortunately the video link did not work, however the link is [here](#). It was also circulated to the group after the meeting.
- 4.2. The National Adult Social Care review was published last week and will be presented to Scottish Parliament on 16 February for discussion. There were 52 recommendations contained in the report.
- 4.3. The proposals are person centred and has taken the opinion of services and request that there is a National Social Care Service which will be directly responsible to a Government minister.
- 4.4. More information on the report will be presented as this emerges.

5. Head of Integration Update

- 5.1. **Home Care Redesign update from workshop 5 February**
MT provided an overview of the workshop and the discussion held regarding the review of the current model of Home Care and how in future it will support Home First and Intermediate Care.
- 5.2. The Home Care review of in-house home care services has been ongoing for about 3 years and significant change has already been embedded into the service to ensure a more efficient and effective delivery of Home Care.
- 5.3. Building on this, the proposed model allows for:
- Significant development of reablement services
 - Development of rapid response care at home service
 - Retaining a small maintenance home care service
 - Commissioning of mainstream maintenance services through the external market

Item	Action
5.4.	<ul style="list-style-type: none"> Improved outcomes for people who use the service and their carers. <p>MT is working on the feedback from the workshop and a detailed report will be presented to the IJB on 19 March requesting support for the preferred model.</p>
5.5.	<p>Transport Policy</p> <p>MT advised that a report shall go to IJB in March which details the review and implementation of the current transport policy, seeking retrospective approval to implement. Although the policy was reviewed and consultation and engagement was done at the time, a report was</p>
5.6.	not submitted to IJB.
5.7.	<p>Day Service Review – Older People</p> <p>The day service review for older people has previously been discussed at the SPG. At that time the group asked for assurance that the model was a reflection of what people want and a wider consultation carried out. The focus was on community support via voluntary sectors and day centres which offered respite to carers.</p>
5.8.	<p>The main aim of the review was to develop a model of person-centred, community-led services that encourage social inclusion, independence and equity of access with an overall aim of improving wellbeing. Day services for older people are predominately traditional building-based services and there are very few options outside of this model.</p>
5.9.	<p>However since the Covid-19 outbreak day services have stopped and required re-thinking on how to support service users and carers, which resulted in more focused work for individuals and caring at arms-length.</p>
5.10.	<p>There have been ongoing discussions with carers to provide them continued support and respite and this has been included within a proposed report which will be submitted to the IJB in March.</p>
5.11.	<p>The report that will be presented to the IJB offers a range of support to people and their carers and continued work with providers. The focus shall be on what outcomes each individual wants and how to use the resources available to achieve this.</p>
5.12.	<p>Joint Loan Equipment Service (JLES)</p> <p>JLES service is a Forth Valley wide service and works in partnership with NHS Forth Valley and Falkirk, Stirling and Clackmannanshire Councils. JLES provides a range of equipment to support people and their carers at home.</p> <p>Initially Falkirk HSCP's review was to strengthen the partnership and ensure that JLES was fit for purpose. Clackmannanshire and Stirling</p>

Item

Action

HSCP has recently appointed an independent consultation to support their internal review. The work Falkirk HSCP had started has been halted and we will await the outcome of this review.

A further update will be provided to the SPG.

6. Partnership Funding update

- 6.1. LMac provided an update to recommendations previously circulated to the group.
- 6.2. Both recommendations were approved and endorsed by SPG as follows:
 - Stenhousemuir FC CIC - £18,000 each year for 3 years
 - NHS FV Community Pharmacy 3wte pharmacy technicians at approx. £227,089 for 2021/2022.

7. Strategic Planning Group Forward Planner

- 7.1. ST asked the group for thoughts on planning agenda items for future meetings and requested that members provide suggestions for the next group in May.
- 7.2. Ideas to consider are
 - Strategic Plan due to be updated 2022
 - Remobilisation Plan
 - Integrated Workforce Plan
- 7.3. JT suggested the Audit recommendations and the 5 year plan to update the mainstreaming report to come to SPG.
- 7.4. Agreed that a separate meeting to discuss the review of the Strategic Plan to be arranged.

8. AOCB

- 8.1. FG provided an update as unable to attend advising that day services for Alzheimer's Scotland are potentially ready to open, in line with national guidance and the local situation. The service will reopen to people who are high priority and only for those who previously attended the service and limited to a few people each day.

Item**Action****9.****Date of Next Meeting**

14 May 2021 at 9.30am

Note of Meeting

Meeting:	Strategic Planning Group	
Date:	Friday 11 February 2022	
Venue:	MS Teams	
Present:	Suzanne Thomson, Senior Service Manager (chair) Jillian Thomson, Chief Finance Officer Lesley MacArthur, Partnership Funding Co-ordinator Janette Fraser, Head of Planning Marlyn Gardner, West Locality Manager Evelyn Crosbie, Service User Representative Margaret McGowan, Independent Sector rep Michelle Campbell Victoria McRae, CVS Falkirk Margaret McGowan, Scottish Care	Falkirk HSCP Falkirk HSCP Falkirk HSCP NHS Forth Valley Falkirk HSCP Service User Scottish Care Falkirk HSCP CVS Falkirk Scottish Care
In Attendance:	Andrew Strickland, Policy and Research Officer Jennifer Faichney, Policy and Research Officer	Falkirk HSCP Falkirk HSCP
Apologies:	Patricia Cassidy, Chief Officer	Falkirk HSCP

1. MINUTES OF PREVIOUS MEETINGS

- 1.1. Minutes of the previous meeting on 29 October 2021 were agreed as accurate.

2. MATTERS ARISING

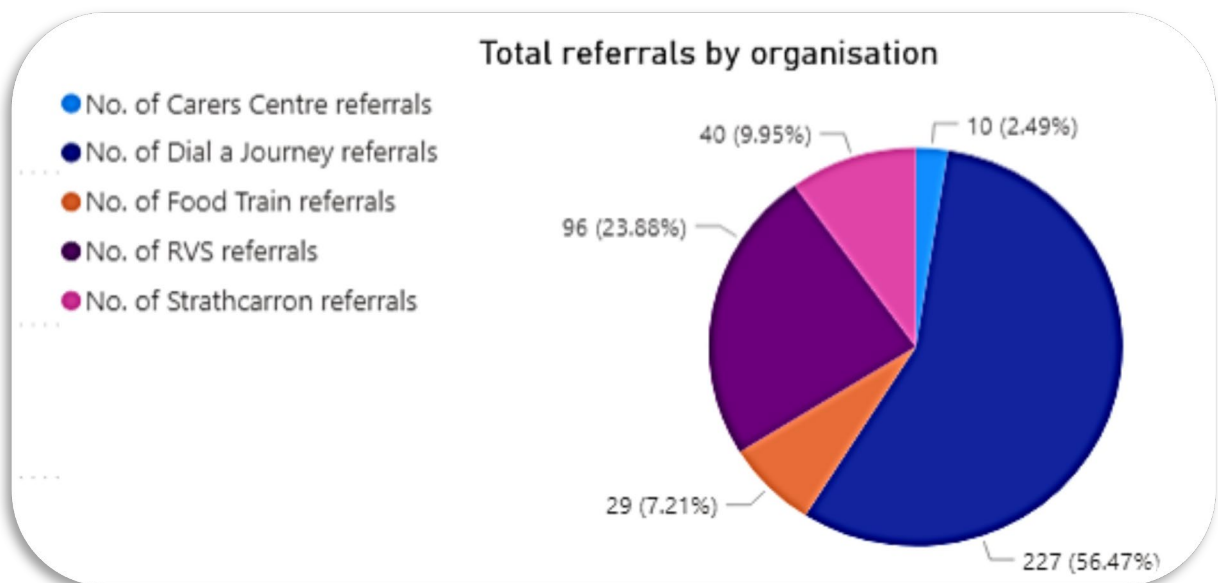
- 2.1. **Care at Home Contract:** a progress report will be presented to the IJB in March 2022
- 2.2. **IJB Annual Performance Report:** this was approved by IJB in November 2021

3. DRAFT COMMUNITIES STRATEGY

- 3.1. LM noted there is a range of community led support activity taking place with carers and service user involvement, 3 of which will be discussed today.
- 3.2. **Community Led Support Strategy**
The Community Link Workers have been in place for the past couple of years in each locality and the link workers are aligned with the GP practices in more

deprived areas and provide a social prescribing function putting people in touch with support in the community. Also trialled is the Living Well advice hub which was in place of a physical hub, the Near Me video consulting system that NHS use for GP appointments was utilised to allow callers to speak to a community link worker and have a good conversation with them about health and well-being issues, allowing them to be sign posted to supports in the community.

- 3.3. The team has also created the Community resources pack that has been put together to help people find relevant community support. The pack is also used by link workers and others to signpost people.
- 3.4. The most recent example of community led support is the winter pressures collaborative which aims to support people to be discharged from hospital and remain independent when they get home. The service makes use of the link work model with a link worker based in the hospital and another making follow up visits once patients have been discharged.
- 3.5. The winter pressures collaborative involves five different partners providing a range of support, including transport home, safe and well checks, befriending, food packages, support with household tasks, and support for carers. The data below relates to the first nine weeks of the service and was used by 334 service users.



- 3.6. The draft strategy explains how community led support will contribute to the Strategic Plan Outcomes, the most relevant of those being
 - that individuals, their carers and families can plan and manage their own health care and well being. Where supports are required, people have control and choice over what and how care is provided
 - Individuals and communities are resilient and empowered with a range of supports in place that are accessible and reduce health and social care inequalities.

- 3.7. Community Led Support Examples
- Community Link Workers
 - Living Well Advice Hub
 - Community Resources Pack
 - Winter Pressures
- 3.8. Reasons for CLS Strategy
- Develop CLS within our strategic context
 - Ensure that the HSCP has a collective understanding of the why and how we intend to work alongside communities.
 - Highlight the learning from the Covid-19 pandemic, with particular reference to sustainable learning for the Partnership.
 - Highlight the change that is required in order for community led support to be effective and sustainable.
 - Provide an action plan based on a theory of change model, which will enable investment and activities to be monitored and evaluated
- 3.9. Key aspects of the draft strategy
- Strengthening Communities
 - Collaboration and Partnership
 - Access to Community Resources
- 3.10. The Action Plan is being developed in consultation with partners.
- 3.11. The draft action plan includes commitments to:
- Use partnership funding to support the development of sustainable capacity and capabilities in the community
 - Adopt the Scottish Approach to Service Design
 - Further develop the HSCP's enabling role
 - Focus on change, innovation, evaluation and learning over prescriptive activities and outputs
 - Facilitate the secure sharing of information between partners
 - Co-ordinate access to community resources under the Living Well Falkirk brand
 - Promote the effective use of 'good conversations'
- 3.12. A full report which was presented to Senior Leadership Team today and will be circulated to the group.
- 3.13. The strategy will embed the principles around how we would like to work with partners and engage with people, service users, carers. Members of the public have not been involved in the development of the strategy as this has been down to capacity, however we would hope that partners are able to bring forward the views of people who access their services. This will be developed in the future and is fundamental to building stronger communities.

- 3.14. A further meeting will be held with the Stronger Communities group to finalise the document, therefore any comments from the group would be welcome in the next 3 weeks.
- 3.15. The draft Strategy is also requested to be shared for discussion with team meetings and any feedback is welcome.

4. Carer and Service User Involvement

Falkirk was identified as one of 6 partner areas to be involved and work with Carers Scotland as test of change and to encourage carer representation and involvement within the Integration Joint Board process.

- 4.1. We worked with the Carers Centre and partners to identify carers and what the training programme would look like and discussed further how this model could also be used for Service User Representatives and staff, also not limiting to only IJB but to utilise other groups and consultations.
- 4.2. We have developed a framework and process on how to support service users, carers, and staff in terms of good practice.
- 4.3. Carer Rep Training was held in March 2021 and it was agreed to provide this training to Service User and Carer Reps in late April / early May 2022 and the proposal for this is:
- 3 half-days (or 2 full days)
 - Learn about HSCP, opportunities and support available
 - Opportunities to meet SU Rep and local organisation for support
 - Skills training
 - Self-Directed Support
- 4.4. The HSCP is looking for
- Combined service user and carer rep training so we have a pool of representatives to participate in various groups and meetings across HSCP
 - Establish a Service User Forum that reinvents the Public Partnership Forum and can act as a place of support for service user reps
- 4.5. The outcomes we aim to achieve after training are:
1. Once training is completed, carers and service users will feel empowered
 2. The training will be easily digestible and relevant to the individual's area.
 3. The training will develop on existing skills of the individual
 4. Individuals will have the ability to represent their own views while remaining objective and able to speak on other people's behalf
 5. Individuals will improve their conversation/decision-making skills
 6. Those who participate will be involved in follow-up discussion to help frame future training sessions
 7. Individuals will feel motivated to carry on engagement and make a positive difference in their area.

- 4.6. Who we are looking to attend the training sessions are those:
- with lived experience of health and social care
 - with an interest in health and social care
 - who want to join a supportive community
 - willing to share their ideas and experience to create positive change
 - who are willing to take on an advocacy role and represent their wider community
 - who want to make a difference to improve health and social care in their communities.
- 4.7. Discussions are ongoing how to recruit and there are ideas on community wide communications eg. HSCP social media, Falkirk Herald and also targeted communications which will be circulated to Community Councils, Third Sector Forums and Community Groups.
- 4.8. Discussions are ongoing on how to recruit people and there are 2 options
- Option 1 – Blended approach of both community and targeting existing networks
 - Options 2 – Targeted approach to recruit existing service users and carers to join training and establish a core group for the service user forum and build on this for future recruitment campaigns
- 4.9. It was agreed that a blended approach of the 2 options as a wider approach may not recruit therefore require a targeted network as it is difficult to attract and recruit volunteers.
- 4.10. It was agreed to produce an interview with current reps which can be shared, this could focus on their experience and how they benefited from it and how others can be involved.
- 4.11. Proposals include a drop-in or tables in busy local areas to share the recruitment information and flyers, and also let our staff know that we are recruiting as they will also have a network of people they liaise with.
- 4.12. VMcR offered to contact people on the CVS database, this could be to everyone or a specific group who have selected to be a volunteer. A personalised letter with details can be distributed and CVS will be the point of contact and able to screen request and provide them with an understanding of the time requirements or criteria required.
- 4.13. Proposed design on recruitment flyer was shared and still to be finalised.
- 4.14. The carers forum is a safe support for carers to make meaningful connections and we would like to replicate this supportive environment for service users, therefore whilst recruiting for training we will also be recruiting for the service user forum. Those who complete the training will have the opportunity to join the IJB and Strategic Planning group meeting and have other engagement opportunities.

- 4.15. There will be other opportunities for those who engage but don't want to commit to becoming a representative eg. responding to surveys or attending engagement events which will create a mechanism for service user feedback.
- 4.16. Timescales:
- Recruitment for forum and training – ongoing
 - Finalise training materials – before Easter
 - Deliver Training – Late April / Early May
 - Feedback and Follow Up – Late May / June
- 4.17. Next Steps
- Coalition of Carers, Carers Scotland, Inclusion Scotland, and ILA FV to collaborate on training proposal.
 - Follow-up meeting to present their proposal on 22 February.
 - Recruitment ongoing to register people's interest in the training and forum.
 - Mapping exercise required to identify opportunities for involvement.
 - Staff training required to upskill staff to effectively involve service users and carers.
 - Developing training to ensure sustainability for continuous recruitment and involvement of service users and carers.
- 4.18. We have been fortunate to date with our carer and service user reps however it was agreed that more than one would be beneficial to spread the workload.
- 4.19. Training will be made as inclusive as possible and we want to build on new skills and develop existing skills.
- 4.20. We will also be working with our workforce, offering advice on how to actively support service users and carers to come to meetings and making these more accessible.
- 4.21. Inclusion Scotland have offered to support staff training to develop officer skills to be inclusive and invite service users and carers to meetings. This will be an important next step.

5. HEALTH INEQUALITIES AND HEALTH AND WELL BEING FUND

- 5.1. In March 2021, the IJB approved an allocation of £770,402 to develop a health and social inequalities and health and wellbeing fund.
- 5.2. A group including people from HSCP, Council, CVS Falkirk, Forth Environment Link and health improvement discussed how best to use this fund. It was agreed to have one fund to ensure more effective and streamlined use of the fund and this would also be less confusing for applicants.
- 5.3. Applicants will be asked to follow one of the priorities (Health Inequalities and

Health and Wellbeing), however can select both and keen to see applications and this programme will run until 31 March 2024.

- 5.4. For Health Inequalities we are keen for applications from groups who have been adversely affected by covid and one of the public health priorities.
- 5.5. For Health and well being we are looking for locality-based improvements to health and well-being.
- 5.6. The funds will be available to statutory services, third sector and community groups and must benefit people in Falkirk and will take applications that can go beyond the scope of integrated services, where match funding is in place to support wider activity.
- 5.7. The funds will be available to statutory services, third sector and community groups and must benefit people within Adult Care Services in Falkirk and will take applications that can go beyond the scope of integrated services.
- 5.8. Applications can be up to £25,000 per year for 2 years (until 31 March 2024). Deadlines for applications are 15 April and 17 June and depending on allocation of the funds there may be another call for applications.
- 5.9. All proposals will be considered by the multi-agency group that developed the fund and final approval will be requested by the Senior Leadership Team.
- 5.10. Promotion will be through our social media channels, partners and networks.

6. IJB UPDATE

- 6.1. The next IJB is 18 March and due to system pressures the agenda is focussed on essential business.
- 6.2. The agenda items are:
 - Chief Officer Report
 - Finance Report
 - IJB Business Care for funding 2022-23
 - Primary Care and Development and activity
 - Performance Monitoring Report, Oct – Dec 2022
 - Readmission Performance Report
 - Chief Social Work Officer Annual Report
 - Home Support and Supported Living Contract
 - IJB Governance
- 6.3. Clinical and Care Governance Committee will be held on 25 February and agenda items to note are

- Oversight Arrangements – this report includes public protection chief officer group, ADP committee, Care Home oversight work and the NHS Clinical and Care Governance Committee
- Adult Support and Protection Inspection Report – this report covers the recent joint inspection in Falkirk covering Council, NHS, Police Scotland and services supporting adults. The Care Inspectorate report was published this week covering the inspection held at the end of 2021. This report recognised the good practice in place especially during the pandemic and how we support adults at risk of harm, there were a number of recommendations and this report to CCGC is summarising this in terms of activity.

7. AOCB

7.1. Partner Updates

CVS Community Care and Health Forum (CCHF) was on hold during the pandemic and the Third Sector Response Forum was created. The Forum will remain however looking to reinstate the CCHF although call it something new and modernise the title, to reenergise the group and provide a stronger conduit between the forum and partnership.

8. SPG MEETING DATES FOR 2022

- 13 May at 10am
- 5 August at 3.30pm
- 28 October at 10am