

FALKIRK COUNCIL

MINUTE of MEETING of the PERFORMANCE PANEL held in the MUNICIPAL BUILDINGS, FALKIRK on THURSDAY 5 FEBRUARY 2015 at 9.30 AM.

CORE MEMBERS: Rosie Murray
Baillie Joan Paterson
Depute Provost John Patrick (convener)

MEMBERS
ATTENDING: David Alexander
Stephen Bird
Allyson Black
Jim Blackwood
Tom Coleman
Linda Gow
Gordon Hughes
Provost Pat Reid

OFFICERS: Margaret Anderson, Director of Social Work Services
Fiona Campbell, Head of Policy, Technology and Improvement
Jack Frawley, Committee Services Officer
Kathy McCarroll, Head of Children & Families and Criminal Justice
Colin Moodie, Depute Chief Governance Officer
Philip Morgan-Klein, Service Manager
Mary Pitcaithly, Chief Executive
Marion Reddie, Head of Community Care

PP13. MINUTE

Decision

The minute of the meeting of the Performance Panel held on 20 November 2014 was approved.

PP14. SOCIAL WORK SERVICE: SCRUTINY REPORT

The panel considered a report by the Director of Social Work Services setting out the performance for the service from April to September 2014. In response to a request from the convener, Margaret Anderson gave an overview of the work which had been undertaken regarding the integration of health and social care, including the preparation of the integration scheme and the formation of the transitional board .

The panel asked for information on funding available to support the integration process. Margaret Anderson advised that the transitional fund had been used to support the process for the current financial year. Funding was allocated to the NHS Forth Valley board and then allocated within partnerships. One example of the use of funding to support the integration process was the creation of the programme manager post for Falkirk. From April 2015 the integrated care fund of £2.88 million would be available and its use would be determined by the Integration Joint Board (IJB). An integrated care fund plan had been drawn up in consultation with the private and voluntary sectors. High level priorities had been set and further work was required to finalise detailed proposals on spending.

Members asked if some of the funding would support carers. Margaret Anderson advised that the Carers' Centre had been involved in discussions as part of the voluntary sector in achieving sign off from the sector.

The panel asked how many meetings of the transitional board had taken place to date and for further information on the operation of the board. Margaret Anderson advised that the board had met once but would have its second meeting the next day. Colin Moodie advised that, at present, the Council provided the administrative and clerking support. Members raised concern that information on the work of the board was not fully accessible to all members of the Council. Colin Moodie advised that the board had agreed that minutes of the Integration Joint Board, once constituted, would be public as would its meetings. Prior to it being constituted, however, it had decided that papers and meetings would not be public. In accordance with the Council's recent decision, the approved minutes of the transitional board would be available at Council meetings. The integration scheme itself would also come to Council as it was its agreement that was required not that of the board.

Members asked if there was guidance from Audit Scotland about the participation of members in the process. Margaret Anderson and Colin Moodie stated that they were unaware of any specific guidance from Audit Scotland on this matter.

The panel asked about chairing arrangements of the board. Councillor Gow advised that the transitional board chair alternated from meeting to meeting between a Councillor and Health Board member. Following the appointment of the chief officer the chair would be appointed from members of the organisation whose terms and conditions the chief officer did not select. The vice-chair would be a member from the appointing organisation, after which the chair and vice-chair would rotate on a one yearly cycle. The period of the first chair would run until the next local government elections in 2017.

Members asked if there was a communication plan in place to ensure that staff were briefed on changes. Margaret Anderson stated that the plan was being worked on. A letter would be sent to staff across the partnership area from the Chief Executive and a series of staff briefings were planned. She stated that it would be the biggest cultural and organisational change for social work staff.

The panel asked for information on the engagement of clients in the integration process. Margaret Anderson advised that clients had been included in the consultation to date. There had been significant consultation carried out in relation to reshaping care for older people. Previous consultations would be a starting point for informing the consultation on the transition. However, she highlighted that information should make it clear that changes were part of a long term process. The focus would be on improving outcomes for service users.

Members sought information on the type of responses received from client groups. Margaret Anderson highlighted the good work carried out in relation to older people which could be built on. She stated that consultation was currently at an early stage and that service user involvement would be fundamental to the development of the strategic plan.

The panel asked that a section of the report to the performance panel or Council show what was being asked for by clients and what was done as a result of this. Highlighting that it was important to demonstrate a user centred approach. In response to a question on evaluation of service users' feedback on the Bo'ness test of concept project, Margaret Anderson stated that a range of detailed feedback was available. Margaret Anderson stated that she would give further consideration to how to best present feedback of service users' views.

The panel asked about the budget process relating to the IJB and any transfer of assets from the Council to the IJB. Margaret Anderson advised that no transfer of staff was anticipated as the body corporate model had been selected and therefore all staff involved in delivery of IJB functions would continue to be Falkirk Council employees. She further stated that the budget setting process would be set out in the integration scheme.

In relation to self directed support members asked if there was an appeals process available when impasses in discussion were reached. Margaret Anderson stated that the current appeals process was an internal social work services one in regard to the allocation of care packages. All requests were looked at independently. After a care package and budget were agreed the service did not interfere with how resources were used as long as they were used to achieve agreed outcomes. She advised that allocating self directed support resources was a complex process.

Margaret Anderson then provided an overview of the report.

A question was asked by the panel which sought to clarify if delayed discharge was caused more often by patients' choice of care placement rather than the availability of care home places. Margaret Anderson stated that the issues were interrelated in that there were not a high number of care home places available, which limited the choices that families and people could make. Margaret Anderson stated that social work services staff treat people with compassion and would never force a move from hospital to care home.

The panel asked if the issue could be lessened by the NHS offering convalescent home places. Margaret Anderson stated that there were not any convalescent homes at the current time. In relation to community hospitals, once medical needs had been met social work services were required to arrange a move for the individual into a registered care home. The service approached delayed discharge by looking at every stage of a patient's journey. Margaret Anderson highlighted that some problems are developed while in hospital so the service was working jointly with NHS Forth Valley to look after people in the community and avoid unplanned admissions. The aim was to look after people for as long as possible as well as possible in their own homes.

Members asked about situations where people refuse to move from hospital, feeling no care home placements are acceptable, and so block hospital beds. Members asked what happens to the person waiting for hospital admission. Margaret Anderson stated that the situation members referred to highlighted the importance of tackling delayed discharge to ensure that new admissions are able to be accepted. Where people and families don't want to move to any available care home places social work services could not and would not force a move. She advised that in terms of the choice policy the hospital had responsibility for escalation, which could result in the medical director writing to the patient with a date of discharge. However, a legal process would need to be undertaken in order to enforce a move. Margaret Anderson stated that staff in social work services and the NHS work to avoid escalation situations.

The panel asked about additional hospital beds in the Falkirk area as a response to the high pressure being exerted on current resources. Margaret Anderson stated that some temporary beds had been made available in order to deal with the added winter pressure and that the funding for this was short term.

Members asked if self funding individuals were able to access care home places more easily than others. For example where one place was available and two people waiting, one self funder and one not, would care homes select the self funder. Margaret Anderson stated that it had been the practice of some care homes to accept self funders first. The National Care Home Contract was negotiated on an annual basis by the Convention of Scottish Local Authorities with representatives of the independent care home sector. Each year these negotiations set a standard rate that local authorities would pay toward care home fees for publicly funded service users within private and voluntary care homes. Compared to this, self funding individuals could be charged increased rates by independent care homes.

In answer to a question about whether some care homes deliberately leave places empty to wait for self funders who could provide higher levels of income, Marion Reddie stated that she was not aware of such practice in the Falkirk area. However, she stated that it had been the case in other council areas to have units reserved for self funders.

Members asked for information on the number of people who refused care home placements. Marion Reddie stated that of those currently awaiting discharge two people had refused to make any choices while a number of others had made three choices but with no availability at any of their choices.

The panel asked for information on how the number of people refusing in the Falkirk area compared to other areas. Marion Reddie advised that this information was not known but that in Falkirk the number of people who refused places tended to be in the range of 5% - 10%. Margaret Anderson stated that delayed discharge was a combination of both refused placements and the number of available placements.

A question was asked to find out if there had been a change to NHS discharge policy resulting in people being discharged from hospital late in the day with no care package in place, particularly in relation to acute beds. Margaret Anderson stated that NHS Forth Valley reported that there was severe pressure on acute bed availability. Where social work were involved in discharge processes they always advocated that a care plan should be in place before discharge. However, if people wanted to be discharged quickly then they are sometimes discharged before a plan is in place, when this occurs social work services were good at getting care packages into place as quickly as possible.

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 retirements. 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.