

The background of the slide features a large, light blue watermark of the City of Vancouver's coat of arms. The crest is a shield divided into four quadrants. The top-left quadrant shows a city skyline with a diagonal beam of light. The top-right quadrant depicts a stag's head with antlers. The bottom-left quadrant shows a three-masted sailing ship on wavy water. The bottom-right quadrant features a grizzly bear standing on a rocky outcrop. Above the shield is a crown with four maple leaves. A banner at the bottom of the shield contains the motto "A NE FOR A".

Agenda Item 3

Minute

FALKIRK COUNCIL

Minute of meeting of the Scrutiny Committee (External) held in the Municipal Buildings, Falkirk on Thursday 7 March 2019 at 9.30 a.m.

Councillors: David Aitchison
David Balfour
Jim Blackwood (Convener)
Niall Coleman
Lynn Munro
Depute Provost Ann Ritchie

Officers: Fiona Campbell, Head of Policy, Technology and Improvement
Joe McElholm, Head of Social Work Adult Services
Philip Morgan-Klein, Service Manager Children's Services
Brian Pirie, Democratic Services Manager

Also Attending: David Lockhart, Scottish Fire and Rescue Service
Brian Robertson, Scottish Fire and Rescue Service

SE23. Apologies

There were no apologies intimated.

SE24. Declarations of Interest

No declarations were made.

SE25. Minute

Decision

The minute of meeting of the Scrutiny Committee (External) held on 4 October 2018 was approved.

SE26. Rolling Action Log

Decision

The committee noted the rolling action log.

SE27. Performance Report – Scottish Fire and Rescue Service

The committee considered a report by the Director of Corporate and Housing Services presenting the local performance of the Scottish Fire and Rescue Service, for the period 1 April 2018 to 31 December 2018.

The report summarised performance against the local Fire and Rescue Plan 2014-18. The Plan was based on:-

- The Scottish Government's overarching vision for public services;
- Strategic priorities set by Scottish Ministers;
- National outcomes within the National Performance Framework; and
- The Fire and Rescue Framework for Scotland 2013. This set out 4 Strategic aims for the service and 7 national equalities outcomes.

The plan also identified 7 local priorities. These were:-

- Priority 1 - Local Risk Management and Preparedness
- Priority 2 - Reduction of Accidental Dwelling Fires
- Priority 3 - Reduction in Fire Fatalities and Casualties
- Priority 4 - Reduction of Deliberate Fire Setting
- Priority 5 - Reduction of Fires in Non-Domestic Property
- Priority 6 - Reduction in Casualties from Non-Fire Emergencies
- Priority 7 - Reduction of Unwanted Fire Alarm Signals

Prior to considering the Service's performance members of the committee raised a concern about the potential impact of public parking at major events, on staff access to Falkirk Fire Station. Mr Lockhart confirmed that there were no parking restrictions on the access road and that at times this could cause difficulties for staff. He had discussed the issue with the Council and was seeking a remedy. The committee asked for a report on the problems together with potential solutions.

The committee discussed the increasing, in England and Wales, role of the Fire Service in working with agencies such as the Ambulance Service in non fire related incidents and sought more information on the prevalence of this in Scotland and on the Service's capacity to fulfil its key obligations. Mr Lockhart set out the key functions of the Fire Service stressing the need for the service to retain capacity to respond to incidents and to be ready for what might occur. Instances of fire had reduced over the years, due in part to the preventative work of the service. However this did not mean that there had been or should be a reduction in capacity. In England and Wales, he confirmed some Fire Services had signed agreements with the Ambulance

Services. However trade union concerns had led to this being halted. Any widening of role should result in formal negotiations. As a result there had been negotiations at the National level on finding a solution. Mr Lockhart explained that as preventative work increased, such as home fire safety visits, Fire Fighters had less operational experience. Perversely the best preparation for Fire Fighting was real life experience, which was contrary to the aim of reducing fires. This meant that there was a need to ensure that training was optimal. He concluded that if the Fire Service was to take on the wider role the training required would similarly widen. There was a need to improve on the 'emotional intelligence' of the service, for example in dealing with people in emergency situations such as medical incidents when their needs differ from their needs in a fire situation.

The committee discussed whether closer links with other agencies and the need to be increasingly cost effective could see, as is the case in Europe, co-location of Emergency Services. Mr Lockhart confirmed that while there was no appetite at Scottish Government level to combine the Fire and Ambulance Service, locally there had been co-location in Falkirk previously. The services both had different resourcing profiles in terms of staff and equipment but nonetheless both services were in dialogue locally.

The committee then turned to instances of deliberate fire raising at Polmont Young Offenders Unit and sought detail on the preventative work in place to reduce this. Mr Robertson discussed a number of initiatives which had been put in place to instill fire skills and embed life safety messages to the young people. The Service also offered home fire safety visits and visited family members. In addition it was hoped that a national smoking ban would lead to a reduction in fire raising.

The committee then discussed the performance in regard to Unwanted Fire Alarm Signals (UWFAS) which had reduced by 12% on the previous comparator period. There had been increases however in the Bonnybridge, Larbert and Falkirk North and South wards. Members sought clarity on whether the rise, in Bonnybridge and Larbert area had been due to the number of alarms at Forth Valley Hospital and sought detail on the preventative work between the service and the NHS in this regard. Mr Lockhart explained that, in general terms, the hospital was looking to improve its performance and reduce UWFAs. There was one to one engagement with key staff on site, for example in monthly meetings held by the services UWFA champion. He explained that generally the hospital would not evacuate as a result of an alarm. Similarly the service did not attend, automatically, each alarm. The service aimed to work with organisations such as NHS to manage its processes and responses.

Decision

The Committee approved the report and acknowledged progress by the Scottish Fire and Rescue Service in meeting its priorities and requested a report on parking issues, together with solutions, around Falkirk Fire Station.

SE28. Falkirk Health and Social Care Partnership Update

The committee considered a report by the Chief Officer, Falkirk Health & Social Care Partnership.

The report provided a summary of the progress made by the Falkirk Health and Social Care Partnership (HSCP) to implement the Integrated Strategic Plan and set out information on progress with performance since the last update to the Scrutiny Committee (External) on 4 October 2018.

The report provided updates on:-

- Falkirk Integration Joint Board scrutiny and monitoring arrangements
- Progress towards integration
- A home care inspection
- The Summerford House Care Inspection report and improvement plan
- Social Work Adult Services complaints performance
- IJB Audit Committee and Clinical and Care Governance Committee

The convener and members of the committee congratulated Mr McElholm on his forthcoming retirement and expressed their wishes for a happy retirement.

Members of the committee commented on the consistency of care afforded to home care patients. An example had been given at Council on the day before of an individual who had been visited by 17 different carers in one day. The committee sought clarity on the service provided. Mr McElholm concurred with the committee's view that continuity of care was a priority and such instances were a concern. He acknowledged the distinction between commissioned independent care and that commissioned by the Council. Clearly the Council had a greater degree of influence over the latter. Continuity was affected by absence. The absence rate was reducing but remained high, currently 10%. The aim was to reduce this by 50% while factors such as the weather and age profile of staff impacted on the absence rate, it was not possible to sustain a rate of 10%. In January 2018 it had been 14%. Work to confront repeat patterns had been undertaken – for example authorised absence following requests for holiday leave which had been refused. However he also stated that work had been carried out and was ongoing to change shift patterns to manage inefficiencies in the system. There was also a need to pair staff more effectively. As an example Mr McElholm explained that training had been implemented to ensure that home help staff and extended personal carers were able to provide the same level of service. Following a review of traditional home help tasks and training needs there had been an extensive training programme, costing £200k to ensure that both sets of staff could perform the same tasks. Members commented that while acknowledging instances when absence impacted on service, the level of care was generally exceptionally good.

Following a question Mr McElholm explained the service's interaction with the independent sector. He stated that there would always be a relationship with the independent sector in terms of engaging care staff. However as inefficiencies in house are driven out the reliance would diminish. Clearly utilising independent care staff was expensive and could result in overspends. Overall the budget was balanced but within this there had been overspends which had been absorbed. He added that the service required a strong vibrant relationship with the independent sector but this should be on the basis of a steady continent on a locality basis.

Members then sought information on steps taken to address the ageing workforce within the service. Mr McElholm explained that there were a number of workstreams aimed at recruiting younger staff. For example work was ongoing to raise the profile of the job of carers as an attractive career. Mr McElholm stated that within the market a child's carer was a preferred career and that an older person's carer was seen as a job for older people. It was also often the case that younger staff that left found the job to have been an excellent learning experience which they used to go onto careers in, for example nursing. It was important to retain such staff and to do this caring had to be seen as a career and not a stepping stone.

The committee highlighted with concern the statistic that Scotland had the highest mortality rates in the UK for those under 75. Mr McElholm explained that factors such as alcohol, drugs and lack of exercise were significant contributing factors. He outlined an initiative, with Falkirk Community Trust, aimed at healthy ageing amongst people in their 50s, which aimed to support them in managing their well-being by making simple decisions about exercise. The Head of Performance, Technology and Improvement agreed that inequalities contributed to premature mortality stating that women in prosperous areas lived 20 years longer than men in poorer areas.

Following a question Mr McElholm explained that the majority of carers worked on their own and that support was based on need. He cited a model in the Netherlands which had been promoted by the Scottish Government based on a small neighbourhood basis. This model was more expensive however. Mr McElholm repeated that the move to integrated localities would deliver improvements.

Decision

The committee approved the report and acknowledged progress by the Health and Social Care Partnership in meeting its Strategic Plan priorities.