

# **Agenda Item 18**

## **Minutes of Committees and Groups**



**Draft**

**Minute of meeting of the Integration Joint Board Clinical and Care Governance Committee held remotely, on Friday 27 November 2020 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, Falkirk Council

**Also Attending:** Lynda Bennie, Head of Clinical Governance  
Patricia Cassidy, Chief Officer, Integration Joint Board  
Amanda Crawford, Patient Relations Lead  
David Herron, GP Medical Representative  
Sara Lacey, Chief Social Work Officer  
Tricia Miller, Lead Nurse Infection Control  
Andrew Murray, Medical Director  
Lorraine Paterson, Head of Integration  
Brian Pirie, Democratic Services Manager  
Antonia Sobieraj, Committee Officer  
Martin Thom, Head of Integration  
Suzanne Thomson, Senior Service Manager  
Angela Wallace, Nurse Director

**CCG24. Order of Business**

The convener indicated that she would change the order of business to allow agenda item 9, Duty of Candour Annual Report 2019-20, to be taken early. The order of items in the minute reflects the order in which items were taken at the meeting.

**CCG25. Apologies**

An apology was intimated on behalf of Ellen Hudson.

**CCG26. Declarations of Interest**

There were no declarations of interest.

## **CCG27. Duty of Candour Annual Report 2019 - 2020**

The committee considered a report by the Chief Social Work Officer and Medical Director which presented the Duty of Candour Annual Reports for NHS Forth Valley (appendix 1) and Social Work Adult Services (appendix 2).

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 happened that resulted in death or harm as defined in the Act, the people affected understood what had happened and received an apology, and that organisations learned how to improve for the future.

A key part of this duty was to provide an annual report about how the Duty of Candour was implemented in the services. The annual reports for NHS Forth Valley and Falkirk Social Work Adult Services were provided for scrutiny. It was intended that in future a single report format was developed subject to legislative requirements.

### **Decision**

**The committee noted:-**

- 1) the report, and**
- 2) the intention of officers to develop the report format for Duty of Candour reports to cover HSCP services.**

## **CCG28. Minute**

### **Decision**

**The minute of meeting of the Clinical and Care Governance Committee held on 28 August 2020 was approved.**

## **CCG29. Action Log**

An action log detailing ongoing and closed actions following the previous meeting on 28 August 2020 was provided.

### **Decision**

**The committee noted the action log and agreed to remove both items from the action log.**

### **CCG30. HSCP Complaints & Feedback Performance Report April – Sept 2020**

The committee considered a report by the Senior Service Manager, Head and Lead of Patients Relations and Locality Manager which provided a comprehensive overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) during the period of April – September 2020. The report took into account the number of complaints received, local resolution and compliance with the 20 day national target and SPSO referrals.

Following a request at the last meeting the report now included more detail in regard to complaints made to the SPSO.

The report also provided an update on feedback received through Care Opinion and other mechanisms about HSCP services.

There had been 25 complaints received during the reporting period in regard to Social Work Adult Services, 20 had been completed at stage 1 and 5 at stage 2. The report set out the top 10 categories for stage 1 and 2 complaints, with the majority relating to care at home and staff conduct. The report set out, for the last 3 years, the percentage of complaints completed by outcome.

In regard to NHS Forth Valley, 8 complaints had been received relating to the delegated functions of the HSCP. Of these 3 had been dealt with at stage 1 and 5 at stage 2. Top themes had been - clinical care and treatment, staff attitude and behaviour and staff communication (oral).

The SPSO had received no complaints cases in the period. Detail was provided on the 6 complaints made to the SPSO between March 2019 and April 2020.

In the period April to September 2020 1 complaint had been made to the SPSO in regard to Social Work Adult Services, the SPSO had not taken the complaint, about staff conduct, further.

There had been no complaints made against the IJB for the period.

#### **Decision**

**The committee noted the report.**

### **CCG31. Complaints Report: IMHS (Woodlands Resource Centre)**

The committee considered a report by the Head of Integration which provided a deep dive in regard to complaints received between April 2019 – March 2020 about the Integrated Mental Health Service (Woodlands Resource Centre). In

the period 10 complaints had been received. Of these 9 had not been upheld and 1 had been partially upheld. The complaint focussed on-

- Treatment/clinical – 3
- Staff attitude and behaviour – 4
- Staff communication – 2
- Date of appointment – 1

The report set out the lessons learned from the handling and review of the complaints.

### **Decision**

**The committee noted the report.**

## **CCG32. 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 Clinical and Care Governance Committee (CCGC).

One Care Inspectorate report had been published, on Burnbrae Care Home which had graded the service as 2 - weak. The report set out one recommendation and one area for improvement. The service had made significant efforts to address the findings and a follow up inspection in October had noted the progress made and had given the service until 30 November to complete the remaining work. Martin Thom undertook to report back when this was available.

In the period 8 national reports had been published. In addition the Mental Welfare Commission had published a report on its findings in regard to an investigation, not in Falkirk, of the care and treatment of a woman with a learning disability whose discharge had been delayed by 18 months. The Mental Welfare Commission had asked the HSCP for a response by 16 October. Martin Thom agreed to bring a report back to a future Committee outlining the local work being done in response to the national report recommendations.

### **Decision**

**The committee noted the report.**

## **CCG33. Overview of Local Oversight Arrangements**

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

Updates were provided on:-

- Forth Valley Public Protection Chief Officers Meeting
- Falkirk Adult Protection Committee
- NHS FV Clinical Governance Arrangements,
- Care Home Assurance, and
- Alcohol and Drug Partnership.

### **Decision**

**The committee noted the report.**

## **CCG34. 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 Hospital and Bo'ness Community Hospitals from June to September 2020. This included details of all Staph aureus bacteraemias (SABs), Clostridioides difficile Infections (CDIs), Escherichia coli Bacteraemia (ECBs) and Device Associated Bacteraemias (DABs) for these areas with a brief summary of the investigations that had been carried out.

The risk remained that, as winter approached, that influenza and coronavirus infections would increase in frequency and present further, additional, challenges to health services.

### **Decision**

**The committee noted the report.**

## **CCG35. Reporting on Locality Working**

The committee considered a report by the Locality Managers which sets out current locality management working arrangements and proposing that, going forward the committee, requests update reports by theme, including:-

- Care Assurance
- Budget
- Palliative care
- Community Supports
- Locality Plans
- Specialist Services.

It was intended that an annual report would be developed.

## **Decision**

### **The committee:-**

- 1) noted regular reports on Locality Working would be presented to the Committee, and**
- 2) agreed that a report on Care Homes in regard to the localities would be presented at the next meeting.**

## **CCG36. Programme of Meetings 2021 and Membership**

The committee considered a report by the Senior Service Manager which proposed a programme of meetings for the Committee and an indicative forward planner for 2021.

Meetings would be held on a Friday at 9.30am. In line with existing covid-19 and social distancing restrictions, meetings would continue to be held remotely and this would be reviewed at the appropriate stage on the basis of Scottish Government Guidance.

The proposed dates are:

- 26 February 2021
- 21 May 2021
- 27 August 2021
- 26 November 2021.

There was a vacancy on the Committee for Third Sector representative Vacancy as Jennifer Kerr had left CVS Falkirk and District. In terms of process an appointment would be made by the Board upon a nomination from the third sector.

## **Decision**

### **The committee:-**

- 1) agreed the programme of meetings for 2021;**
- 2) considered the draft forward planner for 2021, and**
- 3) noted the vacancy for a Third Sector representative on the committee.**

### **CCG37. Exclusion of Public**

**Agreed** in terms of Section 50A(4) of the Local Government (Scotland) Act 1973, to exclude from the meeting the press and public for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 & 3 of Part 1 of Schedule 7A of the said Act.

The committee adjourned at 10.30 a.m. and reconvened at 10.40 a.m.

### **CCG38. Care Home Incident Debrief Report**

The committee considered a debrief report by the Head of Integration about a Covid-19 outbreak in a Care Home.

#### **Decision**

**The committee noted the report, the status of the action plan and the work done to improve care home assurance in partnership with the owners of the Care Home.**

### **CCG39. HSCP Covid-19 Debrief Report**

The committee considered a report by the Head of Integration which provided information on an HSPC Covid-19 debrief report. The report had been commissioned by Falkirk HSCP to capture learning from individuals who had a key role in the HSCP response to the first 'wave' of the pandemic earlier this year.

The report contained 36 recommendations to improve response to future emergency situations. Where applicable, these have been or were being incorporated into the Partnership's approach to the current situation.

#### **Decision**

#### **The committee:-**

- 1) noted the report and its progress with recommendations to date, and**
- 2) sought a further progress report in 6 months or such date as may be determined by the Committee.**



#### **CCG40. Falkirk Community Hospital ASP Inquiry Report**

The committee considered a report by the Head of Integration summarising inquiries under the Adult Support and Protection (Scotland) Act 2007 involving Falkirk Community Hospital.

The report findings were attached at appendix 1 and set out:

- the background and methodology of this inquiry
- the information sought and received as part of the inquiry
- an analysis of that information and concludes with recommendations for the future.

The Head of Integration had met with the families concerned with this inquiry to discuss their views and the inquiries findings and its recommendations.

#### **Decision**

**The committee noted:-**

- 1) the report;**
- 2) the progress made with recommendations for improvement would be presented to future meetings, and**
- 3) that further work would be done to put in place robust arrangements to ensure that the voice of people who use services and their families and carers were built in to service self-assurance work, and investigations where these arise.**



## Note of Meeting

**Meeting:** Falkirk HSCP Joint Staff Forum  
Chaired by Robert Clark NHS Forth Valley Unison Staff Representative (RC)

**Date:** Wednesday 7 October 2020 at 2.00 pm

**Venue:** WebEx

**Present:** Patricia Cassidy, Chief Officer, Falkirk HSCP (PC)  
Karen Algie, Head of HR, Falkirk Council, (KA) (Chair)  
Martin Thom, Head of Integration, Falkirk HSCP (MT)  
Julie McIlWaine, HR Manager, NHS Forth Valley (JMW)  
Linda Davidson, Associate HR Director NHS Forth Valley (LD)  
Kevin Robertson, Falkirk Council Unite Representative (KR)  
Roger Ridley, Unison Staff Representative, Falkirk Council (RR)  
Raymond Smith, Falkirk Council GMB Representative (RS)  
Grace Traynor, Falkirk Council GMB Representative (GT)  
Michelle Campbell PA, Falkirk HSCP (MC) (Minutes)

Item	Action
1. <b>APOLOGIES</b> Hilary Nelson RCN, NHS Forth Valley (HN), Lorraine Paterson, Head of Integration, Falkirk HSCP (LP)	
2. <b>MINUTES FROM MEETING 18 JULY 2020</b> Accepted as accurate.	
3. <b>MATTERS ARISING</b>	
3.1. <b>Programme Board</b> MT to circulate a list of programme boards, terms of reference and representatives to TU's.	MT
4. <b>INTEGRATED WORKFORCE PLAN</b> KA, TG and JMW have met to look at the plan. A development workshop for this group and senior management team is scheduled for 28 October 2020. The plan will be a three year plan from 2022 to 2025. A one year interim plan is to be in place by the end of March 2021. This will be developed using a template from the Scottish Government due to be issued in December 2020.	LD/KA
5. <b>FLU VACCINATION</b> Care staff will receive the vaccine as in previous years. All social care employees should be encouraged to have a flu vaccination. NHS are undertaking peer to peer vaccinations. Local Hubs and Community Pharmacies will be delivering the vaccination programme.	



6. **ANNUAL ASSURANCE STATEMENT**

Draft annual assurance statement and covering report for the next IJB was circulated to the group. This was an action from internal audit to provide assurance to the IJB. IJB currently receives the minutes as part of the governance process.

7. **MEDICATION POLICY**

The final policy was circulated and asked to be endorsed by the group. The policy has been a lengthy process and has included consultations with legal and HR services and agreed by TUs. It was acknowledged that this would make services easier to manage and provide a clear policy for staff to follow.

8. **STANDING ITEMS**

8.1. **Integration.**

PC updated the group on the excellent integrated working across the partnership particularly in supporting care homes.

A joint development session of IJB members and Strategic Planning Group members considered a potential bed base modelling for care homes and community hospitals.

The staff health and wellbeing support group has been re-established in the form of quizzes and virtual staff coffee mornings.

We have also had tremendous compliance from staff who are being routinely tested. Positive feedback has been received from families on the quality of care being provided in the challenging circumstances we are working under.

TU's asked for a short update report across services areas to be circulated.

MT/LP

8.2. **Health & Social Care Partnership  
Review Boards**

**SWAS Board**

This group is looking at restructuring and embedding an ethos of strength in social work practice. There have been meetings with Team Managers, issues that have been raised will be considered before the taking it back to the Board.

**Homecare Review Board**

Unfortunately this Board has not met since COVID. A subgroup was established to look at a new model for homecare. The group has developed an options paper which engaged with staff, partners and external partners. This will be presented to the next Review Board for consideration.



### **Homefirst Board**

We are looking to develop our intermediate bed base which can be used as a step up and step-down facility. This would also provide a more suitable setting to re-able people back into their own homes and reduce the length of stay in hospital.

### **Day Services**

This group is yet to be established. It will look at reshaping day services for younger adults. TU's will be included in this work which will require significant input due to the change agenda.

#### **8.3. NHS Forth Valley Urgent Care Centre**

Scottish Government are introducing this new pathway to manage the number of people who present at ED. The service will be accessed through the NHS 24 service. A suitable site at FVRH has been agreed within the Therapy Department. Work is ongoing to identify an alternative site for AHPs. The urgent care centre is to be in place by the end of October.

### **Test & Trace Centre**

Recruitment has taken place for tracing advisors with 780 applications been received. KA/LD have been discussions within their own senior management meetings on using contact centre staff who have the skills to undertake this task.

### **Whistleblowing**

Cabinet Secretary wants the whistleblowing standards implemented by 1 April 2021. This will require a policy and training to be undertaken before this date. Angela Wallace is the lead for this work and is being implemented following the Sturrock Report.

#### **8.4. Trade Unions Feedback**

Weekly meetings continue with Council HR where any issues are being resolved.

NHS is under a lot of pressure to establish elective care and urgent care centres. The modular unit for the elective care centre is delayed resulting in a ward at FVRH being used. This has resulted in staff being displaced.

There have been risk assessments undertaken for shielding staff to return to work. TU's wanted to highlight the sensitivities and support staff may require returning to work.

#### **9. FALKIRK COUNCIL**

Weekly meetings with TU's from an officer's perspective have also been helpful in identifying issues. Staff wellbeing becoming a bigger issue and recognise the difficulty for some staff members returning to workplaces after 5 months.



Employee survey has produced a high level action plan which will be shared with TU's and managers to work with staff.

Track and Trace volunteers are in place over the winter period. A report on deploying volunteers to essential services is to be presented to CMT. TU's asked that staff from the Community Trust be considered as volunteers. Staff would already have PVGs in place although noted that furlough is still in place.

10. **AOCB**

Development workshop is scheduled for 28 October 2020.

11. **DATE OF NEXT MEETING**

23 December 2020 – Raymond Smith

## Note of Meeting

- Meeting:** Strategic Planning Group
- Date:** Friday 14 February 2020 at 9.30 am
- Venue:** Boardroom, Denny Town House, Denny
- Present:** Patricia Cassidy, Chief Officer, Falkirk HSCP (Chair) (PC)  
 Martin Thom, Head of Integration, Falkirk HSCP (MT)  
 Marlyn Gardner, Locality Manager, Falkirk HSCP (MG)  
 Kenny Gillespie, Head of Housing, Falkirk Council (KG)  
 Robert Clark, Staff Representative, NHS Forth Valley (RC)  
 Janette Fraser, Head of Planning, NHS Forth Valley (JF)  
 Helen Kendrick, Falkirk Advocacy (HK)  
 Evelyn Crosbie, Service User Representative (EC)  
 David Herron, GP Representative (DH)  
 Laura MacKenzie, Carers Centre Representative (LMK)  
 Irene McKie, Chief Executive, Strathcarron Hospice (IMK)  
 Margaret McGowan, Independent Sector Lead, Scottish Care (MMG)  
 Suzanne Thomson, Senior Service Manager, Falkirk HSCP (ST)  
 Amanda Templeman, Chief Finance Officer, Falkirk HSCP (AT) (for finance item only)  
 Clare Bernard, Partnership Manager, CVS Falkirk
- Apologies:** Sara Lacey, Chief Social Work Officer, Falkirk Council, (SL)  
 Lesley MacArthur, Partnership Funding Coordinator, Falkirk HSCP  
 Fay Godfrey, Locality Leader, Alzheimer's Scotland  
 Agnes McMillian, Carers Representative, Carers Centre  
 William McQuillan, Procurement & Commissioning Manager, Falkirk Council  
 Jennifer Steel, Service User Representative  
 Alison Cooke, Locality Manager, Falkirk HSCP
- In attendance:** Adrian McLaughlin, Service Manager, Falkirk HSCP (Item 1) AML  
 Margaret Petherbridge, SDS Project Lead, Falkirk HSCP (Item 2) MP

Item	Action
1. <b>Presentation and Workshop Discussion</b>	
1.1. <b>Day Services Review for Older People</b> AMcL gave a short presentation on the work that has started to review the model of day services support for older people. The main aim of the review is to develop a model of person-led, community-led services that encourage social inclusion and equality. A paper was circulated to the group in advance of the meeting and AMcL talked to this.	

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<p>It was noted the current and proposed model of care. The current model is a building based service. The Partnership is looking at a new model where older people will be able to access community resources and become more socially inclusive.</p>	
<p>The members of the group then contributed to a workshop discussion in small groups on the proposed model.</p>	
<p>In response to a request from the group, AMcL will undertake detailed engagement with family members/carers and staff. The work and approach taken through the redesign of day services for younger adults was noted as a model to follow for this review.</p>	
<p>PC asked AMcL for an action plan to be developed for this work. This should include:</p> <ul style="list-style-type: none"> <li>• collate baseline information</li> <li>• current range of scope</li> <li>• costs of current and future model</li> <li>• develop a timeline.</li> </ul>	AMcL
<p>It was noted that the a report with recommendation will be presented to a future IJB.</p>	AMcL/MT
<p><b>1.2. Carers Strategy: Progress report</b></p> <p>MP provided an update on the work of the Carers Act Implementation Group (CAIG). The group are in the process of reviewing the action plan and will set out revised priorities to include Internal Audit's recommendations. The CAIG will also develop performance indicators to help understand and measure our performance and monitor the impact of the action plan.</p> <p>A draft support policy will be developed to look at more practical support for carers and include community support that looks to increase the diversity of support. MP will meet iHub who are interested in this area and link with Community Led Support work.</p> <p>Work continues on the transition pathways and identifying hidden carers to alert them that support is available. Carers engagement sessions will be held across the partnership involving adult and children's services.</p> <p>Human resources in both the Council and NHS are working together to develop Carers' Employability Accreditation. Falkirk</p>	

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<p>has already achieved the first level and is now progressing towards the second level. RC indicated he would be happy to provide support in this area.</p>	
<p>Quarterly briefings are being developed for staff to keep them informed of the implementation process. This will provide awareness of developments and available supports to signpost carers to. An online training resource is also being considered.</p>	
<p>Information on progress will be presented to the March IJB.</p>	MP
<p><b>2. Note of Previous Meeting: 4 October 2019</b> The note of the meeting was accepted as accurate.</p>	
<p><b>3. Partnership Funding</b> ST provided an update on the proposals considered by the Partnership Funding Group. These were summarised for the group in a paper circulated.</p> <p>The three new bids considered are:</p> <p><b>Dementia Activity</b> – Bo’ness and Falkirk Community Hospital. The SPG approved the bid, with clarification needed on the staffing and whether 1 or 2 posts were required. Group agreed this would be a benefit to patients.</p> <p><b>RVS Supporting Your Recovery</b> – SPG did not agree this bid and have deferred decision to consider how this links with the Homefirst and reablement pilot.</p> <p><b>Outside the Box Project</b> – Low level peer support for people with poor mental health which includes carers and older people. Approved.</p> <p>The four requests for change are as follows and were approved by the SPG:</p> <p><b>Strathcarron Hospice</b> – agreed to extend project date from September 2020 to March 2021</p> <p><b>FDAMH</b> – agreed to extend current groupwork with an additional worker.</p> <p><b>CVS</b> – agreed to amend scope of evaluation and monitoring post, there is no financial implication.</p>	



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<p><b>Carers Fund</b> – agreed to extend policy and development role for 1 year.</p> <p>These will be presented to next IJB for agreement.</p>	
<p><b>4. Chief Officer Update</b></p>	
<p><b>4.1 IJB 07 December 2019 Update</b> PC provided an overview of the key reports presented to the IJB in December. The HSOP has pulled together a delivery plan and is a working document.</p> <p>The IJB have been involved in positive collaboration sessions to look at how the Board can work more effectively.</p>	
<p><b>4.2 IJB 20 March 2020 Agenda</b> The draft agenda was discussed with the group.</p>	
<p><b>5. Chief Finance Officer Update</b> <b>19/20 Budget</b> AT noted that the budget is still work in progress. The report to IJB in early March will set out a summary of the position.</p> <p>Currently the overspend is around £3.7m - £3m on Health Services and £600k in Adult Social Work.</p> <p>The risk sharing agreement for the partnership is not yet in place and we are looking at different proposals from our 2 partners to get to a balanced position. Previously each partner was responsible for their own overspend. NHS Forth Valley are looking for around £1.5m of the IJB reserves. Work has started to look at this and options will be presented to a special IJB.</p> <p><b>20/21 Budget</b> Scottish Government issued their draft budget last week and negotiations are ongoing to get through parliament. It is unlikely that there will be any additional funding for adult social work as in previous years.</p> <p>Council are asking for £2.2m savings and the service is working with managers to identify these savings. An updated position from Health is still awaited on savings.</p> <p>There is also ongoing work on the set aside budget. Hospital activity is large with work is being undertaken to look how services can be delivered differently. This will need a large investment in the community setting, as well as work being</p>	

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<p>required on community hospital and longer term projects. 20/21 risks are still high. A whole-system approach will get us to a better position.</p>	
<p>The IJB has a significant budget of £230m, we need to use resources more effectively and be innovative in delivering services to address poor health concerns in the community.</p>	
<p>Negotiations are ongoing with providers for younger adults who are looking for 40% uplift. This contract is negotiated annually with COSLA and NCHC providers.</p>	
<p>HRA has a ring-fenced budget of £200k for adaptations. Currently this is on budget, however further investment will be needed in line with our strategic plan to support more people at home. There are opportunities to adapt new builds using existing funds.</p>	
<p><b>6. AOCB</b> PC thanked the group for attending and their valued time. It was noted that the work set out in Delivery Plan will mean an ambitious programme of business for the group going forward.</p>	
<p><b>7. Date of Future Meetings:</b> 15 May 2020 at 9.30am in DTH 7 August 2020 at 9.30am in DTH 30 October 2020 at 9.30am in DTH</p>	

## Note of Meeting

**Meeting:** Strategic Planning Group

**Date:** Friday 7 August 2020 at 10.00 am

**Venue:** Webex

**Present:** Patricia Cassidy, Chief Officer, Falkirk HSCP (Chair) (PC)  
Lorraine Paterson, Head of Integration, Falkirk HSCP  
Kenny Gillespie, Head of Housing, Falkirk Council (KG)  
Marlyn Gardner, Locality Manager, Falkirk HSCP (MG)  
Robert Clark, Unison Staff Representative, NHS Forth Valley (RC)  
Janette Fraser, Head of Planning, NHS Forth Valley (JF)  
Evelyn Crosbie, Service User Representative (EC)  
David Herron, GP Representative (DH)  
Laura MacKenzie, Central Carers Representative (LMK)  
Irene McKie, Chief Executive, Strathcarron Hospice (IMK)  
Margaret McGowan, Independent Sector Lead, Scottish Care (MMG)  
Suzanne Thomson, Senior Service Manager, Falkirk HSCP (ST)  
Jillian Thomson, Chief Finance Officer, Falkirk HSCP (JT)  
Claire Bernard, Partnership Manager, CVS Falkirk  
Fay Godfrey, Locality Lead, Alzheimer's Scotland

**Apologies:** Martin Thom, Head of Integration, Falkirk HSCP (MT)  
Sara Lacey, Chief Social Work Officer, Falkirk Council, (SL)  
Fiona Collie, Councillor, Falkirk Council (FC)  
Agnes McMillian, Carers Representative, Carers Centre  
William McQuillian, Procurement & Commissioning Manager, Falkirk Council  
Jennifer Steel, Service User Representative

Item	Action
<b>1. Minute of Previous Meeting</b>	
1.1. The note of the meeting on 14 February 2020 is to be amended and recirculated to include Clare Bernard as an attendee.	ST
<b>2. Response to COVID and Recovery</b>	
2.1. LP provided an update. Mobilisation Centre was established at the start of the pandemic, supported by senior management and staff. Daily Huddles are held and staff are redeployed to services where required. Modelling was undertaken on staffing levels to identify the minimum numbers required to safely deliver services. This has supported decision making on staff cover to critical service areas. Staff have undertaken joint care	

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assurance visits to Care Homes and a team has been created to continue this work moving forward.	
2.2. There has been an outbreak of the virus at one of the independent care home. The home was provided with support from the Partnership in terms of staffing, PPE and infection prevention and control. An independent debrief of the incident was commissioned and a report on this will be presented at a future Clinical and Care Governance Committee.	
2.3. Appointments have been made to third locality manager position and a Business Management Co-ordinator, with both candidates due to take up post in the next few months.	
<b>Remobilisation/Recovery Plan</b>	
2.4. The service is still working in response mode. The Delivery Plan has been revised, taking into account lessons learned from Covid. Business Continuity Plans for the service have been updated and the Mobilisation Plan has been submitted to the Scottish Government.	
2.5. Buildings are being evaluated and checks undertaken to begin to re-open services, where necessary. Falkirk Council are advocating for staff to remain working from home for at least 3 days per week, role permitting, and this is being taken forward. Risk Assessments require to be undertaken on staff who are in the shielding groups and their return to work.	
2.6. Work around care assurance remains ongoing with the creation of a team to take this forward post Covid. Joint care assurance visits are being undertaken to the Care Homes which have been well received by care home managers and their teams.	
2.7. Capacity of the Home First pilot was expanded during the pandemic to support discharge from hospital. This will be continued going forward due to the success this has had in reducing delayed discharge figures.	
2.8. Wellbeing advice was given to staff with support groups being created where staff could receive support should they wish this.	
<b>3. Chief Finance Officer Update</b>	
3.1. JT is currently analysing the first quarter financial results. A £225k overspend was recorded from April – June 2020 (excluding additional costs associated with Covid-19 which are recorded separately).	

Item	Action
<p>3.2. The year to date overspend is comprised of £115k relating to set aside and £109k relating to the integrated budget. The overspend against the integrated budget reflects pressures within primary care (largely due to GP prescribing) and social care (specifically relating to care at home).</p> <p>3.3. The set aside position reflects ongoing pressures within A&amp;E and various inpatient specialties, offset by reductions in various non-pay costs (e.g. surgical sundries, lab supplies and drugs) linked to reduced activity levels as a result of Covid-19. Note that non-pay costs are expected to return to usual levels once suspended services are reintroduced in the coming months.</p> <p>3.4. In terms of Covid-19 costs, Falkirk HSCP has spent £3.8m in the first three months. These costs relate to PPE, financial sustainability support to independent contractors/providers and temporary staffing. The Partnership has received £3.2m from the Scottish Government in relation to Covid funding to date. Further monies are expected to be received in September.</p> <p>3.5. £3.5m of Partnership Funding Projects are in place for 2020-21. All projects have been affected by Covid-19 to varying degrees – a status report will be circulated following the meeting.</p>	
<b>4. Partnership Funding Decisions</b>	
<p>4.1. LMAC advised that Covid has had a significant impact on initiatives supported by Partnership Funds. Some have had to alter mode of delivery and newer initiatives have paused recruitment. At the beginning of the financial year, all service leads were offered reassurance that funds could be used flexibly to ensure that where possible, services could continue to be delivered during the pandemic. It is however anticipated that there will be a variance between projected and actual spend and performance in 2020/21.</p> <p>4.2. <u>Community Based Activity</u> An overview of community based activity during the pandemic was provided by LMAC and CB. The SPG were advised that the community response to the pandemic was significant in scale and pace.</p> <p>4.3. Local organisations and informal community networks mobilised very quickly, providing a range of support to people impacted by Covid. This included volunteers providing emergency food, shopping and prescription delivery and wellbeing checks.</p>	

Item	Action
<p>4.4. This activity was underpinned by partnership working between CVS Falkirk, NHS, HSCP and Falkirk Council, providing funding and specialist advice and support to local groups.</p> <p>4.5. A Support for People line was put in place by Falkirk Council, providing a central contact point for people affected by the pandemic. The team also worked proactively to contact all those shielding to discuss support needs. Where needs were identified, most referrals and signposting was to community groups and networks.</p> <p>4.6. Work has been commissioned to evaluate the activity and review learning points that can be embedded within future work.</p>	
<b>5. AOCB</b>	
<p>5.1. IMCK gave an update on Strathcarron and how this has coped during the pandemic. Service remained running and received more referrals for the Community Nursing service. Fundraising events were cancelled. Strathcarron received funds from the Scottish Government to support end of life care. 60 staff required to be furloughed, 30 of these have since returned to work.</p> <p>5.2. FG provided an update on Alzheimer's Scotland. The company is struggling financially with fundraising events planned having to be postponed during the pandemic. A number of redundancies from Head Office have been made and some staff have been furloughed. FG noted support from the Partnership has been exceptional.</p> <p>5.3. AMcM provided an update on the Carers Centre. Work moved to a virtual platform since March which has worked well. Those who are unable to access the internet have been posted information. Service will continue to be offered differently in the future.</p> <p>5.4. Thornton Gardens has been opened to provide respite to support carers under stress.</p>	
<p><b>6. Date of Future Meetings:</b> 30 October 2020 at 9.30am</p>	

## Note of Meeting

**Meeting:** Strategic Planning Group

**Date:** Friday 2 October 2020 at 10.00 am

**Venue:** MS Teams

**Present:** Patricia Cassidy, Chief Officer, Falkirk HSCP (Chair) (PC)  
Martin Thom, Head of Integration, Falkirk HSCP (MT)  
Marlyn Gardner, Locality Manager, Falkirk HSCP (MG)  
Robert Clark, Unison Staff Representative, NHS Forth Valley (RC)  
Janette Fraser, Head of Planning, NHS Forth Valley (JF)  
Helen Kendrick, Forth Valley Advocacy (HK)  
Sara Lacey, Chief Social Work Officer, Falkirk Council, (SL)  
Fay Godfrey, Alzheimer's Scotland (FG)  
Agnes McMillan, Carers Representative, Central Carers  
Evelyn Crosbie, Service User Representative (EC)  
David Herron, GP Representative (DH)  
Kenny Gillespie, Head of Housing, Falkirk Council (KG)  
Margaret McGowan, Independent Sector Scottish Care (MMG)  
Michelle Campbell, PA to Chief Officer (MC)

**Apologies:** Suzanne Thomson, Senior Service Manager, Falkirk HSCP (ST)  
Irene McKie, Strathcarron Hospice (IMK)  
William McQuillan, Procurement & Commissioning Manager, Falkirk Council  
Laura MacKenzie, Central Carers Representative (LMK)  
Jennifer Steel, Service User Representative  
Alison Cooke, Locality Manager, Falkirk HSCP

**In attendance** Andrea Fyfe, Director of Acute Services FVRH  
Dan Beckett, Clinical Director for Unscheduled Care, NHSFV, Specialty adviser to CMO (Scotland), Unscheduled care adviser, SGHD

Item	Action
<b>1. Welcome &amp; Introduction</b>	
1.1. PC thanked the group for joining the meeting today at short notice to discuss the proposal for an Urgent Care Centre.	
<b>2. Overview of Urgent Care</b>	
AF provided an brief overview. Urgent Flow is a key development by Scottish Government which will provide better outcomes for patients. The work for this project had begun pre Covid, pace has increased as the Urgent Care Centre is to be implemented by the end of October 2020.	

Item	Action
<p><b>3. Outline Proposal</b> DB provided a presentation.</p> <p>The Urgent Care Centre will not be replacing Primary Care. The service will be accessed by the public via the current OOH's contact number of 111. Call handlers will from there have access to a senior clinical decision maker who will advise the best route for the patient to be seen.</p> <p>The Urgent Care Centre will be one of the first in Scotland. Accommodation scoping exercise has been undertaken, the centre will be placed within FVRH therapy department. Work is continuing to relocate AHPs to provide their service within the community.</p> <p>The centre will have primary care GP's and clinicians in secondary care working more closely together to provide the best care solution for the patient. This will avoid crowded waiting room and times within the Emergency Department (ED). There will be no change to the service within ED if a patient requires urgent help.</p>	<p>MC to circulate</p>
<p><b>4. Questions</b> DH raised a concern that service users may routinely access the 111 to seek assistance rather than their GP. All calls will be screened by the senior clinical decision maker and where appropriate patients will be returned to their GP.</p> <p>EH asked how this was to be communicated to the public. JF said that a toolkit is being put together alongside a Scottish Government communication campaign over a 4 week period until the end of October.</p> <p>PC asked if the group could support communication within their networks.</p> <p>JF will provide a briefing to accompany the toolkit which will be circulated to SPG and elected members.</p> <p>Communication also to be shared with the Health Promotion Team to inform the travelling community. It was thought it would be helpful to share information with public house landlords through licensing.</p> <p>PC asked that social work be included in the group of professionals that would be contacted by the urgent care centre to ensure packages of care etc can be put in place to avoid admissions.</p>	



Item	Action
<b>5. Next Steps</b>	
<p>AF highlighted that a lot of work has already been undertaken, however there is a lot of work still to be done in the next four weeks. A business case will be submitted to NHS Board prior to being submitted to Scottish Government.</p> <p>SPG can send comments to PC to collate for AF and DB.</p>	
<b>6. Meeting Chat</b>	
<p><b>Q</b> Is there any plan for <b>FC</b> writing to people - similarly to how every household had a letter about the national helpline for support with food etc?</p>	<p><b>A</b> Scottish Government <b>JF</b> have indicated that there will be a leaflet delivered to every household. We will clarify this once we get the materials from SG</p>
<p><b>MMG</b> providers could also include the information within their paperwork that gets left in service users homes for information</p>	<p><b>JF</b> Will link in today.</p>
<p><b>Q</b> Is there need for some <b>FC</b> easy read information to support that?</p>	<p><b>JF</b> Will link with MMG.</p>
<b>7. Date of Future Meetings:</b> 30 October 2020 at 9.30am MS Teams	

## Note of Meeting

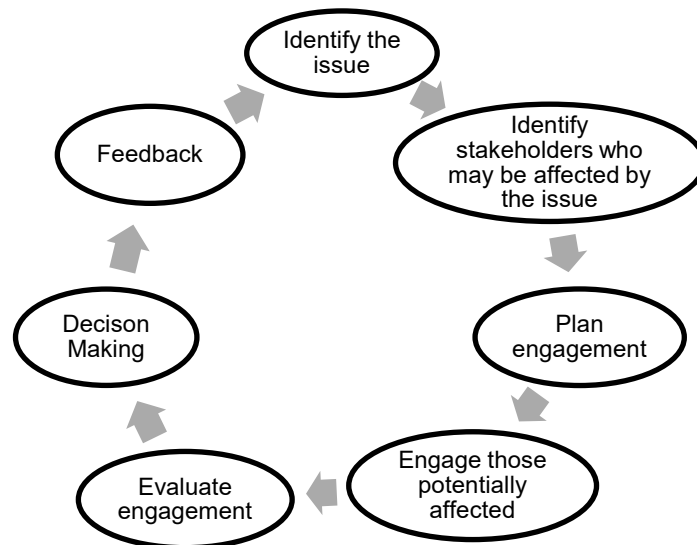
- Meeting:** Strategic Planning Group
- Date:** Friday 30 October 2020 at 09:30am
- Venue:** MS Teams
- Present:** Martin Thom, Head of Integration, Falkirk HSCP (Chair) (MT)  
Suzanne Thomson, Senior Service Manager, Falkirk HSCP (ST)  
Lorraine Paterson, Head of Integration Falkirk HSCP (LP)  
Robert Clark, Staff Representative, NHS Forth Valley (RC)  
Janette Fraser, Head of Planning, NHS Forth Valley (JF)  
Claire Bernard, Partnership Manager, CVS Falkirk  
Agnes McMillan, Carers Representative, Central Carers  
Lesley MacArthur, Partnership Funding Coordinator, Falkirk HSCP  
Gordon MacKenzie, Locality Manager, Falkirk HSCP (GMac)  
Lorraine Scott, Minute, Falkirk HSCP
- Apologies:** Patricia Cassidy, Chief Officer, Falkirk HSCP (PC)  
Marlyn Gardner, Locality Manager, Falkirk HSCP (MG)  
Sara Lacey, Chief Social Work Officer, Falkirk Council, (SL)  
Irene McKie, Chief Executive, Strathcarron Hospice (IMK)  
Jillian Thomson, Chief Finance Officer, Falkirk HSCP (JT)  
Fay Godfrey, Locality Leader, Alzheimer's Scotland  
Kathy O'Neill, General Manager, NHS FV

	Item	Action
1.	<b>Note of the Previous Meeting</b>	
1.1	The note of the meeting held on 7 August 2020 will be amended and circulated.	
2.	<b>Chief Officer Update</b>	
2.1	MT provided an update on behalf of the Chief Officer. Due to the pandemic and an increase in community spread of the virus, all partners are reporting workforce issues, with some services experiencing significant challenges. The HSCP mobilisation centre and huddle continues to meet to address emerging issues. There is also ongoing discussion with the Council and Falkirk Community Trust to explore additional supports they can provide.	
2.2	The CHART team, working with and supporting care homes, has recently expanded and MG and NH are training staff today.	

Item	Action
<b>3. Participation &amp; Engagement</b>	
3.1	LMac provided an update advising that Scottish Government and COSLA have requested feedback on their draft statutory guidance ' <i>A practical guide to engaging effectively with people in planning and redesigning health and social care services</i> ' by 11 November.
3.2	<p>The 3 elements within the guidance are:</p> <ul style="list-style-type: none"> <li>• reinforce that service users and carers must be at the heart of all development and change</li> <li>• to provide practical guidance about the delivery of good engagement that will help inform and drive service change and improvement,</li> <li>• to reinforce the statutory responsibilities of constituent partners in embedding engagement within decision making processes.</li> </ul>
3.3	<p>SPG members were previously asked for comments to an earlier draft and the response provided was:</p> <ul style="list-style-type: none"> <li>• highlighting the need for engagement to be embedded as a means of developing mutual understanding and trust between agencies and communities – to both support improvement and also action</li> <li>• asked for recognition that dedicated resource may not relate to posts. Instead if engagement is truly embedded it could relate to a consistent and collaborative leadership message and staff who are dedicated to ensuring that services are delivered with service users and carers at the heart of provision</li> <li>• also provided good practice examples of work in Falkirk.</li> </ul>
3.4	These views have been reflected in the comments made.
3.5	LMac provided a brief overview of the content to SPG members, with the below diagram and explanation

## Item

## Action



- 3.6 The cycle highlights the importance of:
- being clear about the issue and reason for engagement
  - knowing who will be affected by the issue and so should take part in the process
  - the importance of planning to ensure that there are no barriers to taking part for those affected by the issue and who want to be involved
  - evaluation of engagement is important not only in terms of continuous improvement in practice, but also in making sure that the feedback provided is analysed and interpreted as intended
  - there must be clarity about where and how decisions are made.
- 3.7 The guidance highlights that Healthcare Improvement Scotland (HIS) has a statutory role across NHS Boards and Integration Authorities to support, ensure and monitor patient focus and public involvement activities relating to health services.
- 3.8 Therefore when engagement activity ends it is NHS Boards, IJB and Local Authorities that must approve or reject recommendations, taking the quality of the engagement process into account. NHS Boards and Integration Authorities are therefore asked to keep HIS informed about proposed service changes at the earliest possible stage.
- 3.9 LMac advised there is lack of detail about the regulatory duty and function of HIS in the guidance. It was agreed clarity would be beneficial on this and would be included in the Partnership response. LMac will prepare and submit the response.

L Mac

Item	Action
<b>4. Participatory Budgeting: Community Choices</b>	
4.1 LMac provided an overview of Participatory Budgeting (PB) as a way for people to directly vote on how local money should be spent.	
4.2 PB Programmes can be: <ul style="list-style-type: none"> <li>• grant funded approach supporting community-based projects – thematic or geographic</li> <li>• place-based approach where geographic budgets are established for a defined range of services - thematic</li> <li>• mainstream approach where we seek to redesign services in partnership with the people who use them.</li> </ul>	
4.3 This type of budget allocation is now a statutory requirement for local authorities with Scottish Government and COSLA agreement that at least 1% of local authority budgets be allocated via PB in 2020/2021.	
4.4 Falkirk Council have recently started to plan and establish processes following Member approval to progress on 13 October 2020.	
4.5 The programme will be called Community Choices. Council has approved £1m capital funding in 2020/21 to be distributed at ward level according to levels of child poverty. A small grants PB scheme is also proposed to run in parallel.	
4.6 Within the context of HSCP, legislation states that Integration Authorities must develop locality plans and that where possible budgets should be devolved to those locality areas to make sure that local needs can be targeted and supported. PB is an option that could be considered to help empower and engage communities.	
4.7 There are significant opportunities in this type of budgeting process, however getting the process right is really important. It is worth noting that this is not about giving over budget, but about working with and involving people in a different way.	
4.8 Currently the Partnership Funding Programme is operated via a participatory budgeting process in that ideas are asked for to help deliver the outcomes of the Strategic Plan. Proposals are then assessed by a panel, which includes statutory, third and independent sector and service user reps and then decision is taken by the IJB.	
4.9 The process of developing a new investment Plan for PF for the next 3 years is under development.	

## Item

## Action

### 5. Partnership Funding Recommendations

5.1 LMac shared the current project recommendations requests to the Partnership Funding Group, copy attached. The proposals were discussed and a response requested from the SPG whether funding is recommended.

5.2 A summary of the SPG decisions is listed below:

Project Name / Organisation	Request		SPG Approval Y/N
Tops Toes/ Braveheart Association	20/21 £8,705 21/22 £34,820 22/23 £33,082	Approve from 1 Jan 2021 Start date subject to ability to deliver service based on Covid restrictions	Y
Mates n' Dates	21/22 £85,562	Approve from 1 April 2021	Y
Neighbourhood Networks in Scotland Ltd	22/23 £82,674	Subject to ongoing review of day services and potential mainstreaming within redesign	
Neighbourhood Networks	21/22 £116,280	Approve (start date to be confirmed)	Y
C-Change Scotland	22/23 £118,605	Subject to ongoing review of Day services and potential mainstreaming within redesign	

5.3 SPG agreed to circulate the proposals to other group members

LMac

### 6 AOCB

#### 6.1 Urgent Care

JF advised that the Urgent Care Centre is established however the initial start date of 2 November has been postponed until 1 December. This extension is allowing the opportunity to train and test staff prior to the live date. There will be more public awareness on the Urgent Care Centre towards the end of December. JF will share local progress with the group at a future meeting. JF

#### 6.2 Carers Centre Update

AMac provided an update advising that the second wave of Covid-19 is causing continued concern for carers who haven't had much of a break since March. During the summer months it was easier to offer outdoor resources however as the winter months progress there needs to be more creative ways to support carers.

- 6.3 AMac advised that the carers survey the centre carried out in June is currently being analysed and details will be shared soon. AMac
- 6.4 **Third Sector Update**  
CB provided an update on Third Sector advising that the challenges are ongoing for community groups and they too could provide support outdoors, which will change over the winter. There is ongoing support via telephone calls and teleconference calls across the sector.
- 6.5 Christmas support has also been a current topic for discussion and how to support during this time. A group is meeting next Friday which will discuss the whole wellness package of not only food but clothing, gifts and activities for Christmas. CB
- 6.6 The Third Sector Forum meets on a monthly basis and this has become an open discussion for networking and has helped form partnerships between groups. It importantly helps to support and motivate staff and volunteers.
7. **Date of Future Meetings:**  
12 February 2021 at 9.30am