

Agenda Item 16

Approved Minutes of Meetings



Draft

Minute of meeting of the Audit Committee held remotely, on Friday 4 December 2020 at 9.30 a.m.

Voting Members: Allyson Black (Vice-Chair)
Gordon Johnston (Chair)

**Non – voting
Members:**

Robert Clark, NHS Staff Representative

Also Attending:

Patricia Cassidy, Chief Officer
Sara Lacey, Chief Social Work Officer
Brian Pirie, Democratic Services Manager
Grace Scanlin, Ernst and Young (External Audit)
Jillian Thomson, Chief Finance Officer

AC9. Order of Business

The convener indicated that he would change the order of business to allow agenda item 5, 2019/20 External Audit Report, to be taken early. The order of items in the minute reflects the order in which they were taken at the meeting.

AC10. Apologies

There were no apologies.

AC11. Declarations of Interest

There were no declarations of interest.

AC12. Minute

Decision

The minute of the meeting of the Audit Committee held on 25 September 2020 was approved.

AC13. 2019/20 External Audit Report

The committee considered a report by the Chief Finance Officer which presented the findings arising from the external audit of the 2019/20 financial statements.



The annual external audit report provided an unqualified opinion on the 2019/20 financial statements, including the remuneration report and annual governance statement.

The report provided conclusions in regard to:-

- The financial statements
- The IJB as a going concern

In regard to the wider scope of the audit and best value the report set out conclusions on the following audit dimensions:-

- Financial sustainability
- Governance and transparency
- Financial management
- Value for money

The report identified a number of areas for improvement and included 5 specific recommendations for management action. It was also recommended that the Board complete a self-assessment against Audit Scotland's guidance for IJBs during 2020/21.

In regard to the management actions Jillian Thomson confirmed that these would be actioned during 2021. Ms Scanlin added that the Auditors would focus on Best Value in 2021. In 2019/20 the level of integration had been a concern – the Auditors had noted an improvement in this in 2020/21.

Following a question Ms Scanlin explained that there had been a focus on the Board as a going concern in 2020/21. This would not normally be an issue, however it had become an area of focus during the Covid-19 pandemic because of the impact of the virus on funding and expenditure (and also because a new audit standard had been introduced which required focus on this area).

Decision

The committee noted the report.

AC14. Terms of Reference

The committee considered a report by the Chief Finance Officer which presented the current Terms of Reference for the Audit Committee.

The Audit Committee had previously made recommendations to the Board on 20 March 2020 to amend its Terms of Reference. However due to the Covid-19 pandemic the Board did not have the opportunity to consider the report at that meeting. Following discussion, the Chief Officer, in

consultation with the Chair and Vice Chair of the Board, had implemented the proposals. The Terms of Reference had been updated accordingly and were presented for information. The main changes were:-

- In line with Internal Audit recommendations, the minutes of the quarterly Audit Committee meetings would now be routinely submitted to the IJB together with a formal annual report;
- An Internal Audit Annual Assurance Report would be provided to the Audit Committee providing an overall opinion on the IJB's arrangements for risk management, governance and control;
- The Audit Committee would approve the annual accounts with no requirement for further approval from the IJB in line with custom and practice adopted in previous years.

Decision

The committee noted the Terms of Reference set out in appendix 1 to the report.

AC15. Strategic Risk Register

The committee considered a report by the Chief Finance Officer which provided an update on the IJB's strategic risk register. There were 11 live risks recorded in the register, 10 were currently considered as high risk and 1 as medium risk.

No new risks have been added to the register since it was reported to the committee in September.

Patricia Cassidy advised the committee that NHS Forth Valley had recently appointed a risk manager and this would assist in the realignment of risk registers across Forth Valley area.

The committee sought an update on the risk around Capacity and Infrastructure which had moved from low to medium risk. Ms Cassidy gave an overview of the ongoing workstreams to recruit to vacant posts. This included working closely with the Council's corporate management team to determine if the Council could assist the Partnership with back office support and with voluntary work and with Forth Valley College. She acknowledged that there had been challenges and pressure on the Service – at times absence in care at home workers had been 20%. However, she stated that staff retention was good and although the pressures would continue into the New Year, the high retention levels was a testament to the dedication of staff across the Service. She repeated that there would be challenges in the New Year – for example the implementation of the vaccination programme would be an additional pressure.

Decision

The committee noted the draft Strategic Risk Register at appendix 1 to the report.

AC16. IJB Audit Committee Programme of Meetings and Workplan 2021

The committee considered a report by the Chief Finance Officer which set out the proposed timetable of meetings of the Audit Committee for 2021, together with an indicative workplan for the year.

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

- 5 March 2021
- 18 June 2021
- 24 September 2021
- 3 December 2021

Decision

The committee agreed:-

- (1) the proposed timetable of meetings for 2021, and**
- (2) the indicative workplan for 2021.**

AC17. National Audit and Inspection Report Overview

The committee considered a report by the Chief Finance Officer which provided an overview of all national audit, scrutiny and inspection reports published since the previous Audit Committee meeting held on 25 September 2020.

A total of 3 national reports and 2 Care Inspectorate inspection reports had been issued since the last meeting.

Decision

The committee noted the report.



**Minute of meeting of the Audit Committee held remotely, on Friday 5 March 2021
at 9.45 a.m.**

Voting Members: Allyson Black (Vice-Chair)
Gordon Johnston (Chair)

**Non – voting
Members:** Robert Clark, NHS Staff Representative

Also Attending: Patricia Cassidy, Chief Officer
Sara Lacey, Chief Social Work Officer
Brian Pirie, Democratic Services Manager
Grace Scanlin, Ernst and Young (External Audit)
Jillian Thomson, Chief Finance Officer
Isabel Wright, Internal Audit Manager (Acting)

AC18. Apologies

There were no apologies.

AC19. Declarations of Interest

There were no declarations of interest.

AC20. Minute

Decision

The minute of the meeting of the Audit Committee held on 4 December 2020 was approved.

AC21. Strategic Risk Register

The committee considered a report by the Chief Finance Officer which provided an update on the IJB's Strategic Risk Register.

There were 11 live risks recorded in the register of which 8 were currently considered as high risk and 3 as medium risk.

No new risks had been added to the register since it was considered by the Committee on 4 December 2020.



The committee asked what the impact of Covid-19 had been on staff recruitment and retention and what the likely impact would be once 'normality' returned. Ms Cassidy said that this was monitored constantly and where there had been gaps staff had been redeployed successfully – for example into Mental Health Units and Care Homes. A report on staffing would be presented to the Integration Joint Board in March. Sara Lacey added that she had established a short-life working group to look into Social Work recruitment and retention in light of the huge change that had been brought about by the pandemic in how people want to work. It was important that management understood this in order to develop a workforce strategy to support the changed needs of staff. A detailed workforce plan had been requested by the Scottish Government, due in March, and it was expected that this would set out plans for future years which took account of the impacts of Covid-19 across the partnership. Following a question in regard to the resilience of partnerships, for example with the 3rd sector Ms Cassidy advised that as part of the best value audit of Falkirk Council a number of self-assessments would be carried out, including with partner organisations, with a view to an Improvement Plan being submitted to the Integration Joint Board.

It was suggested by the committee that during the pandemic the public had found it difficult to make appointments with their G.P.s and that the systems put in place, such as telephone appointments with G.P.s or nurses had created a 'distance' and barrier between the community and its G.P.s. When asked when the system would return to pre-Covid-19 arrangements where appointments could be made, Ms Cassidy advised that this was a matter which was being considered both locally and nationally. The models which had been brought into place during the pandemic had challenged the longstanding model, but had brought benefits. It was important that the public could access the most appropriate service and this might not necessarily be the G.P. However, Ms Cassidy acknowledged that the public view could be different and it was important to understand this perception of the services provided.

Decision

The committee noted the draft strategic risk register set out in the appendix to the report and noted that it would be reviewed by the Senior Leadership Group in March 2021.

AC22. Internal Audit Progress Report

The committee considered a report by the Internal Audit Manager (Acting) which provided an update on the progress completing the 2020/21 Internal Audit Plan.

The current Internal Audit Plan had contained two reviews – Directions and Risk Management Arrangements. Internal Audit activity had been limited by

the impact of Covid-19. Fieldwork had commenced in February 2021 on the audit of Risk Management arrangements and it was anticipated that the findings would be reported to the committee in June 2021. The Board had not yet approved its policy in regard to Directions and consequently it was proposed that this review would be carried forward into the 2021/22 Audit Plan.

The committee indicated that it made sense to delay the audit of the Directions policy to the following year having been advised by the Chief Finance Officer that the Directions policy would be submitted to the Board shortly.

Decision

The committee noted the progress to date in completing the 2020/21 Internal Audit Plan and agreed to defer the Directions Audit to 2021/22.

AC23. Internal Audit Plan 2021/22

The committee considered a report by the Internal Audit Manager (Acting) presenting the 2021/22 Internal Audit Plan for approval.

Two reviews were proposed – Directions (which had been carried forward from the 2020/21 Plan) and Business Continuity and Resilience:- this would be a review of the impact of Covid 19 on existing business continuity and resilience arrangements, as well as the arrangements for recovery and reconfiguration. It would include a focus on the review and integration of Health and Social Care Partnership resilience planning frameworks.

Reports would be provided to the Audit Committee detailing progress in completing the 2021/22 Internal Audit Plan and highlighting any key findings or emerging themes.

Internal Audit would produce an Annual Assurance Report providing an opinion on the overall adequacy and effectiveness of the IJB's control environment. This report would include a summary of work undertaken and a comparison of work completed against work planned.

Following a question Mrs Wright stated that although the Plan featured two audits, she was comfortable that Internal Audit would be able to rely on wider opinion when considering the overall assurance later in the year.

Decision

The committee:-

(1) approved the Internal Audit Plan for 2021/22, and

- (2) noted that progress would be reported to the Audit Committee on an ongoing basis.

AC24. External Audit Plan 2020-21

The committee considered a report by the Chief External Auditor presenting the External Audit Plan 2020-21.

In presenting the report Ms Scanlin explained that Audit Scotland had yet to finalise some of the guidance for Auditors and as such some of the timings had yet to be finalised. This reflected Audit Scotland's view that the impact of the pandemic would last into 2021 and it would not, as had previously been anticipated, be a normal year. In terms of the wider scope of the audit there would be a self-assessment around the best value guidance for Integration Joint Boards and this would tie in with the best value audit of Falkirk Council. It was anticipated that a new audit code would be produced later in the year which would have a greater focus on best value. She added that there would be a reduced focus on public authorities as going concerns.

Ms Cassidy added that she had spoken with the Chair and Vice Chair of the Integration Joint Board both of whom were supportive of undertaking a self-evaluation and self-assessment exercise which would feed into Falkirk Council's Best Value audit. Following a question Ms Scanlin explained the arrangements that would be put in place in recognition of the fact that the audit arrangements for the NHS were not coterminous in Forth Valley.

The committee highlighted that it would be difficult this year to assess best value in light of the ongoing impact of the Covid-19 pandemic. Ms Scanlin concurred, but added that Aberdeen City Council had recently undergone a best value audit and that this had focussed on the actions taken in response to the pandemic and their impact.

Decision

The committee noted the External Audit Plan 2020-21.

AC25. National Audit and Inspection Report Overview

The committee considered a report by the Chief Finance Officer which provided an overview of all national audit, scrutiny, and inspection reports published since the previous Audit Committee meeting held on 4 December 2020.

A total of 7 reports had been published by Audit Scotland and 1 report via the Care Inspectorate.

Decision

The committee noted the report.



Minute of meeting of the Audit Committee held remotely, on Friday 25 September 2020 at 9.30 a.m.

Voting Members: Allyson Black (Vice-Chair)
Gordon Johnston (Chair)

Non – voting Members: Jen Kerr, Third Sector Interface
Robert Clark, NHS Staff Representative

Also Attending: Patricia Cassidy, Chief Officer
Jack Frawley, Team Leader - Committee Services
Sara Lacey, Chief Social Work Officer
Grace Scanlin, Ernst and Young (External Audit)
Antonia Sobieraj, Committee Services Officer
Jillian Thomson, Chief Finance Officer
Isabel Wright, Senior Auditor

AC1. Apologies

There were no apologies.

AC2. Declarations of Interest

There were no declarations of interest.

AC3. Minute

Decision

The minute of the meeting of the Audit Committee held on 6 March 2020 was approved.

AC4. Internal Audit Annual Assurance Report

The committee considered a report by the Internal Audit Manager, Falkirk Council which provided overall assurance on the IJB's arrangements for risk management, governance, and control, based on internal audit work undertaken and reported during 2019/20.

Responsibility for leading on the provision of internal audit services rotated on a three yearly cycle between the Council and NHS. The 2017 Public Sector Internal Audit Standards (the Standards) required the Internal Audit



Manager to prepare an Annual Assurance Report. The report had been prepared to meet the requirements. The 2019/20 Internal Audit Plan set out two main assignments to be completed by the team over the course of the year. In addition, two assignments relating to the 2018/19 Internal Audit Plan were finalised during 2019/20. The scope of, and findings arising from, each finalised assignment were set out in an appendix to the report.

Sufficient internal audit activity was undertaken to allow a balanced assurance to be provided. Internal audit was able to provide substantial assurance in respect of the IJB's overall arrangements for risk management, governance, and control for the year to 31 March 2020.

Decision

The committee:-

- (1) noted that sufficient Internal Audit work was undertaken to support a balanced assurance, and**
- (2) noted that Internal Audit can provide substantial assurance on the IJB's arrangements for risk management, governance, and control for the year to 31 March 2020.**

AC5. Annual Assurance Statement

The committee considered a report by the Chief Finance Officer which presented the draft Audit Committee Annual Assurance Statement for approval. This was the first Annual Assurance Statement prepared for the committee and came in response to the recommendations of the Internal Audit "IJB's Assurance Framework – Governance Mapping" report.

The draft Annual Assurance Statement was appended to the report. The statement set out the attendance, meeting dates and business of the Audit Committee during the financial year April 2019 to March 2020. Further work to refine and develop the annual assurance statement would be undertaken during 2020/21. Through the Audit Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Annual Assurance Statement concluded that the Audit Committee had effectively discharged its duties during 2019/20.

Decision

The committee:-

- (1) approved the 2019/20 Audit Committee Annual Assurance Statement, and**

- (2) agreed to refer the Annual Assurance Statement to the next meeting of the Integration Joint Board.**

AC6. Strategic Risk Register

The committee considered a report by the Chief Finance Officer which provided an update on the IJB's strategic risk register. There were 11 live risks recorded in the register, 10 were considered as high risk and 1 as low risk. No new risks had been added to the register since the version which was considered by the IJB in December 2019. However updates had been included in respect of the Covid-19 pandemic.

Decision

The committee noted the Strategic Risk Register.

AC7. National Audit and Inspection Report Overview

The committee considered a report by the Chief Finance Officer which provided an overview of all national audit and inspection reports published since the previous meeting on 6 March 2020. A total of 4 national audit reports and briefings had been issued and 9 inspection reports (4 from the Care Inspectorate and 5 from the Mental Welfare Commission).

Decision

The committee noted the report and potential actions arising from the recent Covid-19 papers published by Audit Scotland referred to in section 4.1 of the report.

AC8. Annual Accounts - Related Party Transactions and Registers of Gifts & Hospitality and Extra Mural Employments

The committee considered a report by the Chief Finance Officer which presented a request from Falkirk Council and information in respect of related party transactions for Chief Officers and Senior Managers as part of the 2019/20 annual accounts process.

The Council had requested that a "Statement of Assurance" was completed on behalf of Adult Social Work Services to record related party transactions in respect of IJB members and/or senior management during financial year 19/20. The statement of assurance was effectively an annual declaration of interests which formed part of the Local Authority annual accounts process. This reflected the requirements of the "Code of Practice on Local Authority Accounting" whereby all related party transactions must be disclosed as part

of the notes to the accounts in a bid to improve corporate governance and transparency in terms of potential conflicts of interest and to maintain public confidence in local government processes.

As part of the IJB's code of conduct the IJB maintained a register of interests detailing the related party transactions of all IJB members. It was recommended that the register was routinely shared with Falkirk Council in order to provide the required disclosure information. In order to fully support the Council's compliance with the Code of Practice on Local Authority Accounts, it was recommended that the IJB's existing register of interests was expanded to also include the interests of the Senior Leadership Team.

Decision

The committee agreed that:-

- (1) the register of interests was expanded to include the Senior Leadership Team;**
- (2) the new expanded register of interests would be reviewed on an annual basis by the Senior Leadership Team, and**
- (3) the expanded IJB register of interests was shared with Falkirk Council on an annual basis in order to support disclosure requirements in respect of related party transactions as part of their annual accounts process.**



DRAFT

**Minute of meeting of the Integration Joint Board Clinical and Care Governance
Committee held remotely, on Friday 26 February 2021 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: Linda Bennie, Head of Clinical Governance
Patricia Cassidy, Chief Officer, Integration Joint Board
Clare Chapman, Locality Manager, Social Work
Amanda Crawford, Patient Relations Lead
Jack Frawley, Team Leader, Committee Services
David Herron, GP Medical Representative
Elaine Hudson, Deputy Nurse Director
Elaine Kettings, Head of Person Centred Care
Sara Lacey, Chief Social Work Officer
Tricia Miller, Lead Nurse Infection Control
Andrew Murray, Medical Director
Lorraine Paterson, Head of Integration
Antonia Sobieraj, Committee Services Officer
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager
Angela Wallace, Nurse Director

CCG41. Apologies

There were no apologies.

CCG42. Declarations of Interest

There were no declarations of interest.

CCG43. Minute

Decision

**The minute of meeting of the Clinical and Care Governance Committee
held on 27 November 2020 was approved.**

CCG44. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 27 November 2020 was provided.

Decision

The committee noted the action log.

CCG45. Falkirk Health and Social Care Partnership (HSCP) Re-mobilisation Plan for August 2020 to March 2021

The committee considered a report by the Head of Integration on the Falkirk Health and Social Care Partnership (HSCP) Re-mobilisation Plan for August 2020 to March 2021.

The re-mobilisation plan summarised key actions to safely and incrementally reintroduce a number of paused services, whilst maintaining COVID-19 capacity and resilience. These actions were within the context of the Board's broader delivery plan which recognised the importance of the next phase of Covid planning. The ability to remobilise, recover and redesign would require a number of our existing delivery plan actions to be brought forward at pace as well as addressing inequality and strengthening community based care through improved care pathways, reviewing community bed space and shifting the balance of care.

The re-mobilisation plan detailed:-

- Principles for safe and effective mobilisation;
- Adopting and implementing the home first approach;
- Assessment and planning being person centred and asset based;
- Locality planning based on community needs assessments;
- Headquarters function supporting and providing a framework for improvement;
- Carers strategy implementation;
- Specialist services;
- Digital TEC strategy; and
- Covid-19 response and lessons learned.

Decision

The committee noted the report.

CCG46. Care Home Assurance Report

The committee considered a report by the Head of Integration providing a summary of the current work undertaken by the Partnership's Care Home Assessment Review Team (CHART) and its Care Home Assurance Report.

The report detailed that the Team has a pivotal role to work alongside other clinical health teams to ensure the daily monitoring and management of the impact of covid 19 pandemic on the safety, wellbeing and outcomes of residents and staff within care homes and the ongoing provision of services.

The report advised that the three Health and Social Care Partnerships and NHS Forth Valley had since May 2020 been working with care homes and staff to support infection prevention and control measures, covid outbreak management and meeting residents fundamental care needs.

The team worked with other clinical health teams on daily monitoring and management of the pandemic's impact. This ensured the safety and wellbeing of residents and staff within care homes whilst maintaining the provision of services.

Decision

The committee noted the overview of the Care Home Assessment Review Team (CHART) and the oversight and monitoring arrangements and quality assurance factors around practice, role and remit.

CCG47. Hospital Acquired Infection Performance Report

The committee considered a report by the Area Infection Control Manager on Hospital Acquired Infection Performance Infection (HAI) report related activity across Falkirk Community Hospital and Bo'ness Community Hospitals from June to September 2020.

The report provided 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.

CCG48. HSCP Complaints and Feedback Performance Report: Quarter 3, 2020-21

The committee considered a report by the Patients Relations and Locality Manager on the Falkirk Health and Social Care Partnership (HSCP) Complaints and Feedback Performance Report during Quarter 3 for 2020 to 2021.

Decision

The committee noted the content of the report and actions being taken.

CCG49. Overview of Local Oversight Arrangements

The committee considered a report by the Senior Service Manager providing an overview of local oversight arrangements relative 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 Forth Valley Clinical Governance Arrangements;
- Care Home Assurance; and
- Alcohol and Drug Partnership.

Decision

The committee noted the report.

CCG50. Overview: Inspection Reports and National Publications

The committee considered a report by the Senior Service Manager providing an overview of inspection reports and national publications since the previous meeting of the Committee.

The report detailed that there were no publication reports of Mental Welfare Commission or Healthcare Improvement Scotland visits since the previous report to Committee nor Care Inspectorate (CI) reports published. Under the duties placed on the Care Inspectorate by the Coronavirus (Scotland) (No.2) Act, the Inspectorate reports fortnightly to the Scottish Parliament on their inspection activity. The inspections placed a particular focus on infection prevention and control, personal protective equipment and staffing in care settings and the arrangements put in place by care services to respond to the

Covid-19 pandemic. This enabled inspectors to focus on those areas while also considering the overall quality of care and impact on people's wellbeing.

Appendix 2 to the report provided a summary of the fortnightly reports to the Scottish Parliament on Care Inspectorate inspections where these related to service providers in the Falkirk Council area. During the period 8 national reports had been published and information was provided in Appendix 3 to the report.

The committee noted the report.



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. APOLOGIES Hilary Nelson RCN, NHS Forth Valley (HN), Lorraine Paterson, Head of Integration, Falkirk HSCP (LP)	
2. MINUTES FROM MEETING 18 JULY 2020 Accepted as accurate.	
3. MATTERS ARISING	
3.1. Programme Board MT to circulate a list of programme boards, terms of reference and representatives to TU's.	MT
4. INTEGRATED WORKFORCE PLAN 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. FLU VACCINATION 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: Falkirk HSCP Joint Staff Forum

Chair Karen Algie, Head of HR, Falkirk Council (KA)

Date: Thursday 1 April 2021 at 3.00 pm

Venue: MS Teams

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)
Lorraine Paterson, Head of Integration, Falkirk HSCP (LP)
Kevin Robertson, Falkirk Council Unite Representative (KR)
Roger Ridley, Unison Representative, Falkirk Council (RR)
Raymond Smith, Falkirk Council GMB Representative (RS)
Robert Clark, NHS Forth Valley, Unison Representative (RC)
Helen Welsh, Falkirk Council Unite Representative (HW)
Gordon Tucker, Unison Representative, NHS Forth Valley (GT)
Lorraine Scott, Falkirk HSCP Support (LS) (Minutes)

Item	Action
1. APOLOGIES Julie McIlwaine, Tracey Gillespie, Grace Traynor	
2. MINUTES FROM MEETING 4 FEBRUARY 2021 Accepted as accurate.	
3. MATTERS ARISING	
3.1. PC discussed the Independent Review of Adult Social Care in Scotland Report which was published on 3 February. The review from Scottish Government recommended improvements to adult social care in Scotland. The review had particular focus on human rights based approaches and listening to people's views about what is needed to support them for improved outcomes.. From the 53 recommendations there was a strong focus on	PC
1. Equality and human rights	
2. Prevention and early intervention	
3. Greater empowerment for people accessing social care	
4. Unpaid carers rights and requirements	
5. Self-directed Support and the Independent Living Fund	
6. Commissioning for social good	
7. Fair Work	
8. Removal of charges charging for non-residential social care	
9. Increased spending on social care, as an investment in the Scottish economy	



There is also a call for a system redesign, including the creation of a National Care Service (NCS) potentially with the IJB responsible for local delivery.

Due to the lead up to elections and further response to the Review, and general discussions over the coming months it is suggested that this item remains on the agenda as there will be implications for staff.

Future
Agenda
Item

3.2. **Vaccination Update**

PC followed up to the Vaccination Team with a phone call after February's meeting and there has been no further issues. PC received a letter stating priority vaccinations for frontline staff and this will be rolled out as required.

3.3. **Integrated Workforce Plan**

This shall be discussed at Agenda item 6

3.4. **Staff Wellbeing**

This will remain on as a future agenda item with an update from OD colleagues.

Future
Agenda
Item

3.5. **Home Testing Kits**

Care Home Staff are requesting lateral flow testing kits for self-testing at home currently staff still need to go to their place of work to self-test.

This is due to the bulk delivery of tests made to each Care Home however a request has been made and a national response is expected as there has been changes recently on lateral flow testing at home.

4. **COVID UPDATE**

NHS FV has moved out of full response mode however there are still some pressures within the system.

The HSCP Huddle has moved to two weekly.

Shielding will be lifting for everyone and staff will be contacted who are shielding to undertake a risk assessment, and advising and assisting them on their return to work.

There has been an overall intensive effort for vaccination with a high percentage uptake:

- Care Home Staff - 85% received 1st dose with 33% 2nd dose
- Care Home Residents – received 100% 1st dose with 83% 2nd dose
- All Staff – 102% received (includes new staff) 1st dose – 51% 2nd dose.

Locally there has been a concerted effort reaching out to travelling people and homeless communities for vaccination.



Due to remobilisation and perhaps reduced or different services available it is important to advise staff and public what changes are being made, therefore communication is key to notify and keep abreast of the situation.

Comms

5. **HEMECARE MODEL**

MT advised that a [report](#) was presented to and approved by the IJB in March which was a shift from the current internal Home Care service to a reablement ethos model. The change of model will ensure that the service is fit for purpose and well placed to face the rising demands and complexity of support for the future and will ensure that the service is able to meet the challenges in the future.

Future
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Item

This change will have benefits for workforce and for service users and the focus is on care and how to maximise, use and develop staff. Workers will engage with people and spend time and improve their skills to help service users become more independent which will ideally reduce their need for care. With external providers picking up complex cases allowing in-house service to be efficient and embed reablement.

Work shall begin in earnest to establish this service and although it will take time to implement it will take time to train and develop workforce and engage our workforce and sell this vision. Therefore, we ask the trade unions to work with us and our staff.

This also links with the details of the Independent Review of Adult Social Care in Scotland Report

6. **PROPOSED MODEL OF OLDER PEOPLES DAY SERVICES**

MT discussed a [report](#) which was presented to and approved by the IJB in March. This vision for day services described a new model for day opportunities with the main aim to develop person-centred, community-led services to encourage social inclusion, independence and equity of access with the aim of improving wellbeing.

The opportunities will be split into 3:

- Independence and Inclusion (within communities)
- Reablement Build on – promoting independence
- Building Based Day Service – traditional service

Covid has started the journey as alternatives to building based day services were required, however some building-based services will remain closed as rules will make it impossible for them to re-open.

Communication and engagement will be a key element to give staff choice as this is an ageing workforce and some staff may be reluctant for change therefore we all need to work together to give a positive outlook for change.

Comms



MT proposes to establish working Boards for both the Home Care Model and the Older Day Services and will be inviting members along to future meetings.

MT

Changing roles for both Home Care Model and Older Day Services therefore budgets will need to be looked at.

Finance

7. **INTEGRATED WORKFORCE PLAN**

KA provided an update, there are 2 areas of work currently ongoing, firstly the short-term plan consisting of a template provided by the Scottish Government which must be completed by the end of April 2021.

ALL

Responses were due back 30 March 2021, these will be collated and sent to PC next week, they will then be distributed to officers across the Partnership prior to submission to Scottish Government.

A 3-year Workforce Plan is also required, a workshop was held on 5 March 2021. Information from this session will be collated and towards the end of May presented to SLT for sign off, this will then be circulated to this group for information and comments.

8. **FALKIRK COMMUNITY HOSPITAL**

LP provided an update following NHS FV Board's decision to close Block 9 due to a fire risk assessment.

Unit 4 patients have moved to Unit 5. Unit 1 patients are now in Unit 2.

We are currently working with staff who will be affected. A question-and-answer session was held remotely and for those who could not attend a list of all questions and answers was circulated so available for everyone.

Staff will be temporarily redeployed, there will be a list of vacancies in other NHS sites and within the community and staff will have the option to select a choice of 3 redeployment roles. They will have a 1:1 meeting with their line-manager and then they will be matched to a suitable post hopefully after the Easter holidays.

There has also been asbestos and intrusive surveys carried out on-site therefore the length of time for work to be undertaken is unknown, NHS Board has paused admissions at FCH until end December 2021.

Note that staff have been supportive and working alongside other staff when challenged to find solutions. eg when there was a Covid outbreak in Bo'ness also when staff were deployed to assist in the Learning Disability Team.

LP

9. **AHPs**

MT advised that this is progressing and that a preferred site has been found. There is flexibility in urgent care facility and staff are in a better place and work is ongoing.



10. **STANDING ITEMS**

10.1. **Integration**

PC advised that work is continuing with NHS and FC colleagues to review the Integration Scheme, there are outstanding transfer of management functions and some hosting and coordinating functions which will be reported back in a future meeting.

In November 2019, the IJB agreed support function roles and PC reported that these key roles are now in post – a Comms Officer, 2 x Policy Officers, Performance and Quality Assurance Manager, TEC Development Manager, the team will be working remotely.

It was noted that admin staff do not believe that they are part of the 'in-scope' transfer and this needs to be discussed and taken into consideration when staff are transferring.

PC / LD

10.2. **Health and Social Care Partnership**

MT advised that Scottish Government has provided money to review Care Homes, which had dropped out of focus due to Infection and Protection. Therefore, due to the social care review and quality of life review now looking for people to carry out this work however there are still workforce pressures.

There is a challenge to get back to business as usual as struggling with staffing levels and a continuing effort to recruit to SWAS posts and there is ongoing work to make HSCP a career opportunity. NHS posts gather a lot of interest but not social services. Will bring this to the next meeting as this is key to the structure - looking at opportunities and career development and progression.

Next
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MT

10.3. **NHS Forth Valley Update**

No-one in attendance to update

10.4. **Falkirk Council Update**

KA updated that the guidance from Scottish Government has been received to make the £500 payment to eligible social care staff.

This will be paid in the May pay run. Currently details are with managers to confirm who is eligible and this needs to be quality checked, staff will receive a communication which allows them to 1. Accept in full 2. Accept in instalments or 3. Reject payment.

KA also advised that plans are being made for lockdown lifting on 26 April and the change to working practices. How to communicate to workforce and how to get workplace ready for staff return. This will be shared as progresses.

10.5. **Feedback from Trade Union**

KR reported that senior managers reported of discrepancy between SWAS and NHS staff within the partnership – that it was not a partnership of equals.



MT is aware of a situation - there is a Service Manager off on sick leave therefore a lack of communication between Strategic and Operational staff and hoping this broken link is what may be causing some of the issues. MT is attending the next TM group meeting to hear issues and alleviate concerns. Hopefully, this is the same group of staff that Unite is talking about.

There was also the discrepancy of £500 and 4% pay rise from Government to all NHS staff, and Council staff did not receive this or get acknowledgement, and this also produced negative feeling for SWAS staff.

Social care staff will receive £500 at the end of May.

Covid brought into sharp focus differences however it also generated an understanding of the 'bigger picture' and staff worked together also saw opportunities to make things better.

There are concerns that management are raising issues and not workforce staff and discussions needs to be opened up within teams and support offered where needed to ensure that staff remain to feel valued.

10.6. **AOCB**

MT shared that agreement has been made for an external project manager to be commissioned to work with colleagues at JLES to provide an independent review. It is hoped that this will be produced within 10-15 days. MT will write to JLES colleagues to advise.

PC advised that during Falkirk Council's Budget meeting that the Leader and other elected member's made complimentary remarks on HSCP and Community staff during the Covid pandemic and wanted to give their appreciation to everyone. Therefore, PC would like to ask, if possible, for Trade Unions and staff to pass on where possible thanks to staff.



Note of Meeting

Meeting: Falkirk HSCP Joint Staff Forum

Chair Patricia Cassidy, Chief Officer (PC)

Date: Thursday 27 May 2021 at 3.00 pm

Venue: MS Teams

Present: Patricia Cassidy, Chief Officer, Falkirk HSCP (PC)
Martin Thom, Head of Integration, Falkirk HSCP (MT)
Lorraine Paterson, Head of Integration, Falkirk HSCP (LP)
Kevin Robertson, Falkirk Council Unite Representative (KR)
Roger Ridley, Unison Representative, Falkirk Council (RR)
Robert Clark, NHS Forth Valley, Unison Representative (RC)
Helen Welsh, Falkirk Council Unite Representative (HW)
Gordon Tucker, Unison Representative, NHS Forth Valley (GT)
Julie McIlwaine, HR Manager NHS Forth Valley (JMcl)
Michelle Campbell, PA to Chief Officer (Minutes)

Item	Action
PC apologised for the late circulation of the papers due to other service pressures.	
1. APOLOGIES Tracey Gillespie, Grace Traynor Raymond Smith	
2. MINUTES FROM MEETING 1 APRIL 2021 10.5 corrected to read senior managers.	
3. MATTERS ARISING	
3.1. Feeley Review SNP have a strong commitment to implement all recommendations from the review. New cabinet have cross cutting portfolios and First Minister will set out her 100 day plan. The review will generate a huge change agenda for the Partnership.	
3.2. Vaccination Update No issues have been raised and the programme is progressing at pace.	
3.3. Homecare Model The report was presented to IJB and Falkirk Council.	
3.4. Falkirk Community Hospital Work is ongoing to relocate MSK staff from Acute site to the Westburn Building at Falkirk Community Hospital. Completion is expected by the end of August.	



Remedial works for Falkirk Community Hospital have been paused until the masterplan work for the site is completed. Stakeholder events are to be scheduled and staff sessions will be included as part of this work.

RR asked for communication to go out to staff when work is complete.

4. **COVID UPDATE**

LP updated that service is in recovery mode and huddles are currently stepped down. Staff who were shielding are returning to work.

Day services are reopening, staff and service users have 'bubbles' set up to manage this.

The Acute site has been experiencing difficulties with flow in the system. Daily huddle meetings are scheduled to support discharges.

There continues to be a problem in recruiting social worker posts which has an impact on assessments for service users.

RR highlighted staff are struggling to continue to work from home and looking for peer support by returning to offices. Guidance is to be issued on staff returning to offices, PC will raise at CMT.

PC

Guidance is also to be circulated on staff returning from holiday and quarantine arrangements.

5. **Interim Integrated Workforce Development Plan**

JMCI gave an update. Interim plan which was submitted to Scottish Government was circulated to the group. There have been 2 workshops held to look at the 3 year plan, this is required to be submitted to Scottish Government by end of March 2022. The draft will be circulated for comments, innovative thinking is required for succession planning. Recruitment is both a local and national issue. Feeley review is looking to standardise pay levels.

KR highlighted that the partnership is not an employer as noted in the interim plan.

PC noted that we need to develop a training workforce plan.

6. **Model for Social Work Adult Services Structure**

MT presented a paper on the work undertaken to develop a new structure. Team managers have been involved as have TUs in developing the structure. The structure will be delivered within the current budget and was not developed to produce savings.

MT will call a special JSF to present the business case and start the formal consultation process.

7. **Falkirk Community Hospital**

Covered under matters arising.



8. **Annual Assurance Statement**

The statement is produced on a yearly basis for the IJB on all committees and highlights good governance. RC highlighted a correction that he is staff representative for the Area Partnership Forum and a full time officer for Unison. MC

9. **STANDING ITEMS**

9.1. **Health and Social Care Partnership**

A short life working group has been put together to look at recruitment and retention. MT is part of this working group to look at solutions for succession and progression pathways.

RR asked if exit data is being looked at to determine why staff are not remaining. He also noted that staff are feeling undervalued and overworked.

KR asked if the JTC could provide a paper to the JSF on their view of potential solutions which could feed into the working group. PC would welcome the input.

Homecare Board and associated workstreams have reconvened and MT noted that TUs involvement in the process is critical.

9.2. **NHS Forth Valley Update**

JMcl provided the updates.

Speak Up – is an initiative is being developed from the Sturrock report and whistleblowing policy. There will be 2 ambassadors and 6 advocates where staff can raise concerns confidentially. Training is being developed and will launch over the summer. RC highlighted that there is a mechanism for partnerships to raise concerns of NHS staff.

A Workforce Performance Group – group has been created to look at directorate's performance. JMcl is the Falkirk partnerships HR representative and will have an overview of health services within the partnership.

Quarantine DL – guidance has been produced on staff travelling overseas and having to quarantine on their return. Advice to NHS staff is not to travel to amber or red countries.

9.3. **Falkirk Council Update**

£500 Scottish Government payment has now been made to council health and social care staff.

Council is in the middle of a Best Value Audit.

9.4. **Feedback from Trade Union**

GT also raised the issue of papers being circulated late and not allowing time to prepare any questions.



PC asked any issues arising from the late papers be emailed and will be followed up.

KR raised an issue on the disciplinary / grievance hearings being heard by NHS staff. GT also noted that a couple of issues has arisen recently.

PC said that the process was discussed previously. Managers are supported by HR along with the policy and procedures. PC stated that staff are competent to carry out these HR processes. It was felt that clarity is required as a paper has not been presented to JSF to change the decision. PC to pick up with HR.

PC

9.5. **AOCB**
None

10. **Date of Meetings & Chair Arrangements**
23 September at 3.00 pm Chair Raymond Smith
25 November at 3.00 pm Chair Karen Algie
19 January 2022 at 3.00 pm Chair Kevin Robertson



Note of Meeting

Meeting: Falkirk HSCP Joint Staff Forum

Chair Patricia Cassidy, Chief Officer (PC)

Date: Thursday 4 February 2021 at 2.30 pm

Venue: MS Teams

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)
Lorraine Paterson, Head of Integration, Falkirk HSCP (LP)
Julie McIlwaine, HR Manager, NHS Forth Valley (JMW)
Kevin Robertson, Falkirk Council Unite Representative (KR)
Roger Ridley, Unison Staff Representative, Falkirk Council (RR)
Raymond Smith, Falkirk Council GMB Representative (RS)
Michelle Campbell PA, Falkirk HSCP (MC) (Minutes)

Item	Action
1. APOLOGIES Hilary Nelson, Gracey Traynor, Matt Jenkins	
2. MINUTES FROM MEETING 7 OCTOBER 2020 Accepted as accurate.	
3. MATTERS ARISING	
3.1. Programme Board MT to circulate a list of programme boards, terms of reference and representatives to TU's.	MT
4. COVID Update Service is still in full response mode and operating currently at business continuity levels. Both Community Hospitals is currently closed to admissions. We have increased the bed capacity at Thornton Gardens as well as commissioning 18 beds at Caledonian Court to discharge patients awaiting to be assessed for a care. Vacant care home beds are being used to wait for packages of care. There are significant staff challenges across the wholesystem with staff shielding or self-isolating through test and protect. Scottish Government have asked us to begin risk assessing opening day services. Due to system demands and the community level of Covid the HSCP has decided to postpone this until the end of February / beginning of March until Covid level has stabilised.	



Item	Action
Work is continuing by the Falkirk Community Hospital Programme Group to look at the implications of the remedial works required to address fire safety issues. A communication plan is being drafted for staff.	B/F next meeting
The HSCP will begin to look at implementing an assurance approach to care at home services. This would replicate the process in place for care homes and bring assurance processes into alignment. A workshop for IJB and SPG is scheduled and will consider a care at home model. Comments from this workshop will be presented to March IJB with a formal paper to this group at the next meeting.	B/F next meeting
<p>5. Deployment of Staff</p> <p>With continued pressure across the wholesystem day care staff have been deployed to deliver care at home services.</p> <p>An email from Falkirk Council Chief Executive was sent to all council services seeking volunteers to provide critical service delivery, staff would be provided with support and be part of a training programme.</p>	
<p>6. Integrated Workforce Plan</p> <p>Following on from the development session held on 28 October 2020 a high level draft plan has been drafted. There is a further session scheduled for 5 March 2021. An action plan and template are to be completed and returned to Scottish Government by the end of April. This will be linked to the mobilisation plan and HR will work with managers to complete the operational document. This will be shared with TU's.</p> <p>NHS HR are currently aligning staff to transfer to partnerships.</p> <p>PC highlighted to the group the recently published Independent Review of Adult Social Care. Scottish Government are to debate the reports recommendations in Parliament on 16 February 2021. The recommendations will change the landscape for social care with IJBs may become accountable to a National Care Service.</p> <p>RC wanted to highlight the positive collaborative working during the COVID crisis.</p>	<p>MC to send out template</p> <p>B/F next meeting.</p>
<p>7. Covid Vaccination Programme</p> <p>LP is the representative for the service on the group. This has been a mammoth task with some teething issues. The majority of all frontline social care staff, care home staff, and care home staff have been vaccinated.</p> <ul style="list-style-type: none"> • 81% of health & social care staff • 73% external care home staff • 94% of care home residents • 89% of over 80's 	



Item	Action
<p>Over 65's and people with underlying health conditions are receiving their vaccinations at specified Hubs. People are being reminded that they are still required to follow FACTS their vaccinations.</p> <p>KR raised an issue for customer & business support staff working in frontline health and social care service not receiving a vaccination. KR to send to PC who will raise with the vaccination team.</p> <p>RC asked if this was the same issue for unpaid carers. Carers can use the Carers Centre to be put forward for a vaccine.</p>	KR
<p>8. AHPs</p> <p>MT updated the group on the current situation of relocating AHP staff as part of the development of the Urgent Care centre at FVRH.</p> <p>A Steering group is to be set up to include staffside and AHP volunteers. The group will look at the current Health & Social Care estate and work collectively to identify a suitable location for staff as well as service users. The group will meet fortnightly.</p>	MT
<p>9. STANDING ITEMS</p>	
<p>9.1. Integration.</p> <p>A review of the current Integration Scheme is required, discussions are ongoing with Health colleagues. However, this may be paused following Parliaments debate on the National Review of Adult Social Care.</p> <p>NHS are aligning staff groups into the management structure for transfer of operational services which are: -</p> <ul style="list-style-type: none">• Health Improvement• Mental Health• Primary Care <p>COVID has accelerated integration.</p> <p>The HSCP is mindful that staff are tired, working ongoing with OD to create a space where staff can stop and reflect the impact for them working through the COVID crisis as well as identifying what care and support is required for their resilience.</p> <p>Acknowledged that long COVID requires to be taken into consideration as staff struggle more with their stress levels, anxiety, and mental health. This will be taken to all teams and brought back to a future meeting.</p>	<p>B/F future meeting</p> <p>LP and HR colleagues</p>
<p>9.2. NHS Forth Valley Whistleblowing</p> <p>Angela Wallace has been leading this group and finalising the policy to 1 April 2021. There will be a training programme delivered.</p>	



Item	Action
Annual Leave Staff will be able to carry forward leave if they have had their leave cancelled or unable to take to due to service delivery.	
Shielding List A scoping exercise of the skillset of shielding staff is to be undertaken to identify if they can be deployed to areas across the partnership. A consultation on the job evaluation policy will be issued.	
9.3. Falkirk Council KA continues to meet with TU's weekly which is to resolve any highlighted issues quickly. The additional payment of £500 is being processed to NHS staff, however, Council is awaiting guidance from Scottish Government before it can process to Health & Social Care staff. Anomaly that has been highlighted is that NHS staff can opt out of taking their payment or put a plan in place to avoid it affecting any benefits they are in receipt of. Currently Council do not have that option. Terms and conditions and pay structure is being looked at to consolidate language. This will be shared once it has been to Elected Members.	
9.4. Trade Unions Feedback TU's said staff are tired and wanting to vent their frustrations. RR said that some communication is not filtering down to staff, RR sent information to MT, to be discussed at SMT. LP noted how this is affecting not only people when their working but there is no relief in people's home lives either due to the restrictions. We are working with OD to create some small reflection sessions for staff and more information will be issued in due course. RS asked for information on whether there are home testing kits available for care at home staff. LP to check if they have been received by the service.	MT LP LP
10. Date of Next Meeting A workshop to develop the Integrated Workforce Plan workshop is scheduled on Friday 5 March 2021. Next Meeting Thursday 1 April 2021 at 3.00 pm.	

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</p>
<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>

Item

Action

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 not submitted to IJB.</p>
5.6.	
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