

SE26. Falkirk Health and Social Care Partnership

The committee considered a report by the Chief Officer, Falkirk Health & Social Care Partnership providing a summary of the performance of the Falkirk Health and Social Care Partnership (HSCP), the report covers progress since the last update to the Scrutiny Committee on 11 December 2020.

The report provided detail on:-

- extracts of recent information contained in IJB reports;
- Annual Assurance Statements provided to the Integration Joint Board (IJB) from the Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum;
- 2020/21 Annual Audit Report to the IJB and Controller of Audit;
- the Annual Performance Report 2020/21;
- the IJB Performance Monitoring Report and information on the Partnership's performance reported within the Local Government Benchmarking Framework; and
- complaints and feedback information.

In addition to the report presented to Committee, the HSCP provided reports to Council and members briefings throughout 2021.

The committee referred to the great efforts made by staff and carers through a challenging period whilst noting that staff had been 'experiencing significant longer term health challenges, at a level that is higher than usual'. It asked how managers were responsive to this as well as what mechanisms were in place to allow staff to support their own wellbeing. The Chief Finance Officer explained that the health & wellbeing of staff was an area being reviewed – additional funding from the Scottish Government was provided to Falkirk HSCP specific to health and wellbeing and had led to multiple actions. These actions included practical work such as coffee meetups for staff or various online sources. The funding was to be issued directly to teams who would have already been consulted on what they think the funding could be used for. The Head of Integration explained that the increased sickness absence had been seen across all levels of the organisation and emphasised the importance to take care of staff's wellbeing. In terms of identifying how staff wished to be supported, a survey was conducted prior to Christmas 2021 which unveiled that staff would like periods of reflection, to be listened to and have accessibility to break areas.

Members requested a further update on staff wellbeing/sickness absence and progress on initiatives at a future Scrutiny Committee External meeting.

Following a question on what changes were made as a result of the Joint Staff Forum and how improvements were measured, the Chief Finance Officer stated that any actions to come from the Forum would be a part of a formal action plan thus presented to the Senior Leadership Team of Falkirk HSCP. Furthermore, regular monitoring reports would be presented to the IJB therefore offering an insight into progression. In terms of measuring how successful the changes had been, Ms Thomson was unsure if it was

formally measured but assured that it should be. She stated she would be happy to refer to the Joint Staff Forum to ensure they were following through with an evaluation piece.

Falkirk HSCP worked in partnership with the Third Sector to support patients going home from hospital, the support included arranging transport with a volunteer to travel with the person and undertake a home safety check. Members asked how recruitment for these volunteers was conducted, particularly during the pandemic when close contact was discouraged. The Head of Integration explained that volunteer support within hospital had only begun recently. It was coordinated through link workers who were employed by the Third Sector and would then work amongst a number of Third Sector organisations to ensure the right support and volunteers were in place to provide services. This work included hospital transport. In terms of the situation with transportation during the pandemic, Ms Woodcock stated that the Scottish Government guidance had been clear, and Falkirk HSCP took on the role of ensuring individuals were complying with guidance which reduced the chance of transmission.

Members referred to the Falkirk IJB 2020/21 External Audit Recommendations which found 'As an Integration Authority, the IJB does not directly employ its own staff...therefore relies on the resource capacity provided by partners in NHS Forth Valley and Falkirk Council'. They asked if this service was paid for by the IJB. The Chief Finance Officer clarified that the IJB did pay – the IJB controlled budgets which included funding contributions from NHS Forth Valley and Falkirk Council which related to the services delegated to the IJB. In summary, the IJB received funding from partners with the purpose to decide on spending and once this had been decided upon, the funding was then passed back to partners to deliver services.

Following on from this point, the committee noted the current reduced staff numbers within Falkirk Council due to a number of reasons and asked if there were financial implications for this. Ms Thomson explained that within the budget, a number of factors were taken into consideration such as employees employed directly by the Council and external providers. Within this, allowances were included to cover those on sickness leave although noted that Covid-19 implications were different. Any absence caused by Covid-19 was funded through additional grants given by the Scottish Government – this could be utilised for overtime, temporary staff or the use of agencies which was of a significant cost.

In relation to health inequalities, all-cause mortality had increased for the most deprived areas and declined for the least deprived areas thus showing health inequalities existed and were widening. The committee asked what had caused this as well as what actions were in place to counteract these inequalities. The Chief Finance Officer explained that national research suggested that this trend was a consequence of the pandemic. In terms of local analysis, a needs assessment would be undertaken when preparing for the new 3-Year Strategic Plan thus gaining a better understanding into health inequalities in Falkirk. Furthermore, Falkirk HSCP's Senior Leadership Team were meeting to discuss new funding allocated specifically

for tackling health inequalities in the local area. This funding would be launched in the 2022/23 financial year and take a grant-style approach with organisations applying for funding that would directly aide the disparity in health in Falkirk. The Head of Integration also agreed that the pandemic was a key driver for the widening, as early on in the pandemic it was identified those who lived in the most deprived areas were most likely to catch Covid-19. Ms Woodcock recognised the complexity of resolving health inequalities and the need for a multi-partnership approach.

In terms of a timescale for reducing health inequalities, Ms Thomson stated that there was no immediate timescale, however, it should be tackled during the new 3-Year Strategic Plan.

Falkirk HSCP had developed policy and guidance for multi-agency partners to provide supportive and effective interventions with adults who experienced self-neglect or exhibited hoarding behaviours. Members noted that training was rolled out in Autumn 2021 and asked how successful it was. They also asked what guidance was in place prior to this development and if hoarding had increased as a consequence of the pandemic. The Chief Finance Officer stated she would provide further information to committee at a later date.

Following on from a question on what had caused the raise in Occupational Therapy Assessments, which had an increase of 35% in overdue Occupational Therapy pending assessments from June 2021 to September 2021, the Chief Finance Officer recognised the negative impact this had on those awaiting an assessment. Ms Thomson suggested this was a consequence of the pandemic and was a key area of focus for the HSCP. Ms Woodcock explained that there had been a national shortage in recruiting Occupational Therapists in these roles and despite efforts to overcome the shortage, the struggle of finding appropriately trained staff remained.

The committee noted the historical issue faced by Falkirk HSCP in terms of waiting times for Occupational Therapy Assessments and wanted to know a long-term plan to minimise this issue. The Chief Finance Officer explained that change should be incorporated in the Integrated Workforce Plan around how to attract and retain Occupational Therapists.

Members asked what actions were in place to ensure those who were recovering from Drugs and Alcohol Dependency were supported to refrain from relapsing, particularly emphasising those who may still socialise/live with those continuing to use. Ms Thomson would return to the Drugs and Alcohol Partnership and find out more about this situation. She explained that specific residential services were available for those involved in alcohol and drug use which was funded by the Scottish Government.

Falkirk HSCP had experienced significant pressure on demand for capacity to deliver services, and members noted the increased demand for packages of care with a waiting list. They asked how packages of care were prioritised and what assistance for those on the waiting list received. The Head of Integration explained it was on an urgent and non-urgent basis as well as

prioritising those who were leaving hospital. In terms of those who were not receiving support, a reassessment process was in place to ensure those in greatest need were identified. She noted that there had been an improvement in staffing levels and would eventually reduce demand – however, at this time, the demand was significant which was related to the lack of job applicants in this area.

The committee referred to organisations seeking to and had handed back packages of care citing sickness absence and staff leaving as reasons and committee stated this would worsen the situation. Ms Woodcock explained that the situation had been improving since Christmas 2021 with no handing back or discussions of doing so in the run up to this meeting. This situation was believed to be improving due to the change in isolation guidance and was hopeful this trend would continue, although could not guarantee.

In terms of Bed Based Care, additional hospital bed space had been created in the remaining ward 5 in the Falkirk Community Hospital and Bo'ness Community Hospital. Members asked how this would be sustained in the future. The Head of Integration explained that those who were clinically well should not be kept in hospital and therefore better suited elsewhere whilst others were awaiting packages of care. Falkirk HSCP had increased the number of beds in Community Hospitals as well as purchased interim beds in care homes allowing individuals to receive appropriate care in a better environment in terms of their journey back home or long-term care. The key area of focus for Falkirk HSCP was to ensure that acute care was sufficiently resourced and accessible whilst minimising the negative impact on those remaining in acute hospital without clinically needing to do so.

Following on from a question on which departments staff were located from to assist the increased number of beds in Community Hospitals, Ms Woodcock explained there was staffing implications, but it was about appropriately managing resources to assist areas of greatest needs. Ms Thomson explained that the increase of beds was manageable by existing staff - it would only be with a significant increase would additional staffing be required.

Glasgow HSCP had promoted job opportunities through radio and TV advertisements and the committee asked if Falkirk HSCP had any plans to do the same. The Chief Finance Officer explained that this was currently under consideration and was looking for a new approach to advertisement. Glasgow had previously utilised this approach and Ms Thomson explained it had been successful. She explained that recruitment had expanded to social media and was no longer limited to the MyJobScotland website.

Members sought for clarity of the rollout of Digital MECS and the improvements in service since implementation. The Chief Finance Officer explained that the analogue to digital transition had been rolled out to all service users in Falkirk, making Falkirk the first authority to do so in Scotland. In terms of the various functionality and aspects of MECS, Ms Thomson would bring back a report on this and the efficiency of it.

Within the Complaint Type and Category Table, the reporting period April – August 2021 consistently saw complaints of the ‘Staff/Attitude and Behaviour’ category type. The committee asked for the reason behind this and what was being done to address it. The Head of Integration recognised this pattern and assured it was being addressed – this trend was seen nationally. As Falkirk HSCP move forward in the Workforce Plan, this should be linked with strategy on how best to support staff in ensuring they come across with the correct mannerism, especially when dealing with difficult situations with patients.

Decision

The Committee:-

- (1) noted the report and progress by the HSCP in meeting its priorities in the Strategic Plan; and**
- (2) requested that the next performance report provides information on recommendations made by the Joint Staff Forum and actions taken to implement and monitor recommendations made.**