



## **Perth and Kinross Integration Joint Board**

**29 September 2021**

### **CHIEF OFFICER'S UPDATE REPORT**

**Gordon Paterson, Chief Officer/Director - Integrated Health & Social Care  
(Report No. G/21/123)**

#### **PURPOSE OF REPORT**

This report provides an update to the Integration Joint Board on a number of developments being progressed by the Health and Social Care Partnership.

#### **1. RECOMMENDATION**

Perth and Kinross IJB Members are asked to note the updates provided in this report relating to the IJB's strategic priorities and which are being advanced while the HSCP continues to respond to the demands of the Covid-19 pandemic.

#### **2. COVID-19 RESPONSE**

- 2.1 The Covid-19 pandemic is now presenting as a fourth wave, with steady increases in community infection rates and hospital admissions since the relaxation of restrictions, the resumption of large gatherings and hospitality and the return of schools. However, at the time of writing we are beginning to see the rate of increase slow down, giving some optimism that the trajectory may begin to decline in the coming weeks.
- 2.2 Against this backdrop, the HSCP is experiencing increasing staffing and capacity challenges because of sickness absence, self-isolation, and high levels of vacancies.
- 2.3 This is compounded by the significant increase in demand being experienced across acute, primary and social care services, much of which relates to non-Covid presentations. This may be 'deferred demand' from people who weren't accessing services during lockdown, or because unpaid carers are less able to provide support, or due to the reinstatement of all non-Covid

health services. We are also seeing evidence of people presenting with greater need and acuity, requiring more intensive support, for longer.

- 2.4 Our in-house care provision and the Care at Home services that we commission from the independent sector are also impacted by staffing and demand pressures. Care Homes are experiencing similar pressures and at any time a number will be temporarily closed to new admissions due to confirmed/suspected Covid cases. These factors are contributing to the recent increase, unfortunately, in the number of people whose discharge from hospital has been delayed. In addition to which, we have several people awaiting Guardianships, which are impacted by the backlog of court cases being managed.
- 2.5 The challenges in respect of delayed discharge are being experienced across Scotland. The Scottish Government has asked for further information on local pressures and actions, has requested Care at Home Oversight Groups be initiated and now requires each HSCP to submit weekly returns on unmet need.
- 2.6 To mitigate the impact of these significant pressures, the HSCP continues to;
- operate our command structure, with weekly HSCP GOLD meetings
  - participate in NHS Tayside and PKC Gold Command.
  - monitor service demands and sustainability each day
  - escalate any deteriorating situations, taking the necessary action.
  - maintain support to the Care Home sector through our Local Oversight Group.
  - support colleagues to access wellbeing resources and support.
  - expedite any contingencies and recruitment/re-tasking activity to build resilience.
  - advance, review and refine the actions outlined in our Remobilisation Plan.
- 2.7 In partnership with Perth and Kinross Council, the HSCP continues to support the delivery of the Covid Vaccination Programme which is being led by Public Health. Collectively, we are also now planning for the delivery of Covid boosters to specified groups and for vaccinations to young people aged 12-15 years. Further, an expanded flu immunisation programme is about to commence, in respect of which we are liaising with local GPs and Public Health to put in place the necessary arrangements to deliver this programme.
- 2.8 The pressures that we are experiencing, and the future demands we anticipate require us to build resilience and capacity to sustain key services and support staff during the coming winter months. In response, and to mitigate these capacity challenges, we are advancing plans to initiate a multi-disciplinary Resilience Team to enhance community services, to reduce admission to hospital and support early discharge, building in additional capacity to provide overnight and seven-day care, treatment, and support.
- 2.9 This is a short-term, essential service response for the winter period until 31 March 2022. However, we may require to recruit to permanent posts to attract applicants and will seek to manage the financial risk through staff

turnover. Our forecast 2021/22 Covid Costs include provision for increased community team resilience over the winter period.

- 2.7 Over the coming months the HSCP will develop an over-arching Older People's Strategic Delivery Plan, with investment and disinvestment proposals. These will seek to maximise community team capacity and reduce the need for additional beds to be funded across the wider system. To this end, we will work closely with NHS Tayside Operational Division to bring such proposals forward and in doing so will consider the potential for investing in this multi-disciplinary Resilience Team on a recurring basis.

### **3. MENTAL HEALTH SERVICES**

#### *Community Mental Health and Wellbeing Strategy*

- 3.1 Perth and Kinross HSCP are continuing to engage with key stakeholders to support the development of our local Community Mental Health and Wellbeing Strategy. This will identify how we intend to respond locally to support the delivery of the wider Tayside Strategy ['Living Life Well'](#), while taking account of local demography, need, services and the IJB's strategic priorities.
- 3.2 Local stakeholders have agreed that the Perth and Kinross Community Mental Health and Wellbeing Strategy should focus on five key themes, as follows;
- Good Mental Health for all - Prevention and Early Intervention
  - Access to Mental Health Services and Support - Primary and Community Care
  - Co-ordinated and Person-centred Care
  - Participation and Engagement
  - Review of Workforce Requirements

Each of these themes will have a specific action plan to support the delivery of the improvements and changes that we aspire to achieve.

- 3.3 The first draft of the Strategy has been reviewed by the HSCP's Executive Management Group and more recently this was considered in detail by the IJB's Strategic Planning Group. The draft was well-received and in addition to providing positive feedback the Strategic Planning Group has suggested further improvements and additions. Our intention is to present the final version of the strategy to the meeting of the IJB in December. Thereafter, building on the collaborative approach taken in developing the strategy, our Mental Health and Wellbeing Strategy Group will monitor implementation and review progress.

#### *Trust and Respect Review Report*

- 3.4 In July 2021, Dr Strang published a review of progress against the 51 recommendations in his 'Trust and Respect'. This report highlighted positive progress in, for example; the publication of the Tayside Mental Health Strategy 'Living Life Well'; the proposed development of local mental health

hubs in each HSCP area; the improved learning from adverse events; reduced waiting times for CAMHS service; and greater involvement of families in care planning for service users.

- 3.5 Dr Strang's progress review report concluded with five actions, necessary to progress the implementation of the recommendations made in the 'Trust and Respect' report of February 2020:
1. Recommendation 5 of 'Trust and Respect' must be revisited urgently to resolve the relational issues which still exist in Tayside. (This recommendation relates to the need to review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross IJB).
  2. The response to all recommendations should be subject to some form of independent scrutiny to assess more accurately the progress that has been made.
  3. An implementation plan is urgently needed for the Living Life Well Strategy.
  4. Ongoing oversight of Tayside's response to the recommendations should be provided by the Scottish Government's Quality and Safety Board for Mental Health Services.
  5. Senior leaders should engage meaningfully with staff, patients, families and carers in the development of future plans.
- 3.6 Given their shared commitment to improve mental health and learning disability services, the Tayside Executive Partners (the three Council Chief Executives, the Chief Executive of NHS Tayside, and the Divisional Commander of Police Scotland) are working with the three HSCP Chief Officers and colleagues from Scottish Government to deliver on these actions. The TEP are taking an active and strategic leadership role in respect of mental health and wellbeing services and monitoring progress to implement the strategy.

#### *Mental Health and Learning Disability Redesign Programme*

- 3.7 In January 2018, following a comprehensive review of service models, of the physical environment and clinical workforce and an appraisal of a range of options, NHS Tayside Board and Perth and Kinross IJB approved the 'Mental Health and Learning Disability Redesign Programme'. This programme proposed centralising inpatient mental health services in Dundee and inpatient learning disability services in Perth. It sought to create 'Centres of Excellence' that would ensure service sustainability, safety and quality while making best use of the available and finite workforce.

- 3.8 In response to the 'Trust and Respect' report and in the context of the development of the Tayside Mental Health Strategy, NHS Tayside committed to carry out a 'Rapid Review' of the earlier redesign proposal and to bring forward recommendations to the Mental Health Strategic Leadership Group. This work was led by the Interim Director for Mental Health supported by an Expert Panel and a Project Group.
- 3.9 The Rapid Review was informed by four workshops, involving a range of stakeholders and several presentations. The Project Group convened these workshops, evaluated the findings, analysed benchmarking data and evidence of best practice, and reviewed the planned redesign. The final workshop concluded that the redesign proposal agreed by the IJB remained valid and it recommended that this be endorsed.
- 3.10 While the '*Stakeholder Participation Group*' felt able to support a single site for inpatient services in Dundee, they expressed concerns about this being at Carseview, as they had concerns that the public perception was a barrier in supporting confidence in the site. However, this contrasted with the view that the site provides a high quality of care and treatment, evidenced by the way that the services there have been praised by families and carers of people who have accessed the services more recently.
- 3.11 Given different perspectives, it was recommended that a Short-Life Working Group be convened to assess the suitability of Carseview and the possibility of alternative sites being identified across Tayside. With the departure of the Interim Director and the demands of the third and now fourth wave of the pandemic this work has not been able to be progressed. However, NHS Tayside have made several key appointments to Inpatient Mental Health and Learning Disability Services and are currently looking to recruit a Director, which will give impetus to this important work.
- 3.12 In March 2020, the Scottish Government advised that the operational management for in-patient Mental Health Services in Tayside would transfer from Integration Authorities (Perth and Kinross IJB) to NHS Tayside. While operational management arrangements have been revised, strategic responsibility for Mental Health services remains the responsibility of the IJB. It is anticipated that the review of the Integration Scheme will reconcile this and that the new Mental Health governance arrangements (including financial governance) will be refined to provide clarity and a collective understanding of respective responsibilities.

#### **4. NATIONAL CARE SERVICE; SCOTTISH GOVERNMENT CONSULTATION**

- 4.1 On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care (IRASC) in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Chief Executive of NHS Scotland, supported by an Advisory Panel of experts.
- 4.2 The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and

with people who use services, their carers and families, and the experience of people who work in adult social care. The report final report of the IRASC was published on 3 February 2021 ([Independent Review of Adult Social Care - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/independent-review-adult-social-care/pages/1-to-4.aspx)).

- 4.3 One recommendation of the IRASC was the creation of a National Care Service (NCS) for Scotland and the Scottish Government are now consulting on proposals in this regard ([A National Care Service for Scotland: consultation - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/a-national-care-service-for-scotland/pages/1-to-4.aspx)).
- 4.4 The Scottish Government intend that Scottish Ministers will become responsible for social care and that the proposed Chief Executive of the NCS will be accountable to a Minister. The Scottish Government intends that the NCS will define the strategic direction, quality standards, and the framework for delivery of community health and social care across Scotland. It is proposed that the NCS will be responsible for central functions such as leading improvement, national and regional planning, workforce planning, and management of data to support these functions.
- 4.5 The consultation proposes that new Community Health and Social Care Boards (CHSCBs) will replace IJBs and will be the local delivery body for the NCS, funded directly by the Scottish Government. This will be the sole model for local delivery of community health and social care in Scotland. The functions of CHSCBs will be consistent across the country and will include all community health and social care support and services that the Scottish population requires.
- 4.6 It is proposed that CHSCBs will be accountable to Ministers and will have members who will represent the local population, including people with lived and living experience, and carers. CHSCBs will employ their own Chief Executives who will report to the Chief executive of the NCS. They will also employ staff who plan, commission, and procure care and support and other staff, such as Chief Finance Officers.
- 4.7 The proposed scope of the NCS is far greater than merely 'adult social care' which was the focus of the IRASC. The proposals extend to;
  - Children's Services
  - Justice Social Work
  - Alcohol and Drugs Services
  - Community Healthcare
  - Social Work and Social Care
  - Nursing
  - Prison Healthcare and Social Care
  - Mental Health Services
  - National Social Work Agency

4.5 The consultation document is comprehensive and has sections relating to the following areas;

- Improving Care for People
- National Care Service
- Scope of the National Care Service
- Reformed IJBs; Community Health and Social Care Boards
- Commissioning of Services
- Regulation
- Valuing People Who Work in Social Care

4.6 While members of the IJB may wish to respond to the consultation individually and directly, it is proposed that we convene an IJB Development Session on the NCS Consultation, in October, to look to compile a Perth and Kinross IJB response before the consultation closes on 2 November 2021.

## 5. CONCLUSION

5.1 As this report has sought to evidence, against the backdrop of our Covid-19 response which continues to be our priority and to make significant demands, the HSCP continues to seek to advance other activities. Our focus in the coming weeks and months will be in sustaining essential services in response to significant demands, which are likely to increase during Winter.

5.2 The HSCP we will continue to review our activity against the IJB's Strategic Objectives, as these remain central to our endeavours. Where opportunities arise, we will also look to advance more medium-term strategic, service, and financial planning, informed by our Covid experience. This will enable us to bring forward proposals to the IJB for disinvestment and investment, that will build resilience and capacity and advance our ambition to shift the balance of care away from acute hospital provision to preventative, community-based responses that improve outcomes for the people of Perth and Kinross.

5.3 Members of the IJB are asked to note, in particular, the continuing demands being experienced as a result of the Covid-19 pandemic, as well as the other activities that are being progressed, as outlined in this report.

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**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.