



Council Building
2 High Street
Perth
PH1 5PH

Monday, 05 March 2018

A meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held in **Room 415, Fourth Floor, Council Building, 2 High Street, Perth, PH1 5PH** on **Tuesday, 06 March 2018** at **13:00**.

If you have any queries please contact Adam Taylor on (01738) 475163 or email Committee@pkc.gov.uk.

Robert Packham
Chief Officer

Members

Councillor Chris Ahern, Perth and Kinross Council (Chair)
Councillor Eric Drysdale, Perth and Kinross Council
Bernie Campbell, Carer Public Partner
Jim Foulis, Associate Nurse Director, NHS Tayside
Stephen Hay, Tayside NHS Board

Audit and Performance Committee of the Perth and Kinross Integration Joint Board

Tuesday, 06 March 2018

AGENDA

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTE OF PREVIOUS MEETING**
 - 3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 26 SEPTEMBER 2017** **5 - 8**
 - 3.2 ACTION POINTS UPDATE** **9 - 12**
Report by Chief Financial Officer (copy herewith G/18/25)
 - 3.3 MATTERS ARISING**
 - 3.4 IMPLEMENTATION OF RECOMMENDATIONS**
Report by Chief Financial Officer - PLEASE NOTE THIS ITEM WAS SUBSEQUENTLY WITHDRAWN FROM THE AGENDA
- 4 GOVERNANCE DEVELOPMENT**
 - 4.1 GOVERNANCE & ACCOUNTABILITY ARRANGEMENTS: UPDATE** **13 - 34**
Report by Chief Financial Officer (copy herewith G/18/26)
 - 4.2 TRANSFORMING GOVERNANCE ACTION PLAN: UPDATE** **35 - 42**
Report by Chief Financial Officer (copy herewith G/18/27)
- 5 RISK MANAGEMENT**
 - 5.1 STRATEGIC RISK MANAGEMENT** **43 - 80**
Report by Chief Financial Officer (copy herewith G/18/28)
 - 5.2 RESOURCES TO SUPPORT MENTAL HEALTH**
Verbal Report by Chief Officer

6	CLINICAL CARE & PROFESSIONAL GOVERNANCE	
6.1	CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17 Report by Chief Social Work Officer (copy herewith G/18/29)	81 - 156
6.2	CLINICAL, CARE & PROFESSIONAL GOVERNANCE PROGRESS REPORT Report by Chair of Clinical Care Governance (copy herewith G/18/30)	157 - 162
6.3	MENTAL HEALTH CARE & PROFESSIONAL GOVERNANCE GROUP QUARTERLY REPORT Verbal Report by Chief Officer	
7	INTERNAL AUDIT	
7.1	INTERNAL AUDIT PROGRESS REPORT Report by Chief Internal Auditor (copy herewith G/18/31)	163 - 164
7.2	INTERNAL AUDIT REPORT ON CLINICAL, CARE & PROFESSIONAL GOVERNANCE (copy to follow)	
8	EXTERNAL AUDIT	
8.1	2017/18 EXTERNAL AUDIT PLAN Report by KPMG (copy herewith G/18/33)	165 - 192
9	PERFORMANCE REVIEW	
9.1	DELAYED DISCHARGE PERFORMANCE FOR 6 MONTHS TO 30 SEPTEMBER 2017 Report by Chief Officer (copy herewith G/18/34)	193 - 204
9.2	UNPLANNED ADMISSIONS AND UNPLANNED OBD Presentation by Evelyn Devine	
9.3	UNDERSTANDING PROGRESS UNDER INTEGRATION Report by Chief Officer (copy herewith G/18/35)	205 - 210
10	PRIVATE DISCUSSION	
11	DATES OF NEXT MEETING/DEVELOPMENT SESSION Tuesday 17 April 2018 - Briefing/Development Session Tuesday 26 June 2018 - Full Meeting	

AUDIT AND PERFORMANCE COMMITTEE OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, Ground Floor, Council Building, 2 High Street, Perth on Tuesday 26 September 2017 at 12.00pm.

Present: Councillors C Ahern and E Drysdale, Perth and Kinross Council; L Dunion, Tayside NHS Board (Chair); B Campbell, Carer Representative (from Item 4.3 onwards); and J Foulis, Associate Nurse Director, NHS Tayside.

In Attendance: R Packham, Chief Officer; J Smith, Chief Finance Officer; D Fraser, E Devine, S Strathearn and C Hendry, Perth and Kinross Health and Social Care Partnership; S Hendry and A Taylor, Democratic Services, Perth and Kinross Council; T Gaskin, Chief Internal Auditor, NHS Tayside; and N Dyce, KPMG.

Apologies: S Hay and J Clark.

1. WELCOME AND APOLOGIES

L Dunion welcomed all those present to the meeting and apologies were submitted and noted as above.

2. DECLARATIONS OF INTEREST

In terms of the Perth and Kinross Integration Joint Board Code of Conduct, Councillor E Drysdale declared a non-financial interest in Item 6.2 on the agenda as Convener of the Perth and Kinross Council Audit Committee.

3. MINUTE OF PREVIOUS MEETING

3.1 MINUTE OF MEETING OF 27 JUNE 2017

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 27 June 2017 was submitted and approved as a correct record.

3.2 ACTION POINTS UPDATE

The Action Point Update (Report G/17/154) from the meeting of 27 June 2017 was submitted and noted.

3.3 MATTERS ARISING

There were no matters arising from the previous minute.

4. ASSURANCE: INTERNAL CONTROL AND RISK MANAGEMENT

4.1 CHAIR, NHS TAYSIDE AUDIT COMMITTEE STATEMENT ON GOVERNANCE AND INTERNAL CONTROL

There was submitted and noted a letter by the Chair of the NHS Tayside Audit Committee (G/17/155) providing assurances on governance and internal control by Tayside NHS Board.

4.2 CHAIR, PERTH AND KINROSS COUNCIL AUDIT COMMITTEE STATEMENT ON GOVERNANCE AND INTERNAL CONTROL

There was submitted and noted a letter by the Chair of Perth and Kinross Council's Audit Committee providing assurances on governance and internal control by Perth and Kinross Council.

4.3 REVIEW OF ANNUAL INTERNAL AUDIT REPORTS: PERTH AND KINROSS COUNCIL / NHS TAYSIDE

There was submitted a report by the Chief Finance Officer (G/17/156) summarising material issues arising within the 2016/17 Annual Audit Reports for NHS Tayside and Perth and Kinross Council that were pertinent to the Perth and Kinross Integration Joint Board and its ability to deliver its strategic aims and objectives.

Resolved:

- (i) The contents of Report G/17/156 be noted.
- (ii) The need for regular updates to the Audit and Performance Committee on progress by NHS Tayside and Perth and Kinross Council against a number of key actions, as set out in Report G/17/156, be agreed.
- (iii) NHS Tayside be requested to work urgently with the Chief Officer to identify the resources to provide sustainable senior leadership capacity and capability across Inpatient Mental Health.
- (iv) The progress made locally and through the regular reporting mechanisms to the Committee to monitor and scrutinise the performance of the Perth and Kinross Local Joint Forum for CCPG against the objectives of the Strategic Plan and evolving standards of practice be noted.
- (v) The Chief Officer be instructed to seek assurance that the Mental Health Care and Professional Governance Specialty Group will provide evidence of progress against objectives on a quarterly basis.

4.4 STRATEGIC RISK FRAMEWORK: UPDATE

There was submitted a report by the Chief Finance Officer (G/17/157) updating the Audit and Performance Committee on progress with the partnership strategic risk management framework and proposed further development.

Resolved:

- (i) The progress to date on updates to the Strategic Risk Framework be noted.
- (ii) The ongoing programme for individual risks which is discussed at the Chief Officers' Group meetings on a rolling basis be noted.

- (iii) It be noted that the current Strategic Risk Framework would be subject to a full review in November 2017, the results of which would be brought to a future meeting of the Audit and Performance Committee.
- (iv) The Chief Finance Officer to circulate the up to date risk register to members of the Committee.

4.5 APPOINTMENT OF INTERNAL AUDITORS 2017/18

There was submitted a report by the Chief Finance Officer (G/17/158) seeking approval for proposed Internal Audit Arrangements for 2017/18.

Resolved:

- (i) The appointment of Tony Gaskin (as Chief Internal Auditor) and FTF as the Integration Joint Board's Internal Auditors for 2017/18 be approved;
- (ii) The significant contribution of Perth and Kinross Council's Internal Audit Team to the annual work also be noted.

4.6 INTERNAL AUDIT PLAN 2017/18

There was submitted a report by the Chief Internal Auditor (G/17/159) seeking approval of the Annual Internal Audit Plan for the Perth and Kinross Integrated Joint Board for 2017/18.

Resolved:

The 2017/18 Annual Internal Audit Plan, as detailed in Report G/17/159, be approved.

IT WAS AGREED TO CONSIDER ITEMS 6.1 AND 6.2 ON THE AGENDA AT THIS POINT

6. GOVERNANCE DEVELOPMENT

6.1 ASSURANCE/ACCOUNTABILITY INTEGRATION JOINT BOARD/PERTH AND KINROSS COUNCIL/NHS TAYSIDE

It was agreed that the Chief Officer would request an update report from NHS Tayside to be submitted to the next meeting of the Committee on assurance and accountability for the IJB.

6.2 INTERNAL AUDIT OUTPUT SHARING PROTOCOL

There was submitted a report by the Chief Internal Auditor (G/17/161) considering how relevant audit outputs of the IJB, NHS Tayside and Perth and Kinross Council should be shared.

Resolved:

- (i) The paper attached to Report G/17/161 be noted as a basis for agreement with partner NHS Tayside and Local Authority Audit Committees.
- (ii) The Director of Finance, NHS Tayside be requested, through the IJB's Chief Internal Auditor, to designate IJB auditors as having the same rights of access whilst conducting relevant IJB Internal Audits.

5. ANNUAL ACCOUNTS

5.1 ANNUAL ACCOUNTS 2016/17

There was submitted a report by the Chief Finance Officer (G/17/160) presenting the Integration Joint Board's Audited Annual Accounts for the period to 31 March 2017.

N Dyce, KPMG, provided members with a brief presentation on the Annual Accounts and answered questions from members.

Resolved:

- (i) The contents of Audit Scotland's Annual Report to Members and the Controller of Audit on the 2015/16 Audit be noted.
- (ii) The Audited Annual Accounts for 2016/17 be approved and referred to the Integration Joint Board for final approval later that day.

6.3 UPDATE: TRANSFORMING GOVERNANCE ACTION PLAN

There was submitted a report by the Chief Finance Officer (G/17/165) providing the Committee with an update on progress in taking forward the key actions set out in the Transforming Governance Action Plan shared with the Audit and Performance Committee in June 2017.

Resolved:

The progress made to date on the Transforming Governance Action Plan, as detailed in Report G/17/165), be noted.

7. PERFORMANCE REVIEW

7.1 DRAFT RAG PERFORMANCE REPORT

C Hendry and S Strathearn provided the Committee with a slide based presentation giving an overview of the Draft RAG Performance Report.

It was agreed that a more detailed report would be submitted to the next meeting of the Committee in November 2017 and that this subject would be considered at a future IJB development session.

8. PRIVATE DISCUSSION

There was no private discussion between members of the Committee and the Chief Internal Auditor.

9. DATE OF NEXT MEETING

Tuesday 28 November 2017 at 1.00pm.

Action Points Update 6th March 2018
Perth & Kinross IJB – Audit and Performance Committee

3.2
G/18/25

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Update/Comments
11	4.4	26/09/2017	IJB Strategic Risk Framework to be renewed and brought back to a future meeting of the A&P Committee. Chief Finance Officer to circulate up to date risk register to members of the committee	JMS	February 2018	AGENDA ITEM: Proposed Risk Workshop
12	4.3	26/09/2017	Chief Officer to seek assurance that Mental Health Care and Professional Governance Speciality Group will provide evidence of progress on a quarterly basis	RP	February 2018	AGENDA ITEM: Mental Health Care & Professional Governance Group Quarterly Report
13	4.3	26/09/2017	NHST to be requested to work urgently with Chief Officer to identify resources to provide senior leadership capacity and capability across Inpatient Mental Health	RP	February 2018	AGENDA ITEM: Mental Health Resources
14	4.3	26/09/2017	Regular updates required on progress made by NHST and PKC against relevant actions as identified in report G/17/156. Renew of Annual Internal Audit Reports.	JMS	February 2018	AGENDA ITEM: Update on progress in implementing recommendations,
15	6.2	26/09/2017	Chief Internal Auditor to ask Director of Finance NHS Tayside to designate IJB Auditors as having same rights of access whilst conducting IJB Internal Auditors	TG	September 2017	NHS Tayside Audit Committee has approved a paper requesting the NHS Tayside DoF to grant equal access to IJB auditors. Equivalent paper to P&K Council Audit Committee will be presented shortly.

Action Points Update 6th March 2018
Perth & Kinross IJB – Audit and Performance Committee

16	6.1	26/09/2017	Chief Officer request and update report from NHS for next meeting on Assurance and Accountability	RP	February 2018	AGENDA ITEM- IJB Governance & Accountability Framework.
	4.1	28/03/2017	Update on IJB/NHST Assurance and Accountability - Draft Proposed 2016/17 Governance and Accountability arrangements between NHST and IJBs to be circulated to Audit & Performance Committee	TG	June 2017	Verbal Update September 2017. Paper to IJB 3 November 2017. AGENDA ITEM: February 2018
17	5.1	26/09/2017	Annual accounts to be referred to IJB for approval	JMS	September 2017	COMPLETE
20	4.5	28/03/2017	Strategic Risk Framework - Development session for Audit & Performance Committee/Management Team potentially on a pan-Tayside basis to be set up during 2017/18 with consideration given to this being supported externally.	RP/JMS/TG	November 2017	AGENDA ITEM: Proposed Risk Workshop as 4.4 above.
21	5.3	17/06/17	Clinical Care & Professional Governance Annual Report- a report in respect of PKC (Chief Social Work Officers Annual Report) would be submitted to the next meeting.	RP	September 2017	Chief Social Work Officers Annual Report will be finalised December 2017. AGENDA ITEM: February 2018
23	7.1	17/06/17	Performance Reporting- a standard performance report be developed following finalisation of the Annual Performance Report to be considered at the next meeting.	JMS	September 2017	Agenda item February 2018: delayed discharges and unplanned admissions

Action Points Update 6th March 2018

Perth & Kinross IJB – Audit and Performance Committee

COMPLETED ACTIONS						
Min. Ref.	Ref.	Meeting	Action	Responsibility	Timescale	Update/Comments
1		17/01/2017	Include Standing Agenda Item for Declaration of Interest in all future meeting	SH	March onwards	Complete
2	4	17/01/2017	Revisions to Terms of Reference agreed. Paper to IJB to approve amendments	LD	3rd February meeting	Complete
3	8	17/01/2017	CIPFA training content to be agreed with members prior to finalising dates	JS	February 2017	Complete
4		17/01/2017	Paper on Care and Professional Governance to come forward to next meeting.	RP	March 2017	Complete
5	7.1	17/01/2017	Risk Register included for noting. Final draft to be brought to the next Meeting Noted the inclusion of Corporate Support as an additional Risk for inclusion in the final Risk Register	JS	March 2017	Complete
6	5.2	17/01/2017	Governance Action Plan: for next meeting the inclusion of timescales for resolution or report back to be incorporated into the plan	JS	March 2017	Complete
7	4.2	28/03/2017	Governance Action Plan - Future consideration to be given to the sufficiency of corporate support to progress financial modelling and other aspects of planning around Large Hospital Set Aside after progress.	RP / JS	June 2017	Complete. (Now included in Transforming Governance Action Plan)
8	3.3	28/03/2017	Annual Accounts briefing session to be scheduled prior to formal consideration by the Audit & Performance Committee in September 2017	JS	August 2017	Complete
9	5.5	17/01/2017	Performance - Time to be set aside at the next meeting for further discussion on performance indicators.	JS	March 2017	Complete

Action Points Update 6th March 2018
Perth & Kinross IJB – Audit and Performance Committee

10	6.3	17/06/17	Letter to be issued to the Chairs of NHS Tayside and Perth & Kinross Council Audit Committees confirming that adequate and effective governance arrangements were in place throughout the Perth & Kinross Integration Joint Board during the financial year 2016/17.	JMS	June 2017	Complete
19	4.4	28/03/2017	Protocol for sharing Audit Reports - Proposal to come to June Audit & Performance Committee	TG	June 2017	Complete
22	5.6/ 5.7	17/06/17	Draft Internal Audit Annual Report for PKC and NHST to circulate to members and formally considered thereafter at the next meeting.	TG/JC	September 2017	Complete



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

6 MARCH 2018

GOVERNANCE & ACCOUNTABILITY ARRANGEMENTS: UPDATE

Report by Chief Financial Officer

PURPOSE OF REPORT

The purpose of this paper is to update the Audit and Performance Committee on progress in formalising with both NHS Tayside and Perth & Kinross Council the governance and accountability arrangements for Perth & Kinross Integration Joint Board.

1. BACKGROUND

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) created a separate entity (the IJB) to which adult social care and health functions are now legally delegated.
- 1.2 The IJB is now responsible for planning and resourcing the delivery of these care and health functions in a more integrated manner, with the Strategic Plan forming the blueprint for integrated service delivery.
- 1.3 Through the Strategic Plan, the IJB is responsible for redesigning these services and ensuring their operational delivery on the ground through its commissioning arrangements with PKC and NHS in accordance with the objectives of the Plan.
- 1.4 The IJB is a strategic commissioning body; it employs no staff and owns no assets, and is therefore incapable of operationally delivering the services itself. It does have a role in overseeing that operational delivery on the ground is aligned to the implementation of its Strategic Plan and this is achieved through the dual role of the Chief Officer who is the link between the two parties and:-
 - is accountable to the IJB for delivery of the strategic plan outcomes; ensures that the delegated functions are being delivered in accordance with the IJB’s strategic plan and provides the necessary assurance to the IJB in this regard.
 - is accountable to the Chief Executives of the respective partners (PKC & NHS Tayside) in his other role as a member of their respective executive

management teams for managing operational delivery of the services that the IJB has commissioned from them.

1.5 Responsibility for the clinical and care standards remains with the Chief Social Work Officer of Perth & Kinross Council and Clinical Leads within NHS Tayside because these parties are responsible for the provision of operational services as commissioned by the IJB in accordance with the Strategic Commissioning Plan

1.6 In terms of risk:-

- **STRATEGIC RISK**
The IJB manages the strategic risks (that is – those high level risks which will prevent or hinder the ultimate delivery of the delegated functions in accordance with the objectives of its strategic plan and the requirements of legislation). It should have a risk register in respect of this and a risk action plan for managing and mitigating these risks. The Chief Officer /CFO will manage and monitor these risks on behalf of the IJB and there should be clear protocols for escalation
- **OPERATIONAL RISK** (that is those risks associated with actual service delivery on the ground)
These are effectively shared between with the Chief Officer (who is responsible for ensuring that the services which the IJB has effectively commissioned from the parties are in fact delivered on the ground) and the respective parties PKC and NHS who are responsible for ensuring that they deliver these services on the ground in a safe and lawful way. The integrated Service Management Team should hold and manage the risks in respect of these aspects with clear protocols for escalation either to the IJB or to the Executive Officer Teams of each of the parties depending upon the nature of the risks.
- **CLINICAL CARE & PROFESSIONAL RISK**
In terms of the quality and standards of the service delivery and the conduct and behaviour of staff etc. sit with the respective parties either through the statutory roles/responsibilities of the Chief Medical /Nursing advisors and the Chief Social Work Officer or with the respective parties in their capacity as employers. They are responsible for providing the necessary assurance to the Chief Officer in his dual roles that these risks are being effectively managed and monitored by the parties

2. KEY ISSUES

- 2.1 It is has become apparent since 1st April 2016 that the other IJB's in Tayside have take a different interpretation of the legislation, specifically with regard to responsibility for operational delivery of services.
- 2.2 As set out above, the Perth & Kinross IJB position is that the IJB is a Strategic Commissioning Body and since it employs no staff and owns no assets it therefore incapable of operationally delivering services. It does however have a role in overseeing that operational delivery is in line with implementation of the Strategic Plan and this is achieved through the dual role of the Chief Officer.
- 2.3 It is our understanding that in Angus IJB and Dundee IJB the formal view is that responsibility for operational delivery of services lies with the IJB.
- 2.4 This key difference in interpretation has lead to a review by NHS Tayside of IJB Governance. The paper attached at Appendix 1 sets out the findings of this review and the conclusion that it is appropriate for different models of governance to exist in NHS Tayside.
- 2.5 The paper acknowledges however that discussions have not taken place between NHS Tayside and each of the Local Authorities to ensure that for each IJB the partners are in full agreement on the governance and accountability arrangements.

3. NEXT STEPS

- 3.1 Following the NHS Tayside Review, it is now important that there is formal agreement between NHS Tayside and Perth & Kinross Council on governance and accountability arrangements.
- 3.2 Following formal agreement of the governance and accountability arrangements, it is proposed that a more detailed paper on Perth & Kinross IJB Governance & Accountability Arrangements be developed by the Executive Management Team to set out clearly for IJB Members , Partnership Staff and other Stakeholders a clear articulation of reporting, decision making and assurance routes. This paper should come forward to the IJB within the next 6 months.

4. RECOMMENDATION

The Audit and Performance Committee are asked to:-

- Ask the Chief Officer to facilitate reaching clear and formal agreement with PKC and NHST on the arrangements for governance and accountability.
- Ask the Chief Officer to bring a paper back to the IJB within 6 months setting out in detail the governance arrangements and routes for reporting, decision making and assurance.

Appendix 1 – NHS Tayside Board and Integration Joint Board Governance

Author(s)

Name	Designation	Contact Details
Rob Packham	Chief Officer	robertpackham@nhs.net

Please note any items relating to Committee business are embargoed and should not be made public until after the meeting



**AUDIT86/2017
Audit Committee
14 December 2017**

TAYSIDE NHS BOARD AND INTEGRATION JOINT BOARD GOVERNANCE

1. PURPOSE OF THE REPORT

This report details the impact of operating two models of governance between Tayside NHS Board and the three Integration Joint Boards (IJBs) in Tayside and seeks to reach agreement about the way forward and the action required.

2. RECOMMENDATIONS

To allow the necessary updating to NHS Tayside's governance arrangements and in particular the Code of Corporate Governance the Audit Committee is asked to:

- Agree that two models of governance should operate in Tayside. One between Tayside NHS Board and Dundee and Angus Integration Joint Boards and one between Tayside NHS Board and Perth and Kinross Integration Joint Board (IJB).
- Agree to the underlying principles to these two models as described in Appendix One.
- Agree the required work to be progressed to update the NHS Tayside governance arrangements to allow these to be in place for April 2018. The responsible Directors are detailed below:

Local Operational Delivery Arrangements
NHS Tayside Code of Corporate Governance
Strategy

Risk Management

Performance Reporting
Finance

Care Governance
and Nurse Director

Staff Governance

IJB Chief Officers
Board Secretary
Medical Director

Board Secretary

Director of

Medical Director

Director of Human
Resources and

Financial Governance
Finance
Information Governance

Organisational
Development
Director of
Board Secretary

3. **EXECUTIVE SUMMARY**

This report describes the current governance arrangements between Tayside NHS Board, Dundee, Angus and Perth & Kinross Council as well as Angus, Dundee and Perth and Kinross IJBs, explains underlying principles, seeks explicit agreement to the principles and the two models of IJB Governance for Tayside and provides an overview of the work to be progressed to underpin this.

4. **REPORT DETAIL**

Whilst the Integration Schemes approved by Tayside NHS Board on 27 August 2015 are broadly similar there are actually two governance models operating across NHS Tayside.

Dundee IJB and Angus IJB have taken responsibility for the governance of operational services, whereas Perth & Kinross IJB is of the view that responsibility for operational services remains with the parent bodies (Tayside NHS Board and Perth & Kinross Council).

National guidance is not entirely clear or coherent on this issue, but there are elements of it which do state that IJBs should take operational responsibility for some services. However, this guidance has been interpreted very differently and different models have been adopted across Scotland.

Any change to an Integration Scheme would require approval from the Scottish Government Health and Social Care Directorate (SGHSCD) and particularly the Health & Social Care Integration Unit. Therefore the report recommends that the status quo of two models of governance across Tayside should apply.

Health and Social Care Integration Principles

Fife, Tayside and Forth Valley (FTF) Internal Audit has produced a set of principles, covering all aspects of governance, which are designed to operate within both models. These are outlined in Appendix One of this report.

Whilst the principles have been accepted by the IJB Chief Officers and Chief Financial Officers (CFO) they have yet to be discussed with Local Authority partners but are included in this report for agreement by the Audit Committee. Following agreement by the Audit Committee it is recommended that these principles are shared with the three Local Authorities in Tayside.

Following this agreement the relevant director for each element will develop an action plan which will assign responsibility to ensure implementation of the principles.

In practice, most processes would be largely identical no matter which model is used, with any variation mostly affecting the final stages i.e. reporting and assurance lines.

The following considers each of the principles (as detailed in Appendix One) in turn and the impact on them of a two model solution. It is important, however, to note that the principles take account of the different models in place, and shows that the impact of a two-model solution is not as significant as would otherwise be the case.

General Principles

All principles still apply, albeit, there may be an impact on the following:

No omission, no unnecessary duplication

Authority and responsibility and therefore control and assurance should reside in the same body as far as possible; the nature of national guidance is such that this principle was already the most difficult to understand and to implement in the context of HSCI. Clearly, the acceptance of two models of governance means that the 'optimal' solution cannot be adopted across Tayside; however, the main point is to ensure that any divergence is identified and the consequences understood, both models have points of divergence but in different areas.

Local Operational Delivery Arrangements

There is a particular issue in relation to the Acute Mental Health Services hosted by Perth and Kinross IJB. The risks associated with this service are such that they represent a strategic risk to NHS Tayside as well as Perth and Kinross IJB and potentially the other Tayside IJBs. Whilst this could be seen as a manifestation of the different model in Perth and Kinross, in reality, it reflects the deeper underlying question of the Health Board's role and accountabilities when faced with urgent and serious clinical risk. This issue is not fully addressed in either the Integration Schemes nor the National Guidance but is raised in the overall principle that

'Ultimately, where the Chief Officer has operational management responsibilities, the accountable officers for delivery are still the Chief Executives of the NHS Board and Council'.

In the case of the NHS this extends to Tayside NHS Board.

This is an important issue and there needs to be a clear understanding of how decisions will be made in these circumstances, which gives due regard to the views of the IJBs and their Chief Officers, without impeding the ability to maintain safe and effective clinical services. This and the status of the NHS accountable officer will be further addressed in exploring each of the elements detailed below in the work to update NHS Tayside's Code of Corporate Governance.

Corporate Governance

There are no key principles which would be violated by a two-model solution, albeit greater attention would need to be paid to Tayside NHS Board's Code of Corporate Governance and Standing Committee remits which would need to reflect the nuances of the different assurance flows under each model.

Strategy

This section would be entirely unchanged by a two-model solution. However, for the Perth & Kinross IJB model, it will be necessary to have an agreed understanding of the difference between strategy, commissioning and operational activity.

Risk Management

This area is perhaps the most complex; under the risk management principles Perth & Kinross IJB operational risks would remain with the Board and Perth & Kinross Council, but in Dundee and Angus IJBs, the operational risks would belong to the IJBs. However, because of the dual impact of many of these risks, the process would be very similar under both models. 'Shared' risks must be identified in both models and the arrangements structured such that, operationally, there would be little practical difference until we reach the point of considering where these risks are reported, escalated and assured. Even at that point, there is little separation, as NHS Tayside will need to be assured on shared risks; the only difference is whether NHS Tayside has prime responsibility, and therefore, takes the decisions where it feels mitigating actions/controls are not sufficient, or whether it highlights any deficiencies to the IJB for action where the IJB has the primary responsibility.

Performance Reporting

The principles are exactly the same for both models and would be implemented identically, albeit with a different theoretical underpinning. The only exception might be where the Board (or indeed Local Authority) has concerns around performance; however, this issue is likely to require careful handling under either model.

Care Governance

The principles and the mechanisms are exactly the same under both models and necessarily so, as all three IJBs signed up to the same Clinical Governance approach, so again the difference between the two models is largely conceptual. It is far more important that an agreed approach is implemented and that reporting and assurance are taking place as expected, both to the IJBs and to NHS Tayside's Care Governance Committee.

In order to ensure implementation of the principles an action plan for each element will need to be developed and assigned to the relevant officers.

Staff Governance

The Health Board carries Statutory responsibility for the governance of all health workforce matters. As such the principles are exactly the same under both models and would be implemented identically. The only exception may be in future circumstances where the Board and its Local Authority partner agree the development of new roles that bridge both employers

- however, this issue would require the same careful consideration under either model.

5. CONTRIBUTION TO NHS TAYSIDE'S STRATEGIC AIMS

Robust governance arrangements will assist NHS Tayside in achieving its strategic aims.

6. HEALTH EQUITY

Clear and consistent governance arrangements should underpin our arrangements to promote and take forward the required work in the area of Health Equity.

7. MEASURES FOR IMPROVEMENT

Comprehensive governance arrangements which are understood and therefore can be applied effectively across NHS Tayside.

8. IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING

During the last year a number of meetings have been held within NHS Tayside and with colleagues in the three Integration Joint Boards.

This matter has also been discussed at both Tayside NHS Board and Audit Committee meetings.

Following a period of debate regarding the governance models operating in NHS Tayside, the FTF Chief Internal Auditor prepared a discussion paper and a set of principles to apply to the governance arrangements. These were widely circulated to allow further discussion to take place and feedback was received.

A Board Development Event was held on 28 September 2017 at which FTF's Chief Internal Auditor presented scenarios to allow Board Members to consider the principles that should apply to the governance arrangements between NHS Tayside and the three IJBs.

9. PATIENT EXPERIENCE

Thorough governance arrangements are required to underpin operational service delivery to NHS Tayside's patients.

10. RESOURCE IMPLICATIONS

Financial

The Schemes of Integration for all three IJBs are explicit in the treatment of any overspend resulting at year end. From 2018/2019 any overspend will/ may be allocated based on each Parties' proportionate contribution to the Integration Joint Board's budget requisition for that financial year on a like for like basis. The means that the health vote could be exposed to a social care overspend.

Workforce

There are no workforce implications.

11. RISK ASSESSMENT

This is not recorded as a risk for the organisation as currently no existing governance arrangements have been set aside since the formation of the IJBs.

However both Internal Audit and Audit Scotland, NHS Tayside's external auditors have highlighted the risk of continuing with ambiguity regarding the models of governance in place within NHS Tayside and the three IJBs.

12. LEGAL IMPLICATION

Putting in place robust governance arrangements will mitigate future legal implications.

13. INFORMATION TECHNOLOGY IMPLICATIONS

There are no information technology implications.

14. HEALTH & SAFETY IMPLICATIONS

There are no Health and Safety implications.

15. HEALTHCARE ASSOCIATED INFECTION (HAI)

There are no Healthcare Associated Infection implications.

16. DELEGATION LEVEL

The governance arrangements and the scheme of delegation will describe the delegation levels.

17. TIMETABLE FOR IMPLEMENTATION

Arrangements as described in this report are required to be in place for 1 April 2018.

18. REPORT SIGN OFF

Margaret E Dunning
Board Secretary

Mr Lindsay Bedford
Director of Finance

December 2017

19. SUPPORTING DOCUMENTS

See Appendix One

Post Integration Corporate Governance Health and Social Care Key

Principles Introduction

This paper is intended to set out key principles to be applied to take forward the governance of integration. It does not and cannot provide concrete solutions for each aspect of governance but does provide the parameters within which those solutions can be found.

For the following areas, which this framework covers, an action plan will need to be developed by the Lead Director for each element in order to ensure the implementation of the principles:

Local Operational Delivery Arrangements	IJB Chief
Officers NHS Tayside Code of Corporate Governance	Board
Secretary Strategy Director	Medical
Risk Management	Board Secretary
Performance Reporting	Director of Finance
Care Governance	Medical Director and Nurse Director
Staff Governance	Director of Human Resources and Organisational Development
Financial Governance	Director of Finance
Information Governance	Board Secretary

General Principles to be applied

1. Must comply with statute and regulations, including professional regulation.
2. Must follow the approved Integration Schemes or revise the Integration Scheme in line with guidance.
3. The following principles will be applied:
 - a. The guiding principle will be of measures, pragmatic collaboration in the interests of the people of Tayside;
 - b. Principles and detail will be communicated with clarity and consistency;
 - c. No omission, no unnecessary duplication;
 - d. The standards of responsibility, accountability and assurance must be maintained, including the provision of independent oversight and should be as consistent as possible throughout the system;
 - e. Any delegation of governance must take into account the resources available to maintain levels of assurance;
 - f. Authority and responsibility and therefore control and assurance should reside in the same body as far as possible;
 - g. Ultimately, where the IJB Chief Officer has operational management responsibilities, the accountable officers for delivery are still the Chief Executives of the NHS Board and Council. (Audit Scotland);
 - h. Operational activities directed by the Chief Officer of the IJB are enacted through their role as a senior member of the management team in both the Local Authority and Health Board;

- i. The model in Perth and Kinross IJB is based on the premise that responsibilities for operational activities remain with the parent bodies, from whom the Perth & Kinross IJB commission services.
- j. Independent oversight at the appropriate level is a fundamental component of all governance and assurance systems;
- k. All solutions can only be based on current understanding and current circumstances. IJBs are developing organisations with emergent systems; all solutions will require frequent review in order to reflect both experience of and changes in their operation;
- l. Whilst each IJB has to develop a system appropriate for its own requirements and circumstances, wherever practicable, common solutions across Tayside should be sought;
- m. Due consideration shall be given to the level of support services required to deliver any solution within the context of the provisions set out for these services within the Integration Scheme.

Langland's Principles

The Langland's principles, which are considered best practice for all public bodies in Scotland are as follows. The most relevant principles to decisions on Health and Social Care Integration governance are highlighted in yellow, although all are applicable to both the IJB and the parent bodies:

- 1. Good governance means focusing on the organisation's purpose and on outcomes for citizens and service users
 - 1.1 Being clear about the organisation's purpose and its intended outcomes for citizens and service users
 - 1.2 Making sure that users receive a high quality service
 - 1.3 Making sure that taxpayers receive value for money
- 2. Good governance means performing effectively in clearly defined functions and roles
 - 2.1 Being clear about the functions of the governing body
 - 2.2 Being clear about the responsibilities of non-executives and the executive, and making sure that those responsibilities are carried out
 - 2.3 Being clear about relationships between governors and the public
- 3. Good governance means promoting values for the whole organisation and demonstrating the values of good governance through behaviour
 - 3.1 Putting organisational values into practice
 - 3.2 Individual governors behaving in ways that uphold and exemplify effective Governance
- 4. Good governance means taking informed, transparent decisions and managing risk
 - 4.1 Being rigorous and transparent about how decisions are taken
 - 4.2 Having and using good quality information, advice and support
 - 4.3 Making sure that an effective risk management system is in operation
- 5. Good governance means developing the capacity and capability of the governing body to be effective
 - 5.1 Making sure that appointed and elected governors have the skills, knowledge and experience they need to perform well
 - 5.2 Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group
 - 5.3 Striking a balance, in the membership of the governing body, between continuity and renewal

6. Good governance means engaging stakeholders and making accountability real
- 6.1 Understanding formal and informal accountability relationships
- 6.2 Taking an active and planned approach to dialogue with and accountability to the public
- 6.3 Taking an active and planned approach to responsibility to staff
- 6.4 Engaging effectively with institutional stakeholders

One of the most important questions in governance is 'How do you KNOW?'

Within the overall NHS Tayside system there are now 7 corporate bodies which are mutually reliant for assurance, asking this question from each of their perspectives and within each category, is a powerful tool for analysing the effectiveness of any proposed systems and the systems currently in place.

Local Operational Delivery Arrangements

This issue has been the subject of considerable debate and regulations are unclear and at times, apparently contradictory. It is certainly the case that different Health Board areas and indeed different IJBs have come to different conclusions on this issue. It should be noted that there are important distinctions, in governance terms, to be drawn between:

- i) The role of the Chief Officer (CO) as an officer of both the Local Authority and the Health Board and their role as IJB CO. Some advice received by NHS Tayside has appeared to conflate the two, which is not helpful when considering governance and assurance arrangements. It has been concluded that the most appropriate and helpful interpretation is that the IJB makes the decision, but, in essence, it directs the parties to undertake these operational activities with the IJB CO managing these in their capacity as an officer of the relevant parent body.
- ii) At times the terms IJB and Health and Social Care Partnership have been used interchangeably. The key distinction is that the IJB is a legal entity subject to public sector (in this case Local Authority) governance and accountability regulations, and an HSCP can be merely formalised joint working arrangements, without legal status. In practice, the HSCP term is often used to apply to all staff working within it, even though they are technically still NHS or Council employees. Between the IJB and the Health and Social Care partnership; it would be perfectly feasible to have an IJB as a legal entity without a HSCP and vice-versa. The Integration Schemes for all three bodies are almost identical but subject to different interpretations. The roles, responsibilities and accountability held by the respective officers must be recognised at the respective levels; not merged and not duplicated.

There are strong arguments on both sides over where responsibility for operational activities should lie. This paper is not intended to make a determination on these but to ensure that the issues arising from those debates and the potential weaknesses they highlight are taken into account in the further development of governance arrangements across Tayside.

Within Angus and Dundee, the understanding is that the governance of the delivery of delegated functions will be undertaken by the IJB. Within Perth and Kinross, the interpretation is that responsibility for delivery, including for hosted services, remains with the parent bodies.

At question are the following key sections. The following is taken from the Perth and Kinross Integration Scheme but similar passages are found in all three: *'The Integration Joint Board is responsible for operational governance and oversight of Integrated Functions and, through the Chief Officer, is responsible for the operational management of Integrated Functions excluding Acute Services. The Integration Joint Board will direct the Parties to deliver these functions in accordance with the Strategic Plan'*.

The phrase 'operational governance' is not in common usage in governance guidance (although its provenance seems to be from an internal Scottish Government document). In normal circumstances, governance and operations are considered to be distinct. Whilst the meaning of 'operational

governance' is unclear, the most likely interpretation given the recollection of NHS, Scottish Government and IJB officers is that it was intended to mean governance over operational activities.

The Angus and Dundee Integration Schemes only, contain the following:

'All relevant resources at the disposal of the Parties, relating to the functions will be delegated to the Integration Joint Board. These resources will be managed to ensure that the arrangements for carrying out the integration functions, as set out in the Strategic Plan, are implemented in full.'

This passage carries a clear implication that the Angus and Dundee IJBs do have responsibility for these functions, although the passage itself appears to contradict the relevant regulations in that '*all relevant resources*' would presumably include property, which is not delegated to IJBs. The equivalent passage in the Perth and Kinross Integration Scheme only relates to hosted services not all delegated functions.

However, it should be noted that first passage above and other elements of the Integration Schemes still require the IJB to direct the parties to deliver the services. This is an important principle and it would appear to reinforce the understanding that the decisions of the IJB are enacted by the Chief Officer through their position as an officer in the parties, not directly through the authority of the IJB. The important consequence of this is that the Standing Orders/Code of Corporate Governance of the parties and the associated systems of control, would apply to any operational activity such as purchasing, staff management etc.

The Memorandum of Understanding between the IJBs would need to be amended were Perth and Kinross IJB not to take on operational responsibility for hosted services and that this would also have an impact on the governance and assurance routes for those services.

On the basis of the above, there are differences between the Angus and Dundee Integration Schemes and the Perth and Kinross Integration Scheme which could indicate different approaches. However, the passage in the Perth and Kinross Integration Scheme in relation to hosted services is clear and is not consistent with a commission model.

In addition to any required amendments to the Integrations Scheme, the Memorandum of Understanding between the IJBs would need to be amended were Perth and Kinross IJB not to take on operational responsibility for hosted services and that this would also have an impact on the governance and assurance routes for those services

Code of Corporate Governance

The following principles will apply:

The Scheme of Delegation of the Health Board and Local Authority as described within the Standing Orders should be amended to reflect the areas where strategic decisions have been delegated to IJBs

The remits of Board, Local Authority and IJB Standing Committees will be updated to reflect the new arrangements including the roles of Assurance Committees in other bodies and the provision of cross-assurances including the timing and content of Committee and especially Audit Committee annual reports; building on the solid foundation of assurances provided by the IJB and NHS Tayside Audit Committees and the NHS Tayside Care Governance Committee. Where control weaknesses in one body impact on the Governance Statement of another body, suitable assurance on remedial action will be provided and reported to their Audit Committee. Schemes of Delegation must provide IJB Chief Officers with the authority required to undertake their functions and also specify the delegation and reservation of powers;

Any delegation must take into account the resources available to maintain appropriate levels of assurance and governance; at present IJBs do not have governance infrastructures which would replicate the level of governance oversight within the parent bodies. Therefore in Perth and Kinross

the IJB will need to place reliance on those structures, receiving suitably tailored and granular assurance on the services it commissions:

- i) Existing processes to ensure that laws and guidance are enacted should be extended to include IJBs, whose own governance processes should ensure compliance.
- ii) Internal Audit arrangements will need to be coherent and cohesive with coordinated audit planning, agreement on the sharing of audit outputs and assurance on follow-up.
- iii) Best Value assurances will build on the existing arrangements in the parent bodies, operating on the principle that the IJB activities are enacted through the parent bodies and therefore subject to their Best Value arrangements. In the first instance, this means that the parent bodies should provide assurance on Best Value (BV) to the IJBs, accepting that NHS BV requirements are analogous but not identical to their Council equivalents.

Strategy

Regulations, also reflected within the Integration Schemes, require the Health Board and Local Authorities to take account of the Strategic Plans of the IJBs, which however are not required to take into account the strategies of their parent bodies, only those of other IJBs. Whilst these regulations are clearly intended to establish the primacy of IJBs in decisions around delegated functions, it is not an appropriate or sensible way to approach holistic strategy and planning for health and care systems with complex interdependencies facing significant financial, workforce and demographic pressures and therefore a more collegiate local approach is required.

Streamlined processes are required for approval of the setting of strategic direction including changes to major service provision, which reflect the importance of public engagement and consultation with stakeholders but also the need to shift the balance of care and do not unduly delay the urgent action required to create sustainable services. The following principles will apply:

- i) In all strategy and service redesign developments there must be absolute clarity around which body will make the final decision and the extent to which that body must take account of stakeholder views.
- ii) In recognition of the need for holistic solutions across the NHS Tayside area, IJBs will consult the parent bodies, as key stakeholders, on major strategic change for delegated functions, including those for hosted services, whilst retaining the final decision-making authority, with the host IJB making the final decision for hosted services;
- iii) The consulted parties, including the Health Board, Local Authority and other IJBs where appropriate, will identify which Committee (or their Board) will provide their formal response, minimising the number of consultation meetings required whilst ensuring that the implications are fully explored, particularly in relation to clinical and care governance, which must be taken into account in all strategic decisions.
- iv) Strategic Planning processes should be co-ordinated as far as possible, so that, from an early stage, interdependencies are explored and all stakeholders' objectives are taken into account. Whilst IJBs do not have responsibility for property, it is vital that the parent bodies' Property Strategies are congruent with the IJBs Strategies or the Perth and Kinross IJB's Strategic Commissioning Plan.
- v) Any arrangements must take into account and make best use of the limited resources available for Strategic Planning.
- vi) The implications of Large Hospital Set-aside (LHSA) on Health Strategy will be explored

further and clarity achieved on the lead role for strategic decisions on LHSA which recognises the interdependences between non-delegated acute and LHSA functions.

Risk Management

The IJB's Integration Schemes states that "The Partners and the Integration Joint Board will develop a Shared Risk Management Strategy by 1 November 2015". A model Risk Management Strategy (RMS) was produced for the IJBs. The IJB Risk Management Strategy approved by Perth and Kinross IJB states that 'Parent bodies will retain responsibility for managing operational risks', which is consistent with the commissioning model adopted by Perth and Kinross IJB. However this was not consistent with the Dundee and Angus IJB governance models where controls have passed from the parent body to the IJB. Dundee IJB, recognising this inconsistency, has subsequently updated their Risk Management Strategy to reflect their view of the shared ownership of operational risks.

The Integration Scheme also states that *'the Partners and the Integration Joint Board will consider and agree which risks should be taken from their own risk registers and placed on the shared risk register within three months of the establishment of the Integration Joint Board sources'* and that *'The Chief Officer will be responsible for drawing together the joint risks from the relevant organisations and preparing a joint risk register within 3 months of the establishment of the Integration Joint Board'*. These actions have not yet taken place. The NHS Tayside Risk Management System (RMS) has not been updated to reflect integration and whilst Perth & Kinross Council have recognised the need to reflect integration in their Risk Management Policy and Strategy, this work has not yet concluded.

The IJBs RMS contains a number of inconsistencies and does not contain robust processes for advising parent bodies of emerging risks and its requirement to use a Board Assurance Framework (BAF) approach for Strategic risks has not been fully implemented in by the IJBs.

The following principles will apply:

- i) The Risk Management Strategies of the IJB and the parties will be amended so that they consistently and clearly set out :
 - a. Responsibility for managing operational risks. In the case of Perth and Kinross IJB this will need to remain with the parties.
 - b. A process and timetable for identifying risks where one body is responsible for the service, but the risks are of a nature or materiality that it could have a significant impact on the other body. The definition of 'shared' risks will need to be explored carefully as operational responsibility cannot be shared effectively, but there are many risks which would impact on both parties.
 - c. Clear assurance arrangements both internally and to other bodies; if a full BAF approach is not practicable, then any arrangements must ensure that assurances are received over the controls mitigating key risks.
 - d. Resourcing of Risk Management will be agreed, in line with the Integration Scheme to ensure that appropriate support is available.
 - e. Perth and Kinross IJB whilst operational risks remain with the parties and therefore will be retained within the parent bodies risk management systems, parent bodies will need to grant access to all appropriate HSCP staff, whether employed by that parent body or not. In Dundee and Angus IJBs and any risks transferred to IJBs can still be hosted on the parent body's risk management system. However, again the parent bodies will need to grant access to all appropriate IJB staff, whether employed by that parent body or not. Resource issues relating to any longer term transfer of risks will need to be included in wider consideration of the implications of any move to integrated governance systems within the IJB, but would need to be planned well in advance.
 - f. Audit Committees should be clearly sighted on the extent to which they rely on the risk management systems of other bodies and should receive appropriate year-end assurances on their operation.

Performance Reporting

The requirements on performance reporting to the IJB are set out in regulations, in guidance, in the Integration Scheme and in further guidance issued by the Scottish Government in January 2017. However, linkages between the IJB and the parent bodies are less clear. Whilst in theory, the model adopted in relation to responsibility for operational services might impact on reporting, in practice, the three IJBs have adopted similar reporting structures based on similar Integration Schemes.

The Dundee and Angus IJB Integration Schemes state: *The Parties will develop a performance management framework which will contain a list of targets and measures that relate to the integration functions for which responsibility will transfer in full or part. The performance framework will also contain a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan.'*

The Perth and Kinross IJB Integration Scheme states: *'The Partners and the Integration Joint Board will establish a Performance Management Framework focused upon the delivery of the nine National Outcomes for Health & Social Care Integration. A framework of outcomes, indicators and targets will be further developed, with clear linkages flowing from the National Outcomes through the Perth and Kinross Community Plan/Single Outcome Agreement 2013/23, to the Strategic Plan and into Locality Plans and the Partners' delivery plans for commissioned services.*

The Performance Framework will also contain a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan.'

The following principles will apply:

- i) IJBs will continue to monitor mandatory targets for which their parent bodies are responsible and include their achievement within their Strategic Plans;
- ii) For delegated functions, the IJB will take the lead in Performance Management and therefore have primary responsibility for deciding on appropriate remedial action where required, and monitoring its implementation and effectiveness and providing appropriate reports and assurance to the nominated Committee of the parent body. For Large Hospital Set-Aside (LHSA) functions, NHS Tayside will take the lead and provide assurance and reports to the IJBs;
- iii) Both NHS Tayside and Local Authorities will agree clear reporting arrangements with the IJB which provide the parent bodies with appropriate assurance on the achievement of objectives for which they are still accountable or where they continue to bear significant risk, respecting the principles set out in ii) above.
- iv) Wherever possible, performance reports will state overtly the link to key risks and provide overt assurance on whether the performance reports are consistent with their description and risk scoring within the IJBs Strategic Risk Register and those of the parent bodies.

Care Governance

The Integration Schemes states that *'NHS Tayside Board is accountable for Clinical and Care Governance in relation to services provided by NHS Tayside.'* This reinforces the view that the Health Board (and presumably, by extension the Council) are still ultimately responsible for these arrangements and therefore require to receive the necessary assurances. This has profound implications, not only for Clinical Governance but also Risk Management.

The national guidance and therefore also the Integration Schemes provide guidance on both professional accountability and clinical governance. Whilst the two are closely linked, they are separate and the key issue for all bodies is assurance over the overall health and well-being of the

population, of the safety and effectiveness of care provided and of the adequacy and effectiveness of the systems and governance structures which provide that assurance.

Professional accountability appears to be well-covered within the Integration Schemes and the provision of professional advice in Tayside will be through the Tayside Clinical and Care Governance and Professional Governance group. Due to the complexity of the issues involved this should continue to be kept under review.

The following principles will apply to assurance:

- i) Consistency of care and clinical governance as far as possible i.e. the level and quality of assurance should be determined consistently (see below) whether in delegated or non- delegated healthcare functions or within social care activities. This will be particularly important as the boundaries between health and social care blur; there is no reason why assurance around the safety and effectiveness of care should change as an individual transitions between one part of the system to another, or if service provision changes. For example the local authority equivalents to SAERs, aggregated incident reports, HAI reports etc. should be reported in parallel and in aggregate with the Health equivalents within IJB reporting;
- ii) Proportionality; assurance should be inextricably and overtly linked with risk and the extent to which key controls manage that risk;
- iii) There must be a distinction between professional lines of accountability and governance assurance;
- iv) Independent oversight is a fundamental component of clinical governance assurance; this includes oversight from independent non-executives/councillors/voting members at an appropriate level based on robust, relevant and reliable data;
- v) Clear linkages to performance data, including operational, financial and quality performance; the ideal is a holistic system which integrates performance, clinical and other data level so that performance is measured once, used often.
- vi) Where assurances are not deemed sufficient or they highlight significant unmitigated risks, there must be clarity around which body will take the decision on the appropriate action to be taken and how they will provide assurance to other parties on the implementation and effectiveness of those actions.
- vii) All systems should distinguish between pro-active and reactive, internal and external assurance and develop effective triangulation to ensure that each assurance component contributes to an overall assessment of governance. For example, the key information to be taken from an external review is not about the specific circumstances found but whether they are consistent with assurances received from internal systems. Wherever practicable, the emphasis should be on internal systems which provide advance warning of any issues.
- viii) The Tayside Clinical and Care Governance and Professional Governance group is the group that will provide assurance in this area. This group has recently developed new terms of reference.
- ix) The provisions in the Integration Scheme for seeking professional advice should be kept under regular review to ensure they continue to function as intended.

Staff Governance

IJBs being subject to Local Authority regulations are not subject to the statutory duty of Staff Governance which applies to Health Boards. However, the three Integration Schemes state that the IJB Board shall receive a staff governance and workforce planning report and also required the Parties to deliver, within three months of the establishment of each Integration Joint Board, a Workforce and Organisational Development Strategy for integrated functions, which would be subject to review in conjunction with the IJB. There is thus an inherent tension between the continuing responsibility of the Health Board to ensure that the Staff Governance principles are in place for all staff, including those working within delegated functions, and the responsibility of the IJB for workforce and Organisational Development strategy. Similarly, Local Authorities retain a duty of care for the staff they employ.

The following principles will apply:

- i) There should be absolute clarity around the authority for decisions made on staffing issues, particularly Workforce and Organisational Development strategies. These strategies should be coherent between the parent bodies and the IJBs;
- ii) Any decisions made by the IJB around staff employed by the NHS must comply with Staff Governance standards including Staff Governance Monitoring requirements;
- iii) Similarly, any decisions made in relation to staff employed by the Local Authority must comply with relevant local policies, in the absence of national guidance.
- iv) The relevant Governance Committee of NHS Tayside must receive appropriate assurances on Staff Governance for staff working within the Health and Social Care partnerships;
- v) In the longer term, to ensure equity of treatment, IJBs may wish to consider how the principles embedded within the Staff Governance standards and any Local Authority equivalent can be applied to all staff to ensure the highest standards of staff governance whilst avoiding unnecessary duplication and the need to run parallel systems.

Financial Governance

Application of Integration Scheme:

The Dundee and Angus Integration Scheme – requires that ‘In the event that an overspend is evident following the application of a recovery plan, use of uncommitted reserves or where the Strategic Plan cannot be adjusted the following arrangements will apply:

- 1st and 2nd financial year of Integration Joint Board – the overspend will be met by the Party with operational responsibility for service delivery, unless agreed otherwise through at tripartite agreement between the Integration Joint Board and the Parties;
- 3rd financial year of the Integration Joint Board onwards – the overspend will be allocated based on each Parties’ proportionate contribution to the Integration Joint Board’s budget
Requisition for that financial year on a like for like basis.’

The Perth and Kinross Integration Scheme - requires that 'Where a year-end overspend in the Integration Joint Board's budget is projected, the Chief Officer and Chief Financial Officer must take remedial action to prevent this overspend materialising' and sets out further action to be taken if this is unsuccessful including the creation of a recovery plan, the use of uncommitted reserves and amendments to the IJB Strategic Plan in future years. It further states that 'In the event that an overspend is evident following the application of a recovery plan, use of reserves or, where the Strategic Plan cannot be adjusted, the following arrangements will apply:-

- First 2 financial years of the Integration Joint Board - the overspend will be met by the Partner with operational responsibility unless agreed otherwise through a tri-partite agreement between the Integration Joint Board and the Partners;
- 3rd financial year of the Integration Joint Board onwards – the overspend may be allocated based on each Partner's proportionate contribution to the Integration Joint Board's Budget Requisition for that financial year on a like for like basis.'

The net effect is that whilst the IJB is responsible for mitigating financial risk, responsibility is ultimately likely to be borne by the parent bodies. In addition, from year three onwards, parent bodies will be exposed to financial risk arising from all expenditure within the IJB, whether or not that expenditure is associated with functions delegated by them. This has implications for financial reporting across all bodies. However, it should be noted that all integration schemes require the Chief Officer and Chief Finance Officer to present a recovery plan to the Parties and the Integration Joint Board to address in year overspends and any recurring overspends for future financial years and that the IJBs are responsible for decisions on the budgets delegated to them.

There needs to be acceptance that IJB financial performance directly impacts on parent bodies and a full understanding of the implication of the consequences of the Integration Scheme requirements in relation to the treatment of overspends, especially the meaning of the word 'may' below. In effect, the parent bodies may be liable for any overspend incurred by the IJB which cannot be mitigated and will therefore require to be aware of overall IJB financial risk profiles. Once the overspends are potentially split between the parent bodies, this principle will need to be extended so that, for example, Local Authorities will equally need to be aware of overspends in IJB functions delegated by the Health Board.

Whilst Integration Schemes place the responsibility for managing overspends on the IJBs, there is no clarity around the relationship between the IJBs' transformation and cost-savings programmes and those of the parent bodies, which still include IJB functions. In addition, there is a national and local requirement for further detail on the provisions for LHSA.

The following principles will apply:

- i) Savings and transformation/service redesign programmes in the parent bodies must include IJB representation and must clearly state responsibility for implementation and the linkages between the monitoring and performance management processes for these programmes and those of the IJB. Given that the financial risks ultimately reside with the parent bodies, the IJB must provide suitable and regular assurances to the relevant Committees of the parent bodies. There will be clear protocols for dispute resolution where the IJB and parent body disagree on key elements of efficiency or service redesign;
- ii) The property strategies of parent bodies must take into account the strategic intentions of the IJBs and vice-versa;
- iii) The financial implications of LHSA should be explored further to fulfil the requirements of the relevant guidance and provide certainty around the implications of changes to cost and volume.
- iv) The fraud policies of the parent bodies must reflect HSCI and consider the appropriate mechanism for fraud investigation where, for example, an employee of one body is under investigation for actions undertaken within the other, recognising the principle that all actions are undertaken under the auspices of the financial and other regulations of one or other of the parent bodies.

Information Governance

Information Governance is a complex area and one in which the advent of General Data Protection Regulations (GDPR) and the increased prevalence of cyber attacks will raise the potential risk associated with this area. The very essence of partnership working is that officers employed by one parent body will require access to information and systems held by the other, a situation which becomes even more complex where services are hosted.



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

6 MARCH 2018

TRANSFORMING GOVERNANCE ACTION PLAN: UPDATE

Report by Chief Financial Officer

PURPOSE OF REPORT

This report provides an update on progress in taking forward the key actions set out in the Transforming Governance Action Plan shared with the Audit & Performance Committee in June 2017.

1. BACKGROUND

As part of the process for reviewing the integrity and effectiveness of the IJB's governance arrangements to inform the Annual Governance Statement for 2016/17, the Chief Finance Officer has led a robust self-assessment process across the Partnership and with full involvement of the management team.

As part of this process, a number of areas were identified for further development to ensure that the IJB and the Partnership Team can manage and mitigate risks more effectively. These were set out in the Transforming Governance Action Plan which was set out for the Audit & performance Committee at its June meeting.

This report provides an update on progress against the key areas for development identified.

2. UPDATE

Appendix 1 provides an update on progress over the last 6 month in taking forward the areas identified for development.

3. RECOMMENDATION

The Audit & Performance Committee are asked to note the progress made to date.

Author(s)

Name	Designation	Contact Details
Jane M Smith	Chief Financial Officer	janemsmith@nhs.net janemsmith@pkc.gov.uk 01738 459556 07966 875713

PERTH & KINROSS IJB
TRANSFORMING GOVERNANCE ACTION PLAN

Appendix 1

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
1.	OUR GOVERNANCE FRAMEWORK: Formally establish and articulate the overall governance framework that supports the relationship with PKC and NHST and provide training and development for members and officers to ensure that roles, responsibilities within the framework are understood.	Meeting with Lesley McLay/Bernadette Malone. Thereafter draft governance agreement for sign up by both. Create a standard learning and development session on IJB Governance that can be used widely.	CO/CFO	July 2017	Paper on IJB Governance approved by NHST Audit Committee providing NHST support to two models of governance in NHST. Discussions now required between NHST and PKC to ensure fully agreed model of governance and accountability in place for P&K IJB. AGENDA ITEM: GOVERNANCE & ASSURANCE NEXT STEPS
2.	DEVELOPING OUR CULTURE AND IDENTITY: Develop a shared culture and identity based on a shared vision across the whole team of the future shape of health and social care across Perth & Kinross.	EMT dedicated session with Helen Mackinnon to consider recommendations of participation and engagement sub-group around branding and identity in first instance.	CO	July 2017	A logo has been approved by the IJB who asked that a strap line be added. Approved by the IJB in January 2018.
3.	RISK MANAGEMENT IN PRACTICE: establish clear protocols for risk management at both Strategic and Operational level that are consistent with the agreed Governance Framework, with a focus on clinical and care risk in the first instance.	Following establishment of clear principles of governance and learning for EMT, set up risk management workshop with external facilitation and including PKC and NHST colleagues.	CFO	Nov 2017	Delayed pending formalisation of governance framework (see 1 above) Specific work to be done across Mental Health – currently under discussion with a target date for completion to be agreed. AGENDA ITEM: RISK MANAGEMENT
4.	OUR STRATEGIC PLANNING GROUP: Clarify and strengthen role of Strategic Planning Group, ensuring links to localities and care group strategies.	Review how Strategic Planning groups are operating across other IJBs across Tayside and beyond. Thereafter review the role, remit and membership and consider alignment to EMT	CO	Aug 2017	High level Strategic Planning group still in existence though has not met for some time. Chief officer and Executive management team have recognised the need to form a Strategic Delivery group .

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
5.	LEADERSHIP CAPACITY: Review the organisational structure of the partnership team to ensure sufficient leadership and strategic planning capacity which takes account of our responsibility for significant hosted services.	Undertake a needs assessment and thereon identify revised organisational structure for approval by partners/IJB.	CO	Aug 2017	Draft 2018/19 Budget contains proposal to add two key posts to HSCP Organisational Structure (Strategic Planning Lead and Head of Performance and Business Planning). Job Descriptions currently being drafted. AGENDA ITEM: RESOURCES TO SUPPORT MENTAL HEALTH
6.	CLINICAL LEADERSHIP AND ENGAGEMENT: Develop and implement a model for clinical and leadership across services that embeds medical staff at the heart of redesign.	In line with the Strategic Delivery Plan, consider the key priority areas for medical involvement/leadership and thereon consider the arrangements that will best support the Clinical Director to ensure full and effective engagement.	CD	Aug 2017	Draft 2018/19 Budget contains proposal to increase Clinical Director Capacity and provide a supporting infrastructure. Discussions ongoing with NHST Medical Director regarding Medical Leadership model and ensuring that IJB Clinical Directors key leadership role is understood and appropriately dovetailed with wider NHST Medical leadership Model to ensure clear lines of accountability and responsibility for decision making. Clinical leadership forum has now been established for development of PKHSCP Clinical Strategy and Mental Health Community.
7.	MEANINGFUL ENGAGEMENT WITH COMMUNITIES: Review the basis on which the partnership are engaging with communities ensuring that there is a clear process and that we are actively encouraging active participation of service users, carers and communities in the redesign of services.	Process for signing off stakeholder engagement plans to come forward to Transformation Board	Heads of Service/ Helen Mackinnon	Aug 2017	

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
8.	<p>A FOCUS ON DELIVERY: Develop a three year Strategic Delivery Action Plan with timescales and agreed SRO's against agreed actions with clear alignment to the Performance Management Framework.</p> <p>A locality development planning workshop to be held in September with GP involvements to agree clear milestones for future development and alignment to work of Community Planning Partnerships.</p>	<p>Workshop session planned for 6/7 July 2017. 17/18 Project Plan to be key output.</p> <p>Locality Development Workshop session to be held September 2017</p>	<p>EMT</p> <p>Heads of Service/ Clinical Director</p>	<p>Aug 2017</p> <p>Sept 2017</p>	
9.	<p>MANAGING THE BUSINESS: Review the role, remit and membership of all of our key groups (EMT, COG, Transformation Board etc) to ensure that there are robust forums to support ongoing planning of future services as well as appropriate and effective mechanisms to oversee operational delivery of services.</p>	<p>Head of Legal Services (PKC) to facilitate a planning session to review and refresh role and remits of key group to ensure clear linkages, routes and accountabilities.</p>	EMT	Aug 2017	<p>In advance of a wider workshop, a straw man proposal has been developed and discussed with EMT. This will now be taken into the wider workshop session being arranged for October.</p> <p>AGENDA: GOVERNANCE & ASSURANCE NEXT STEPS</p>
10.	<p>LARGE HOPITAL SET ASIDE: Working with NHST, establish robust planning arrangements for large hospital services that ensure that we are leading on the design of future models of care across devolved hospital and community services and unscheduled care across the PRI site.</p>	<p>Role remit and membership of PRI Review Group to be formally agreed along with strategic planning process, key touch points and outputs.</p>	EMT	July 2017	<p>PRI Clinical Strategy Group meeting weekly which seeks to develop clinical model for unscheduled care across medical beds at PRI and within Community Hospitals.</p>

PERTH & KINROSS IJB
TRANSFORMING GOVERNANCE ACTION PLAN

Appendix 1

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
11.	HOSTED SERVICES: Working with other IJB's, ensure mechanisms are in place to ensure that each IJB is effectively and appropriately involved in developing major transformational change plans and ensure regular sharing of information in relation to all hosted services.	Hosted Services Strategic Planning Event to be set up in September to review each hosted service, emerging strategic and operational issues and next steps.	EMT	Dec 2017	Significant work undertaken to establish clear and appropriate governance route for agreement of new model of care for IP GAP and LD which are hosted by PKIJB. Significant learning from this which will now be fed into review of risk management. AGENDA ITEM : RISK MANAGEMENT
12.	EFFECTIVE CORPORATE SUPPORT ARRANGEMENTS: Review the effectiveness of corporate support arrangements and develop a draft improvement plan and mechanism for ongoing discussion with both parent bodies.	Internal Audit Review to be undertaken.	CIA/CO	Aug 2017	Discussion planned with Chief Internal Auditor to focus IA resource to support the development of a needs analysis with full EMT.
13.	OUR BOARD MEMBERS: Work with the Chair of the IJB to establish a training and development plan for Board members that recognises the needs of the individuals as well s the Board as a whole.	Options for assessing training development needs to be pulled together for meeting with Chair and Vice Chair	CHAIR/ CO	Mar 2018	Initial need identified around governance framework of IJB and accountability and responsibilities. This has been delayed pending formalisation of governance framework (see 1 above). AGENDA ITEM: GOVERNANCE & ASSURANCE NEXT STEPS
14.	A SYSTEMATIC APPROACH TO PERFORMANCE MANAGEMENT: Develop and implement a performance monitoring system that provides EMT with regular, robust management information on performance against agreed strategic performance indicators and	Leadership arrangements around performance to be agreed. Interim support to set up reporting system to be identified.	CO	Aug 2017	2018/19 Draft Budget contains proposal to create Head of Performance and Business Planning. Job Description currently being developed. Discussions have almost concluded with PKC around the development of a Partnership Integrated Business Support and Performance Function.

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
	other supporting performance measures that ensures appropriate and effective scrutiny and review against agreed targets.				
15.	SETTING CLEAR OBJECTIVES FOR THE TEAM: Ensure that annual objectives are set for each member of the partnership team that align with agreed strategic transformation and other priorities.	Objectives to be set for all EMT and direct reports by end of July.	CO	July 2017	Draft objectives prepared and being discussed.
16.	DELIVERING FINANCIAL SUSTAINABILITY: Work with NHST to consider the sufficiency of the GP Prescribing budget as part of our overall ambition to deliver sustainable future services.	Meeting to take place with CO/DOF NHST in July	CFO	Aug 2017	Meeting with NHST/PKC has not yet taken place. The 3 risk sharing arrangements will end after 2018/19. Early discussions are essential in 2018/19 with PKC and NHST to agree risk sharing arrangements moving forward in relation to this specific budget.
	Develop a three year financial strategy aligned to the Strategic Delivery Plan that sets out the detailed investment and disinvestment plans that supports future financial sustainability.	Fully cost Strategic Delivery Plan and link to existing and emerging savings proposals to set out three year financial plan.		Dec 2017	Whilst a Strategic Delivery Plan has not yet been developed, the 3 Year Draft Financial Plan contains a number of key investment and disinvestment proposals that are directly driven by the IJB's Strategic Plan Commitments.
	Work with NHST and PKC to develop principles to underpin an aligned approach to budget setting from 18/19.	Input proactively to PKC Budget Setting Process and planned changes to approach for 18/19. In		Aug 2017	Complete. A fully joined up budget setting process has been taken forward across health and social care budgets. However there are a number of lessons to be learned and a next

ISSUE	AREA FOR DEVELOPMENT	ACTION	SRO	DATE	UPDATE
	Working with NHST and PKC ensure that the partnership's approach financial planning effectively supports the budget setting process sin both parent bodies.	parallel feed into NHST Budget planning Group Joint SMT workshop to determine cornerstones f a joint approach to budget setting.		Aug 2017	steps 'Budget Setting 2018/19 and beyond' will come forward at the next meeting of the A&P Committee and will take account of feedback from IJB BRG. Complete. All necessary timescales met in full in the financial planning process for 2018/19 with full sharing of detailed financial plans with each parent body as appropriate.
17.	CLINICAL CARE & GOVERNANCE: Review Domain subgroups and identify SRO's for key programmes of work. Review required during 17/18 of CCGF and continuing health and LA quality groups to develop clear link and routes for escalation.	Recommendations from Chief Social Worker/Clinical director to come forward to Chief Officer.	CD/ Chief Social Work Officer.	Aug 2017	Initial review of Clinical and Care Governance Programme has been completed by Clinical Director and Partnership Clinical Care Professional Governance Forum. Agreed annual reporting process for each service.



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

6 MARCH 2018

RISK MANAGEMENT

Report by Chief Financial Officer

PURPOSE OF REPORT

The purpose of this paper is to update the Audit and Performance Committee on risk management and to agree the scope of the proposed workshop.

1. BACKGROUND

In 2016 the Integration Joint Board (IJB) approved a Risk Management Strategy (Appendix 1) which required the Partnership to identify, assess and prioritise risk related to delivery of services, particularly those which are likely to affect the IJB's delivery of the Strategic Plan. The Strategy required the Partnership to identify and describe management's plan for mitigating identified. Quarterly reporting to the IJB was agreed.

In line with the requirement set out in the Risk Management Strategy, a Strategic Risk Register (Risk Management Framework) has been developed and reported to the IJB Audit and Performance Committee on a regular basis. (Appendix 2).

Over the last 12-18 months a growing understanding of the governance and accountability arrangements, along with a clear set of strategic commissioning priorities, means that a fundamental review of the risk register, surrounding processes and reporting arrangements is now required.

2. PROPOSAL

The partnership would now propose to undertake a workshop with expert facilitation to ensure full and clear understanding for officers and IJB members of the model of governance and implications for risk management.

Back to basics review of strategic risks across directly delivered and hosted services. Process/arrangements for escalating operational risks which require strategic oversight due to potential unpaid on IJB objectives.

Review reporting arrangements and line of accountability.

3. RECOMMENDATION

The Audit and Performance Committee are asked to agree the scope of the proposed workshop on Risk Management and instruct the Chief Financial Officer to make arrangements for this to take place by end of May 2018.

Appendix 1 Risk Management Strategy

Appendix 2 IJB Risk Management Framework

Author(s)

Name	Designation	Contact Details
Jane M Smith	Chief Financial Officer	janemsmith@nhs.net



Integrated Joint Boards

Risk Management Policy and Strategy

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1. Policy – The Risk Management Approach and Vision

1.1 The Integrated Joint Boards (IJBs) are committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2 In doing so the aim is to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJBs and others who interact with the services delivered under their direction.

1.3 The IJBs believe that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of objectives, better clinical and financial outcomes, achievement of targets and fewer unexpected problems.

1.4 They purposefully seek to promote an environment that is risk 'aware' and strive to place risk management information at the heart of key decisions. This means that the IJBs can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

1.5 The IJBs promote the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJBs.

1.6 The IJBs will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to their wider governance arrangements.

1.7 The IJBs, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse events, claims and/ or

2. Strategy - Implementing the Policy

Introduction

2.1 The primary objectives of this strategy will be to:

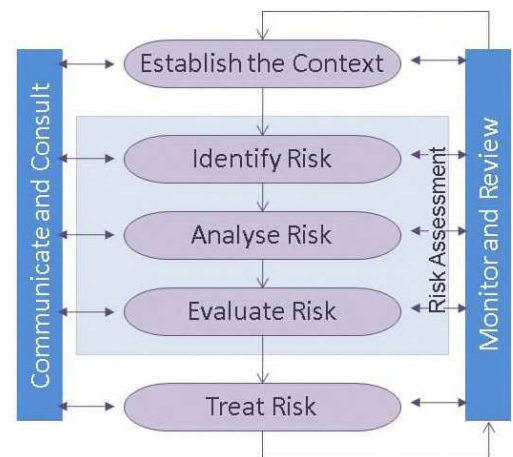
- promote awareness of risk and define responsibility for managing risk within the IJBs;
- establish communication and sharing of risk information through all areas of the IJBs
- initiate measures to reduce the IJBs exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

2.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

- 2.3 **Strategic risks** represent the potential for the IJBs to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within their Strategic Plans, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.
- 2.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJBs activities. Parent bodies will retain responsibility for managing operational risks as operational or service risks which will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.
- 2.5 All risks will be analysed consistently with an evaluation of risk as being probability/likelihood x consequence/impact. Please refer to Appendix 1.
- 2.6 This document represents the risk management framework to be implemented across the Joint Boards and will contribute to their wider governance arrangements.

Risk management process

- 2.7 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects¹ It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.
- 2.8 The IJBs embed risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.



Application of good risk management across the IJB activities

- 2.9 Standard procedures (2.9.1 – 2.9.9) will be implemented across all areas of activity that are under the direction of the IJBs in order to achieve consistent and effective implementation of good risk management.
- 2.9.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 2.9.2 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 2.9.3 Appropriate ownership of risk: Specific risks will be owned by/assigned to and managed by those individual/s who are best placed to oversee the risk and manage the development of any new risk controls required by the Chief Officer of the relevant IJB in conjunction with the Chief Executive from Health.
- 2.9.4 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.
- 2.9.5 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the

¹ Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

IJBs. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk.

- 2.9.6 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
- 2.9.7 Reporting of strategic risks and key operational risks to the IJB on a quarterly basis.
- 2.9.8 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the IJB.
- 2.9.9 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

3. Risk Leadership and Accountability

Governance, roles and responsibilities

3.1 Integrated Joint Boards

Members of the Integrated Joint Boards are responsible for:

- ☐ oversight of the IJBs risk management arrangements;
- ☐ receipt, review and scrutiny of reports on strategic risks and any key operational risks that require to be brought to the IJBs attention; and,
- ☐ ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like (*A 'risk implications' section on relevant board papers could facilitate this*).

3.2 Chief Officer

The Chief Officers have overall accountability for the IJBs risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officers will keep the Chief Executives of the IJBs partner bodies (Council and Health) informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of their Strategic Plans or the reputation of the IJB.

3.3 Senior Management Team

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- ☐ supporting the Chief Officer in fulfilling their risk management responsibilities;
- ☐ arranging professional risk management support, guidance and training from partner bodies;
- ☐ receipt and review of regular risk reports on strategic, shared key operational risks and escalating any matters of concern to the IJB; and,
- ☐ ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

3.4 Individual Risk Owners/Risk Managers

It is the responsibility of each risk owner/manager to ensure that:

- ☐ risks assigned to them are analysed in keeping with the agreed risk matrix both for probability / likelihood and consequence / impact taking into account existing controls and the potential likelihood and consequences after treatment of the risk
- ☐ data on which risk evaluations are based are robust and reliable;
- ☐ risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;

- ☐ the whole risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- ☐ controls that are in place to manage the risk or which are proposed are proportionate to the context and level of risk and are effective in practice
- ☐ risks are recorded using the framework in Appendix 2.

3.5 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- ☐ understand the risks that relate to their roles and activities;
- ☐ understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- ☐ understand their accountability for particular risks and how they can manage them;
- ☐ understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- ☐ understand that good risk management is a key part of the IJB's culture.

3.6 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

4. Resourcing Risk Management

Resourcing the risk management framework

- 4.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Boards will be resourced through the Senior Management Team's arrangements (referred to in 4.3).
- 4.2 Wherever possible the IJBs will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

Resourcing those responsible for managing specific risks

- 4.4 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that this will be taken forward by the partner organisation, within current resource where possible.
- 4.5 Financial decisions in respect of the IJBs risk management arrangements will rest with the Chief Financial Officer.

5. Training, Learning and Development

Risk management training and development opportunities

- 5.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 5.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJBs and in developing risk management maturity. The Senior Management Teams will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 4.3).

6. Monitoring Activity and Performance

Monitoring risk management activity

- 6.1 The IJBs operate in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 6.2 Monitoring will include review of the IJBs risk profile at Senior Management Team level on a quarterly basis when all strategic, operational and shared risks will be considered.
- 6.3 It is expected that partner bodies will use IJBs risk reports to keep their own organisations updated on the management of the risks, highlighting any IJBs risks that might impact on the partner organisation.

Monitoring risk management performance

- 6.4 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 6.5 The performance data linked to the Strategic Plans will also inform the identification of new risks or highlight where existing risks require more attention.
- 6.6 Reviewing the IJBs risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

7. Communicating Risk Management

Communicating, consulting on and reviewing the risk management framework

- 7.1 Effective communication of risk management information across the IJBs is essential to developing a consistent and effective approach to risk management.
- 7.2 Copies of this policy and strategy will be widely circulated via the Senior Management Teams and will form the basis of any risk management training arranged by the IJBs.
- 7.3 The Policy and Strategy (version 1.0) was approved by the Integrated Joint Boards at its meeting of 15/1/16.
- 7.4 This policy and strategy will be reviewed annually by the Risk Managers from NHS Tayside and the Local Authorities to ensure that it reflects current standards and best practice in risk management and fully reflects the Integrated Joint Boards business environment.

Appendix 1 Risk Matrix

Impact/Consequences	Critical/Extreme (5)	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Significant/Moderate (3)	3	6	9	12	15
	Marginal/Minor (2)	2	4	6	8	10
	Negligible (1)	1	2	3	4	5
		Very Low/Rare (1)	Low/ Unlikely (2)	Low to High/ Possible (3)	High/ Likely (4)	Very High/ Almost Certain (5)
Likelihood/Probability						

Appendix 2 Risk Framework

RISK FRAMEWORK

Risk Description: Set out which events could impact on the achievement of the objective and their potential consequences <i>This should be structured which separates cause, risk and effect e.g. "As a result of (1 – Existing Condition), (2 – Something Uncertain) may occur, which would lead to (3 – effect on objectives).</i>		Risk Owner:		
		Risk Manager:		
		IJB: Insert the name of the Integrated Joint Board to which this risk is reported into		
Objective: Identify which relevant objective this risk relates/links to.		Date last reviewed: Insert the date the risk was last reviewed and updated even if no changes are made		
		Date of next review: Insert the date when the risk is next due for review		
Risk Rating: (Likelihood x consequence): Current (risk grade at time of risk review): (Ixc) Planned (anticipated risk grading after all mitigating actions have been implemented): (Ixc)		Rationale for current score: <i>This should explain the nature of the risk in more detail but also set out why the score is currently as it is; wherever possibly using the descriptors from the risk management matrix</i> Rationale for planned score: <i>This should set out why the planned score is both desirable and achievable.</i>		
Current Controls (what are we currently doing about the risk?) <i>Ongoing actions designed to mitigate the risk that are already in place and working effectively:</i> <i>Whilst difficult to judge with precision, the key controls are those that mitigate the risk from its inherent level to its current level. If a control does not have that level of impact then it should be recorded on an operational risk (below) but not necessarily included here.</i>		Mitigating actions (What more should we do?) <i>These are the future actions which will bring the risk down from its current to its planned level. If an action is not likely to have this impact, then it may not be necessary to include it so that attention can be focused on the most important controls.</i> <i>If the list of actions will not in themselves bring the risk down to the required level then this should be identified, with a clear statement of what future work will be done to identify the actions required. If conversely, there are no actions which will take the risk down to its planned level then the planned risk is unachievable and should be amended with explanation.</i>	Responsible Person	Timescale

Assurances (How do we know controls are in place and functioning as expected?) <i>Please provide details of Reports to Committee which provide information on how the key controls above are operating in practice or direct data on the status of the risk e.g. performance data.</i> <i>A review of the reports which do go to the Committee will identify assurances. However, there must be consideration of whether the reports as they are currently constituted actually provide direct assurance on the operation of the key controls and whether they are constructed in such a way as to ensure that this is highlighted.</i> <i>Where a control is being operated within a sub-group, it is not enough for minutes to be presented. The areas where assurance on key controls is being provided should be overt and unequivocal</i>	Independent Assurances <i>Please provide details of independent scrutiny e.g. Internal and External Reports etc.</i>		
Gaps in assurance (what additional assurances should we seek?)			
Current performance (with these actions taken, how serious is the problem?) <i>Set out an assessment of how well the risk is currently being mitigated and controls being applied effectively. If possible, very high level performance and other data which outline current status and provide a judgement on whether this is in line with expectations would reinforce the conclusion.</i>	Additional Comments: <i>Any other information that might provide a useful insight or without which the picture presented by the risk framework is incomplete</i>		

	Risk Title / Description	Owner Manager	Framework / Strategy / Output Required	Inherent Risk Exposure	Current Risk Level	Clinical, Care & Prof. Governance Domain(s)
				L = Likelihood C = Consequence		
1	CORPORATE GOVERNANCE The inability to establish efficient and effective structures and arrangements required for the partnership will lead to a risk of the partnership being unable to function effectively	R Packham J Smith	Corporate Governance Arrangements and Self Assessment Framework Organisational Structure Risk Register and management arrangements Audit Committee role and remit Hosted Services framework for service delivery System for performance appraisal Performance Management framework	L = 5 C = 5 25	L = 3 C = 4 12	ALL
2	CLINICAL, CARE & PROFESSIONAL GOVERNANCE The inability to deliver locality structures underpinned by robust standards and professional codes of practice results in a risk of failure to deliver reliable, safe and effective health and social care in all settings, resulting in harm or deterioration to service users	R Packham E Devine V Johnson	Performance Management framework Organisational Development framework Clinical, Care & Professional Governance Framework Risk Management Strategy Adverse Event Management Complaints Management Adult Support & Protection Framework Care & Professional Governance Forum terms of Reference	L = 5 C = 5 25	L = 3 C = 4 12	ALL
3	STRATEGIC PLAN There is a risk that a failure to implement the aims and priorities in the strategic plan will lead to failure to meet the needs and challenges of our communities, reputational damage and unsustainable future services.	R Packham L Cameron	Strategic Plan Large Hospital Services Plan Joint Transformation Programme	L = 4 C = 5 20	L = 3 C = 5 15	ALL
4	EFFECTIVE FINANCIAL MANAGEMENT Failure to develop and implement a balanced financial plan will lead to a risk of unsustainable services and create a barrier to the necessary transformations.	R Packham J Smith	2016/17 Financial Plan Joint Transformation Programme Performance Management framework 3 Year Financial Strategy	L = 5 C = 5 25	L = 4 C = 4 16	ALL
5	STAKEHOLDER ENGAGEMENT AND PARTNERSHIP WORKING There is a risk of failure to engage effectively and timeously regarding key service developments which will lead to a risk of reputational damage and unnecessary delay.	R Packham H MacKinnon	Organisational Development framework Hosted Services framework for service delivery Community Engagement & Participation Framework Communications Framework	L = 5 C = 5 25	L = 3 C = 2 6	ALL
6	HEALTH EQUITY There is a risk that a failure to prioritise health equity issues in all decision making will result in an inability to reduce the health equity gap	R Packham L Cameron	Public Health Framework	L = 4 C = 5 20	L = 3 C = 5 15	Promotion of equality & social justice
7	INFORMATION GOVERNANCE & SHARING Inability to efficiently and effectively share information at patient level with partners will lead to a risk of harm, duplication and inefficiencies.	R Packham D Fraser	Information Sharing Protocol	L = 5 C = 5 25	L = 3 C = 5 15	Information Governance
8	WORKFORCE DEVELOPMENT & STAFF GOVERNANCE Inability to develop and sustain our workforce creates a risk of unsustainable services	R Packham J Foulis	Organisational Development framework Hosted Services framework for service delivery Workforce Strategy	L = 5 C = 5 25	L = 4 C = 4 16	Professional Regulation and Workforce Development

9	CAPACITY AND FLOW Inability to adapt and improve existing models of care and patient flow will lead to a risk that patients are not being cared for at the right place at the right time, by the right person	R Packham E Devine D Fraser	Delayed Discharge Action Plan P&K RIE Improvement Plan Joint Transformation Programme	L= 5 C= 5 <u>25</u>	L= 4 C= 4 <u>16</u>	Patient, service user/ carer & staff Experience Patient, Service user Carer and Staff Safety
10	LOCALITY DEVELOPMENT Failure to develop effective locality working will lead to a risk that people will not receive care in line with the principles of the integration of Health & Social Care	R Packham E Devine D Fraser	Locality Working Arrangements Locality Structures	L= 5 C= 5 <u>25</u>	L= 3 C= 5 <u>15</u>	ALL

** Each partner should ensure they have sufficient controls in place to assure that all appropriate legislation is adhered to **

STRATEGIC RISK 1 – Corporate Governance

The inability to establish efficient and effective structures and arrangements required for the partnership will lead to a risk of the partnership being unable to function effectively.

Relevant Strategic Objectives:	
Clinical, Care & Professional Governance domains:	ALL
Risk manager:	Jane Smith
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	3
Risk consequence with controls:	4

	Current Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Standing Orders are in place and include an appropriate Code of Conduct	CFO	A	IJB adopted a template Code of Conduct drafted by the Scottish Government at its meeting on 13.05.16	
	<p>Scheme of administration sets out membership and quoracy, remit, authority, reporting arrangements, minimum frequency of meetings.</p> <p>Requirement for a workplan to ensure the remit is fulfilled, and a requirement for an annual report (in advance of accounts sign-off)</p>	CFO	A	<p>Draft Terms of Reference in place for all groups. All TOR's contain quorate, remit, authority, reporting arrangements and membership requirements.</p> <p>IJB workplan updates have been presented to the IJB at each meeting.</p>	<p>The Annual Performance Report for 2016/17 will be presented to the IJB at the meeting in August 2017.</p> <p>A Strategic Delivery Plan for 2017/18 is being developed which will strongly focus on the delivery of the Scottish Government's key Performance Targets for 2017/18.</p> <p>A workshop will take place to further develop the strategic delivery plan to be held on 7 July 2017. The plan will be brought to the IJB in August 2017.</p>

<u>Current Internal Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
Operational working structures for the partnership	CO	B	Locality managers are now in place across Health and Social Care. Senior Management Team now in place across all hosted services.	Discussions are ongoing to align business management and improvement and strategic planning resource within health and social care and consider the leadership capacity in order to develop an integrated resource. Options to be considered for an interim solution, while a wider longer term need is established. Interim arrangements to be agreed by end of June 2017.
Annual review of governance identifies strengths, challenges and opportunities for improvement.	CFO	A	A governance action plan based on the outcomes of the 16/17 annual governance review has been considered at the Audit & Performance Committee at each meeting.	As part of undertaking a full review of governance for 16/17, a comprehensive self assessment has been undertaken against the CIPFA delivering good governance 2016 framework. A draft improvement plan will be brought for consideration to the Audit and Performance Committee at its June meeting.
The responsibilities and the reporting lines of the IJB in respect of governance arrangements reflected in existing management and governance arrangements	CO	C	An urgent review of the IJBs reporting lines and accountability between NHST and the three IJBs is being taken forward by the NHST Chair. As at 31 st May 2017, a clear consistent model of governance and assurances has not been agreed.	To be further discussed with the Chief Executives of PKC and NHST.
Deputising arrangements for the short or long-term absence of the Chief Officer agreed	CO	B	Formal statement of arrangement to be drafted and agreed. Short term absence process in place.	This control will form part of the business management and strategic planning resource. Interim arrangements required for embedding a strategic planning resource. A formal deputising arrangement will be considered for longer term absence. To be agreed by the end of June.
Action plan in relation to recommendations made for Integration Authorities in the Dec 2015 Audit Scotland report has been agreed and is currently being implemented.	CFO	B	Head of Health & Social Care undertaking a full review and update. It had been intended to undertake a full review and present this to the IJB in June, however a number of other prioritised has meant this has not been undertaken.	The Audit Scotland recommendations will be used as part of a self assessment undertaken in order to further develop the strategy delivery plan as part of the event planned for the 7 th July 2017 A full action plan to be brought to the IJB meeting in August 2017.

	<u>Current Internal Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	Audit & Performance Committee established and operating effectively	CFO	B	Revised Terms of Reference approved at the IJB meeting on the 3 rd February 2017	The role of the Committee in relation to scrutiny of performance has still to be agreed. The annual performance report will set out the basket of performance measures (national and local) that have been agreed to form the IJB performance framework and a reporting proposal will be brought to the next Audit & Performance Committee.
	Internal Audit arrangements including plan and resources been approved by the IJB	CFO	A	Internal Audit plan for 16/17 was approved by the newly established audit and performance committee on 17th January 2017.	This is complete for 16/17 Discussions are ongoing with actions for 17/18
	The Chief Officer and Senior Management Team meet monthly as the Chief Officers Group	CO	B	Ongoing	A robust review of the partnerships operating framework is being undertaken to ensure that the routes for scrutiny, review and oversight are clear and consistent and aligned with the requirements of both parent bodies. End of Sept 2017
	IJB risk management framework and process has been agreed.	CFO	B	A process for regular to update has been implemented. A rolling program of review is now in place through COG which ensures that each risk is discussed regarding updates and actions for improvement.	It has been agreed that a professionally facilitated development session will be arranged for the partnership team regarding risk management.
	Arrangements have been made for the IJB to receive corporate services support functions	CFO	C	A Corporate Support Service Review Group is being set up with the appropriate representation from NHST and PKC. The partnership to consider current support and areas of shortfall. An initial meeting has not yet taken place. However, in order to support the work of the group when established, an internal audit review has been agreed as part of the recommendations.	Partnership Accountant appointed to ensure requisite level of finance support. The recommendations of the internal audit review will be considered, and the partnership response agreed with both bodies brought to the Audit & performance Committee.

	<u>Current Internal Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	Performance Framework has been agreed along with core measures.	CFO	B	<p>Report on agreed national indicators that will form the basis of the Annual Performance report went to the IJB in February 2017.</p> <p>The annual performance report that will be considered by the IJB On the 30 June sets out an proposed strategic performance framework for the IJB.</p> <p>The annual performance report will set out the basket of performance measures (national and local) that have been agreed to form the IJB performance framework.</p>	<p>Performance Framework to be finalised as basis for ongoing review and scrutiny internally and externally by June 2017.</p> <p>Appropriate scrutiny and review at partnership level and at IJB level</p> <p>The partnership now need to embed a reporting system that ensures regular robust review by heads of service and regular reporting to the Executive Management team.</p>
	CNORIS cover for Clinical, Medical and other negligence claims is in place for 2016/17	CFO	A	<p>CNORIS is in place for 2016/17</p> <p>Quarterly nationally CNORIS reports are now being considered by the Care and Professional Governance Forum</p>	Confirmation of the CNORIS agreement for 17-18 is awaited.

	<u>Proposed Internal Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	For hosted services, ensuring that the objectives of the other partnerships strategic plans can be achieved	CO	C	Chief Officer is in discussion with colleagues to review the Strategic Objectives.	There is a paper going to the IJB meeting in June regarding hosted services, and an update progress re: a memorandum of understanding and specific service agreements for each hosted service.
	Training for elected board members	CFO	C	A programme of development for board members will be established	

STRATEGIC RISK 2 – Clinical, Care & Professional Governance

The inability to deliver locality structures underpinned by robust standards and professional codes of practice results in a risk of failure to deliver reliable, safe and effective health and social care in all settings, resulting in harm or deterioration to service users.

Relevant Strategic Objectives:	ALL
Clinical, Care & Professional Governance domains:	ALL
Risk manager:	Evelyn Devine & Val Johnston
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	3
Risk consequence with controls:	4

	Current Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Framework for Clinical, Care & Professional Governance agreed and in place		A	The framework has been agreed across all three partnerships in Tayside	A GAP analysis of the six domains within the framework is underway across all partnership services (including hosted services). Feedback being provided on the results of this analysis at the Care & Professional Governance Forum.
	The P&K HSCP Care & Professional Governance Forum in place, which is co-chaired by the Chief Social Worker and Clinical Director.		B	Forum workplan finalised at the meeting on 18 th June. Updates on the objectives and actions contained within the workplan provided at each meeting. Update report on the progress made to date to be discussed at the IJB on the 4 th November 2016.	Terms of Reference in place, to be brought to the IJB for approval. To agree the Care & Professional Governance structures and assurance for hosted services. An exception reporting template is now in use for all services to assure the group regarding Care & Professional Governance processes and activity.
	Within health, the existing Perth & Kinross Safety, Clinical Governance and Risk Group continues to meet to provide assurances of safe, effective and person centred care		A	This group is due to have a discussion at it's meeting on the 7 th February 2017 around future role and remit.	Care & Professional Governance assurance and scrutiny now taking place within the Care & Professional Governance Forum

	Current Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Within health, each service has a Safety, Clinical Governance & Risk group in place which has a responsibility for ensuring safe, effective and person centred care within their service.		A	<p>Clinical Governance Groups in place across Health Services, and Care Assurance Groups in place with Community Care.</p> <p>The Care & Professional Governance Speciality Group for Mental Health (R3) now formed and will forge links with the Care & Professional Governance Group.</p>	<p>Locality based Clinical Governance and Risk groups will require to be established.</p> <p>Interim Lead Officer/Head of Health a member of the R3 group.</p>
	Clinical Governance & Risk Coordinator in place in the partnership, and facilitators in place within Inpatient Mental Health.		A	The role is in place, and has operational links with the NHST Clinical Governance Team and Associate Director of Clinical Governance & Risk Management.	
	P&K Professional Nurse Forum in place within the partnership. This group oversees the professional development of nursing staff across health.		B	The Forum meets every two months, and has representation from across all health services within the partnership.	AHP Professional Forum to be established
	Both Community Care and Health have risk management arrangements and processes in place		A	Health services record operational risks on the DATIX system. Individual services have in place risk registers for risks specific to their service. Community Care services have in place operational risk registers.	<p>Further discussion to take place regarding the use of DATIX for risks within the partnership.</p> <p>Existing DATIX risks within the partnership and inpatient mental health to be reviewed.</p>
	DATIX system in place for adverse event reporting within Health		B	Near Misses and Adverse Events within health services are reported via DATIX	Ongoing discussion within partnership around the use of DATIX for incident reporting.
	Business Continuity Plans in place with health and community care.		A	BCP's in place across all Health services; these are in the agreed NHST format and are reviewed on an annual basis. Community Care services also have in place BCP's	Future plans or revisions to existing plans should be shared where appropriate
	Complaints processes in place in both Health and Community Care.		A	The current arrangement for complaint handling is that complaints will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaints refers	National work ongoing regarding a joint approach to complaint management.
	Professional revalidation of both Health & Social Care staff through SSSE for Social Work, and the various professional bodies for Health staff		A	This is captured as part of one of the domains within the R2 group.	

	<u>Proposed</u> Internal Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Development of clear and robust reporting and assurance arrangements for Adult Mental Health (Community and Inpatient)			<p>The existing arrangements for reporting and assurance will continue within Adult Mental Health (AMH) Services.</p> <p>The Care & Professional Governance Speciality Group for Mental Health (R3) now formed and will forge links with the Care & Professional Governance Group. The weekly clinical risk management will continue and will feed into the R3 group. The weekly meeting will also feed into the local service groups.</p>	Reciprocal links and representation require to be established between the R2 and R3 groups
	To develop clear links between Clinical and Care Governance and workforce and skills development			This is captured as part of one of the domains within the R2 group.	
	Establish a Quality Assurance Process within Community Care				Consideration to be given for the quality assurance processes required for commissioned services.

STRATEGIC RISK 3 – STRATEGIC PLAN

There is a risk that a failure to implement the aims and priorities in the strategic plan will lead to failure to meet the needs and challenges of our communities, reputational damage and unsustainable future services.

Relevant Strategic Objectives:	ALL
Clinical, Care & Professional Governance domains:	ALL
Risk manager:	Lorna Cameron
Risk likelihood without controls:	4
Risk consequence without controls:	5
Risk likelihood with controls:	3
Risk consequence with controls:	5

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	There is a standing item at the IJB with regards to the 19 priorities and the actions within the plan		A	Updates provided at every meeting of IJB.	There is a programme in place which highlight the standing items.
	Regular reporting through the COG, and COG members identified to lead each of the key actions.		B	Progress with Strategic plan being reported, but no fixed timetable in place.	Require a timetable the Strategic Plan reporting into COG.
	Identified lead officer for the Strategic Plan, supported by the planning and commissioning team.		A	This role has been identified.	
	Joint SMT and Extended SMT in place		B	Locality leads preparing local plans relating to the strategic plan	Strategic planning group reconvened. Locality plans within Performance Frameworks to be in place by August 2017.
	Five Locality Action Partnerships are in place. HSCP locality leads feed into these groups.		B	Locality action Partnerships have regular updates from HSCP locality leads and agree priorities for the local areas.	To be included in Locality Outcome & Improvement Plans by October 2017.
	The third sector is an integral part of the Strategic Commissioning plan, as is NHS Tayside Clinical Strategy and the PKC Corporate Plan		A		
	Locality working arrangements are supporting the delivery of the Strategic Plan		B	Monthly locality meetings in all three localities with representation from all sectors.	Continue to work through Integrated SMT to ensure consistency of approach across the three localities.

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Underpinning Locality plans require to be developed to support the delivery of the Strategic Commissioning Plan		B	All localities have draft plans in place.	Continue to work with leads to finalise actions and implement key priorities by August 2017.

	Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions

STRATEGIC RISK 4 – EFFECTIVE FINANCIAL MANAGEMENT

Failure to develop and implement a balanced financial plan will lead to a risk of unsustainable services and create a barrier to the necessary transformations.

Relevant Strategic Objectives:	ALL
Clinical, Care & Professional Governance domains:	ALL
Risk manager:	Jane Smith
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	4
Risk consequence with controls:	4

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Completion of Financial Assurance Process to ensure budgets devolved are sufficient.	CFO	B	<p>A Financial Assurance Update paper was presented at the IJB in July 2016.</p> <p>All PKC budgets were signed off as sufficient.</p> <p>Due to the high level of savings required for inpatient mental health and GP prescribing, these budgets were not agreed due to these not being considered sufficient.</p>	<p>Budget setting discussions with NHST for 17/18 will seek to identify a basis on which Inpatient mental health and GP prescribing can be balanced in the short and longer term.</p> <p>To be taken to presented at the IJB meeting on 24 March 2017</p>
	Sign off of Integrated Budget which supports delivery of 2016/17 Strategic Plan	CO/CFO	B	<p>A balanced budget for PKC devolved budget was signed off.</p> <p>The devolved NHST devolved budget has not been signed off.</p>	<p>Budget setting discussions with NHST for 17/18 will seek to identify a basis on which Inpatient mental health and GP prescribing can be balanced in the short and longer term.</p> <p>To be taken to presented at the IJB meeting on 24 March 2017</p>
	Approval of IJB Financial Regulations	CFO	A	This was presented and agreed at the IJB meeting on 23 March 2016	
	Approval of IJB Scheme of Delegation	CO	A	This was presented and agreed at the IJB meeting on 23 March 2016	

	<u>Current Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	Agreed management structure which ensures clear accountability for budgets.	CO	A	Top tier compromising Head of health, Head of Social Care, Head of Inpatient Mental Health services have had formal budget and accounting responsibilities agreed.	
	Robust budget monitoring process across health and social care to highlight issues which may prevent services from delivering within planned budget.	CFO	A	A robust monthly financial monitoring process is in place for Health and Social Care budgets. Reports are presented to the IJB at each meeting.	

	<u>Proposed Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	Development of a three year Financial Plan setting out financial direction aligned to transformation strategy.	CFO	B	Working with NHST; 3 year sustainability plans are being developed for GP Prescribing and Mental Health. This is a priority given the level of financial risk to all the IJB's across NHST. For core hospital and community services across health & social care, a three year investment/disinvestment plan will be a key outcome of the development of the Strategic Delivery Plan	
	Develop a strong and capable programme with capacity to support significant redesign.	CFO	B	Transformation resources from across PKC and NHST have been brought together to establish a transformation programme office and in addition a partnership accountant has been appointed to specifically support transformation.	A wider review of project/programme management support is being undertaken, particularly in relation to GP Prescribing & Mental Health.

STRATEGIC RISK 5 – STAKEHOLDER ENGAGEMENT AND PARTNERSHIP WORKING

There is a risk of failure to engage effectively and timeously regarding key service developments which will lead to a risk of reputational damage and unnecessary delay.

Relevant Strategic Objectives:	ALL The key participation and engagement objectives are: <i>To build collaborative relationships between key stakeholders that are built on trust and a shared commitment to common goals.</i> <i>To establish and/or develop meaningful and sustained dialogue between Health & Social Care services and communities, service users and carers</i> <i>To meet the integration delivery principles and make sure processes meet national standards for engagement</i>
Clinical, Care & Professional Governance domains:	ALL
Risk manager:	Helen MacKinnon
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	3
Risk consequence with controls:	2

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Participation & Engagement Strategy in place, outlining the partnerships approach and key commitments to ensure effective engagement	Chairs of Communication, Engagement & OD Steering Group	A	Strategy in place and reaching 1-year review point.	Complete review of strategy by March 2017. 'Working with Communities' engagement indicators to be explored to support the performance framework.
	Management and engagement staff are briefed on the Participation and Engagement strategy and expected standards to form a joint approach. Regular reviews of progress take place to ensure learning is identified and applied.	Chairs of Communication, Engagement & OD Steering Group	A	Briefings to senior management complete early 2016. Joint session on the range of engagement standards used across the partnership complete spring 2016. Engagement review workshop completed in October 2017 – identified learning from engagement activity to date and improvements to take forward.	A second engagement workshop for managers and engagement staff will take place on 23 January 2017. Input on CEL4 (NHS 'informing, engaging and consulting' standards) and Participatory Budgeting scheduled to be delivered as part of workshop.

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Locality management groups have membership on the engagement steering group	Locality Managers	B	All localities are represented on Steering Group but attendance is sporadic.	Regularity of locality involvement in engagement sub and steering group meetings to be strengthened.
	Engagement planning and recording tool is in place to support effective community engagement, including connections with hosted services engagement plans.	Chairs of Communications and Engagement Sub-group	A	Partnership-wide 'Engagement Planner' is under development to coordinate an overview of all transformation project engagement.	Planner to become a 'live' document that is accessible and updateable. Timescale – March 2017.
	Locality 'participation and engagement plans' to support clear engagement planning around priorities.	Locality Managers	B	Standardised template for locality participation and engagement plans in place. Locality reporting template has been trialled to feed into the steering group.	Plans to be more fully developed by locality steering groups.
	Formal participation structures in place to support the IJB.	Chairs of Communications and Engagement Sub-group	B	Third Sector Forum well-established with IJB input and briefings. Carers Voice Forum already established and continues to grow its reach. Service user forum not formally established but a network of service users is now contributing to IJB discussions. 6-month review meeting with IJB Public Partners took place and key actions identified.	Further work to take place to formalise a service user forum. Engagement sub-group to help with mapping service user networks. Regular Public Partner meetings to be arranged with Chief Officer. Public Partners to be connected into strategic areas of the partnership's work and gain an overview of transformation projects.
	Communication Strategy to be put in place.	Chairs of Communication, Engagement & OD Steering Group	B	Strategy approved by IJB 01.07.16.	Key messages currently being reviewed to better support transformation messages within the strategic context of integration.
	Communication protocols are in place across the partnership to ensure timely and coordinated action and responses.	Communications Leads	A	Communications protocols updated November 2016 and working effectively.	
	Engagement / Communication steering groups are connected to Tayside engagement groups.	Chairs of Communication, Engagement & OD Steering Group	B	P&K represented on Pan Tayside Communications Group and on Mental Health Communications & Engagement Group	Further work required to find efficient ways to connect with a range of Pan Tayside groups.

	<u>Current Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	Review and strengthen mechanisms for engagement with the independent sector.		B	.	
	As we develop our workforce we build in components that include community engagement and communication skills	Chairs of Communications and Engagement Sub-group	B	General media/ communications training provided for HCC managers in the Council and offered to partners.	More development required to spread the reach of training and further embed our key communications messages.

	<u>Proposed Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions (as of end of June 2016)
	As we move into localities, ensuring engagement with the local community planning 'Action Partnerships' and GP clusters.	Locality Managers			Connect community capacity builders to a meeting of the locality steering groups to raise awareness of/ links to Action Partnerships

STRATEGIC RISK 6 – HEALTH EQUITY

There is a risk that a failure to prioritise health equity issues in all decision making will result in an inability to reduce the health equity gap

Relevant Strategic Objectives:	ALL
Clinical, Care & Professional Governance domains:	Equality and social justice
Risk manager:	Lorna Cameron
Risk likelihood without controls:	4
Risk consequence without controls:	5
Risk likelihood with controls:	3
Risk consequence with controls:	5

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	The strategic plan identifies 5 priority areas, and health equity is one of these priorities. As such, it will be reported as part of the Strategic Planning reporting to the IJB	Eileen McMillan	A	The Head of Housing & Strategic Commissioning will report to the IJB regarding Health Equity.	Updates regarding the Strategic plan will include updates on Health Equity.
	The strategy will be informed by the newly established Fairness Commission within Perth and Kinross	Eileen McMillan	B		Key improvement actions will be captured when reported in Spring 2017.
	Locality profiles are capturing where there are gaps in health equity.	Eileen McMillan	B		Updates to the locality profiles by Oct 16 by the Business Improvement Team.
	Health inequalities strategy for P&K	Eileen McMillan	B	To be implemented by locality steering groups	Workshops to be held within locality steering groups to ensure health inequalities activities are included and taken forward in local action plans

	Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Local Action Partnerships & Locality Steering groups to embed and progress actions.				

STRATEGIC RISK 7 – INFORMATION GOVERNANCE & SHARING

Inability to efficiently and effectively share information legally (at service, team and at patient level) with partners will lead to a risk of duplication and inefficiencies, and a risk of harm

Relevant Strategic Objectives:	1,2,3,5,6,7,8,9,10,11,12 ,13,14,15,16,17,18
Clinical, Care & Professional Governance domains:	Information Governance
Risk manager:	Diane Fraser
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	3
Risk consequence with controls:	5

	<u>Current</u> Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Information Sharing Protocol (ISP) for health and social care	Sandy Strathearn	B	Remit to existing IT working group to give progress update on ISP usage and current inhibitors to use	The Social Care data set will be CHI seeded to facilitate easier data sharing. The agreement is with the NHST Caldicott Guardian for signature
		Sandy Strathearn		Develop mechanisms to allow for sharing appropriate service user information across organisational boundaries	Process being created for access to Qlikview for activity for Social Work staff.
		Sandy Strathearn		Assurance to be sought re: consistency of approach across all areas in information sharing	Audit current practice to identify gaps and develop improvement plans as required.
		Sandy Strathearn		An information sharing protocol is in place for which NHST and PKC have signed agreements. The IJB are now a signatory to the information sharing agreement.	

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	NHS and PKC IT Systems Development Group in place to develop strategy and solutions for information sharing between Health & Community Care staff. This will contribute to a reduction in inefficiencies and duplication.	Sandy Strathearn Lynn Harris	B	STRATA Project Formal working group with NHST tasked to create the strategies to enable data sharing.	To have in place practical solutions to allow staff within Health & PKC access to patient information from both Health & PKC IT systems. Consideration of the impact of the retiral of the SWIFT system, and exploring of opportunities in terms of data sharing.
	Legislation framework regarding data sharing in place such as Adult Support and Protection procedures.		B	At team level there is operational guidance.	To provide assurance that all staff are trained and are aware of their responsibilities regarding data sharing.
	As part of the Care & Professional Governance workplan for P&K HSCP, there are a specific set of objectives to seek assurances of robust Information Governance processes within the Partnership		B	The Care & Professional Governance Forum have in place a draft report template to seek assurances from services and localities regarding information governance processes.	To test the report template and embed as part of the reporting to the Forum on an ongoing basis.

	Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	To enable staff within the partnership to securely access community patient datasets for purposes of planning (at locality and team level)	Sandy Strathearn		Roll out of shared thin client desktop to enable access to NHS & PKC IT systems simultaneously.	Integration of OT service should enable the sharing of information from Health and PKC IT systems. Consideration of the impact of the retiral of the SWIFT system, and exploring of opportunities in terms of data sharing.
	To complete and submit an IJB Record Management Plan to the National Records of Scotland	Mark Dickson		Initial scoping work being undertaken, and national workshop attended which gave details of expectations and process.	To create an initial project plan for the work required.

STRATEGIC RISK 8 – WORKFORCE DEVELOPMENT AND STAFF GOVERNANCE

Inability to develop and sustain our workforce creates a risk of unsustainable services

Relevant Strategic Objectives:	1, 3, 5, 9,10, 12, 17
Clinical, Care & Professional Governance domains:	Professional Regulation & Workforce Development
Risk manager:	Jim Foulis
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	4
Risk consequence with controls:	4

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Inpatient Mental Health Contingency in place due to shortage of junior doctors.	VJ/NP	A	Option Review looking at long term redesign to respond to workforce sustainability being presented to IJB in June.	Option Review to be considered by IJB in June 2017
	Contingency arrangement implemented in Tay/Stroke Wards at PRI due to shortfall in substantive nursing staff.	ED	B	Option Review being undertaken working closely with Medical Colleagues to consider how sustainable services can be delivered moving forward.	Option Review being prepared to be completed by Nov 2017.
	Full procurement exercise complete for care at home across Perth & Kinross which will ensure more sustainable supply moving forward.	LC/DF	B	Review undertaken of internal Care at Home Service .	Business Case being considered by IJB in June 2017.
	A organisational strategy has been developed for the IJB	RP	A	An OD Strategy was presented to the IJB (May 2016) and approved at that time	A work force development plan is nearing completion and will be brought to the IJB in August. An update is being provided to the June meeting.
	Professional Lead Nurse in place for P&K, who has established a PNF, which focusses on Codes of practice revalidation.		A	Agreed as a Steering Group and training to be scheduled	
	Chief Social worker in place, professional accreditation and development for social care		A	Detailed workforce plan in place for Social Care.	

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Community Care and Housing have in place a professional structure in place. Health has a professional structure in place, however locality management arrangements are in development. Services are currently managed P&K wide, but services will be delivered within localities.		A	A joint SMT has been established which reports to the Chief officers group.	
	For the last 2 years, the Integrated Leadership Group supporting the general workforce to deliver programmes such as ECS, Person Centred care and capacity and flow.		A	ECS and Capacity and Flow are Transformation projects. As part of discharge hub proposal, person centred care is being adopted.	Discharge hub and ECS report to extraordinary meeting of Transformation Board on 26 th Jan.
	Staff satisfaction surveys undertaken across partner organisations annually		A	Training for iMatter (Health staff survey) completed by end January 2017.	

	Proposed Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Locality service delivery plans require to reflect locality workforce development and staff governance arrangements.			Two meetings held with an event planned for med-February to complete the workforce plan.	Workforce plan for the IJB will be completed by August 2017
	Staff governance regulations require to become more aligned across Health & Social Care			Discussed by workforce group on the 20 th January 17	To be continually monitored; this will take place through transformation projects.
	Development and implementation of a strategic workforce plan			Initial draft of the workforce plan in place.	Workforce plan requires to be completed and operationalised. Core group to review progress to date and finalise plan. The plan also requires to be informed by the transformation projects.

STRATEGIC RISK 9 – CAPACITY & FLOW

Inability to adapt and improve existing models of care and patient flow will lead to a risk that patients are not being cared for at the right place at the right time, by the right person

Relevant Strategic Objectives:	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,17,19
Clinical, Care & Professional Governance domains:	Patient, Service User, Carer and Staff Experience Patient, Service User, Carer and Staff Safety
Risk manager:	Evelyn Devine / Diane Fraser
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	4
Risk consequence with controls:	4

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Development of locality working	Diane Fraser / Evelyn Devine	A	Implementation of locality management structure across health & social care will drive transformation based on needs of each locality	Development of locality plans including performance targets in line with Scottish Government six key performance targets
	Ongoing identification of redesign priorities	Robert Packham	A	Weekly performance resource panel provides the opportunity for the identification of wide ranging opportunities for improvement across the full pathway of care	
	Establishment of transformation Board and programme structure	Robert Packham	A	Establishment of partnership transformation Board in April 2016 to oversee the development and implementation of plans to deliver strategic plan design priorities.	Finalisation of programme managements arrangements for capacity and flow and associated workstreams
	Development of care at home service provision	Lorna Cameron	A	The partnership is currently implementing a new commissioning strategy for care at home. The new care at home contract is being tendered based on a new specification for care at home	

	<u>Current Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	Care at Home	Lorna Cameron	A	Option appraisal being undertaken of options for the remodelling of care at home.	
	Engagement with Primary Care	Hamish Dougall		<p>Appointment of the partnerships clinical director</p> <p>Cluster meetings are ongoing, and have in place associated action plans.</p> <p>Ongoing meetings of the P&K GP group</p> <p>Engagement with GP's regarding the SLA's required moving forward.</p> <p>Investment in Enhanced Community Support.</p>	<p>It is intended to further formalise the terms of reference and role and remit for the cluster meetings and GP Group, as well as the identification of performance targets by June 2017</p> <p>Three year GP engagement plan focuses on sustainable prescribing and the wider transformation of care is being considered by the IJB at its meeting on 24th March 2017.</p> <p>Renew of current capacity of clinical director and support requirements.</p>
	Engagement with Secondary care medical staff	Diane Fraser / Evelyn Devine		<p>Representation on the partnership transformation board</p> <p>Inpatient services Review Group has been established with the first meeting in March 2017.</p>	Identification of opportunities to release capacity of a number of 'champions' across the consultant workforce

	<u>Proposed Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	Workforce development	Jim Foulis		The partnerships workforce plan is currently being finalised. This will set out the portfolio of plans for developing new roles across services that respond to both sustained recruitment difficulties and to our future anticipated models of care.	

STRATEGIC RISK 10 – LOCALITY DEVELOPMENT

Failure to develop effective locality working will lead to a risk that people will not receive care in line with the principles of the integration of Health & Social Care

Relevant Strategic Objectives:	1,2,3,4,7,8,9,10,11,12,14,15,19
Clinical, Care & Professional Governance domains:	ALL
Risk manager:	Evelyn Devine / Diane Fraser
Risk likelihood without controls:	5
Risk consequence without controls:	5
Risk likelihood with controls:	3
Risk consequence with controls:	5

	<u>Current Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	3 localities identified – Perth City, North and South Perthshire	DDFF	A		Develop Locality plans based on local needs Clearly define locality boundaries
	Community Care locality management arrangements in place	DF/ED	A	3 x Locality managers identified with role and remit agreed	
	Health Locality Management arrangements in development although senior management locality leadership in place	DF/ED	A	Locality management job descriptions developed and require grading by agenda for change. Consultation paper being developed in support of Locality arrangements – in conjunction with Community Care Heads of Service. Recruited to inpatient manager post and locality manager posts.	Structures agreed and service management roles aligned to locality management roles. Tier three of the structure complete; tier four to be discussed at the Transition Board on the 24 th April. Local transition group to be established to progress if appropriate. Engagement plan in place for discussion with health staff.

	Current Controls	Responsible Lead	Strength	Current Status	Future Improvement actions
	Locality Management Steering groups in place	DF/ED	B	Locality Management Steering Groups have been established in each locality with representation from health, social care and Third Sector.	<p>Operational locality management teams are still to be fully formed.</p> <p>Nurse Lead and AHP Lead job descriptions to be finalised and approved.</p> <p>Draft locality plans have been developed, being finalised by Steering Groups.</p> <p>Workforce & OD Locality Workshop held in April 2017 where it was proposed that 2 ICTs would be required in each locality aligned to GP Clusters.</p> <p>Locality Steering Groups to prepare locality ICT workforce plans, identifying co location opportunities.</p>
	Locality development network events taking place with input from front line staff	DF/ED	B	<p>Roadshows complete with last one being held on 11 May 2017.</p> <p>Completed visioning session with graphic artist, and this will be cascaded to locality networks to reinforce the vision.</p>	<p>Needs to be more inclusive of third sector and other partner members and to include public/community involvement.</p> <p>Chief Officer roadshows to take place on an ongoing rolling basis.</p>
	H&S care transformation projects have been identified in support of locality working	DF/ED	B	<p>Examples – ECS programme being rolled out, transformation of district nursing, GP Cluster activity, “join the conversation” engagement activity helping to support Locality planning, community based service reviews creating greater capacity to care provision in communities. Transformation Board established and transformation plans agreed.</p> <p>Joint Transformation Management Group established to oversee the operational management for Transformation projects, reporting directly to the Perth & Kinross Health & Social Care Transformation Board.</p>	<p>Review of existing Joint Transformation approach being taken forward to ensure alignment with PKC and NHS Tayside Transformation approaches.</p> <p>Rollout of quality GP prescribing approach.</p> <p>Integrated workforce and OD plan developed in draft. Integrated locality team meetings established in South Locality and being finalised in North and Perth City with a focus on unplanned admissions and early intervention and prevention and GP prescribing.</p>

	<u>Proposed Controls</u>	Responsible Lead	Strength	Current Status	Future Improvement actions
	Development and implementation of Integrated Care Teams		B	See workforce risk profile.	Build on existing good practice in joint working with localities and ensure robust processes are in place to support this.
	Development of the integrated workforce plan	DF/ED		Draft workforce & OD plan created.	Being taken to IJB in August 2017. Locality learning plans to be put in place to support the commencement of delivery of OD and workforce strategy outcomes. Person Centred Approach to be tested in South Locality.
	Development of the locality performance framework	DF/ED		Workshop held with Locality Managers to provide an understanding of performance in relation to the National Health & Wellbeing Outcomes and Measures and 6 Measures for Integration. Each Locality Steering Group has an identified performance officer attached.	Performance Officers to work alongside Locality Steering Groups to develop Locality Performance Frameworks.
	Development of locality budgets	DF/ED/JMS		Not currently in place	To be developed in conjunction with NHST and PKC Finance Teams by 31 st March 2018
	Development of Care Governance arrangements	DF/ED/HD			
	Engagement and participation with service users, communities and carers, including GP's and other clinicians.	DF/ED		This control links with Strategic risk 5 – "Stakeholder Engagement & Partnership Working"	
	Single point of contact access to community health and social care services.	DF/ED			Modelling for Single Point of Access to be undertaken and agreed by March 2018.



PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT AND PERFORMANCE COMMITTEE

6 MARCH 2018

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

Report by Chief Social Work Officer

PURPOSE OF REPORT

This report provides the Chief Social Work Officer's overview of social work and social care in Perth and Kinross during financial year 2016/17. It sets out how social care and social work services are being delivered and the key challenges in planning and delivering improvement through service redesign and transformation. The report shows how well social care and social work services are responding to new responsibilities associated with major legislative and policy direction as well as managing increasing demand and associated budget pressures.

BACKGROUND / MAIN ISSUES

- 1.1 The Social Work (Scotland) Act 1968 requires every Local Authority to appoint a single Chief Social Work Officer (CSWO).
- 1.2 In July 2016, Scottish Ministers revised the guidance on the role of the CSWO which was first issued in 2009 and published statutory guidance under section 5 of the 1968 Act. This guidance is for local authorities and partnerships to which local authorities have delegated certain social work functions. It provides an overview of the CSWO's role, outlining the responsibility for values and standards, decision making and leadership. The guidance also covers accountability and reporting arrangements. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of the full range of the local authority's statutory functions and this updated guidance is helpful in setting out the importance of the CSWO role in integrated arrangements brought about by the introduction of the Integrated Joint Board.
- 1.3 The CSWO is accountable to elected members of the Council and must be:
 - A qualified social worker, registered with the Scottish Social Services Council;
 - Designated as a 'proper officer' of the local authority;
 - Of sufficient seniority and experience in both the operational and strategic management of social work services; and
 - A non-voting member of the integration authority.

- 1.4 The CSWO is a role and function, rather than a specific job description and in practice, the role is usually held by a senior officer who also carries out management responsibilities for a range of services. The role is therefore distinct from the post holder's operational management responsibilities and from the role of the chief officer of the integration authority. It is for the CSWO to use their authority to challenge and intervene when proposals may have a detrimental impact on vulnerable citizens or to the workforce on whom they depend. In leading the social care and social work profession, the CSWO provides:
- Professional independent advice to the Chief Executive and elected members in relation to the discharge of the local authority's statutory functions as outlined in the Social Work (Scotland) Act 1968;
 - Strategic and professional leadership in the delivery of social work services;
 - Assistance to local authorities and their partners in understanding the complexities and cross-cutting nature of social work services and the key role they play in meeting local and national outcomes; and
 - Support for performance management and the management of corporate risk.
- 1.5 Both CSWOs and elected members have duties to oversee effective, professional and high quality social care and social work services delivered to the highest of professional standards. The CSWO annual report is a tool that the Council and the Integrated Joint Board can use to gauge the quality of performance of social care and social work services as well as to develop services which meet the needs of local people and communities into the future.
- 1.6 The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery, including corporate parenting, child protection, adult protection and the management of high risk offenders. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk. The annual CSWO report and its consideration by Perth and Kinross Council and the Perth and Kinross Integrated Joint Board is one important way to accomplish this.
- 1.7 The Office of the Chief Social Work Adviser (CSWA) has devised a template for all 32 CSWO Reports which allows the CSWA to produce a national summary report and provides us with an opportunity to set our local social care and social work services in the wider national context.
- 1.8 Bill Atkinson, Director of Housing and Social Work was the CSWO through 2016/17 retiring in June 2017. The role was taken up by Jacquie Pepper alongside her responsibilities as Head of Services for Children, Young People and Families from May 2017 and the report prepared after Mr Atkinson's retirement.

2. PROPOSALS

- 2.1 The report considers how social care and social work services have been delivered over the last financial year (1 April 2016 to 31 March 2017). It identifies challenges which will arise in the following year and describes how these will be addressed. The Council has a well-developed performance management framework reported via individual Business Management and Improvement Plans and the Council's Annual Performance Report and this report needs to be considered in conjunction with these.
- 2.2 This year, the report attempts to be more evaluative by assessing the quality of service using the findings of external inspection, service self-evaluation and practice highlights which show creativity and examples where the experience of service users comes to the fore. There is still headroom for improving the way in which the impact of social care and social work services is measured and reported and for the individual stories of people who use services to be told.
- 2.3 The report identifies a selection of performance highlights which demonstrate how social care and social work services have delivered sustained and improving outcomes for service users over 2016/7 against a backdrop of increasing demand and budget pressures. These include:
- High quality care services provided by the Council for children, young people, adults with a range of care needs including learning disabilities, recovering from mental illness and substance misuse and frailty.
 - Sustained strong performance in the balance of care for looked after children with a high percentage in family placements.
 - An encouraging sign that young people are confidently opting for Continuing Care and that a high percentage of young people remain in touch after leaving care.
 - Sustained strong performance in reconvictions rates for adult offenders against national comparisons.
 - The numbers of young people involved in offending is at an all-time low.
 - Continued upward trend in the numbers of people opting for Self Directed Support.
 - Almost all (99%) people received support for problematic substance use within three weeks.
- 2.4 The report sets out how key priorities for the last year have been taken forward within a context of integration and multi-agency partnership working. This includes the actions to address demand pressures in services of older people and for looked after children. Substantial progress has been made in taking forward the transformational change programmes across social care and social work services. All of these are aimed at prevention and earlier intervention and new models of service delivery which are sustainable and more coherent to better meet the needs of our communities.

- 2.5 The Perth and Kinross Community Justice Partnership was established over 2016/17 with the aim of preventing and reducing offending and to support those who have committed offences to integrate into their local community. The Community Justice Outcomes Improvement Plan for 2017 – 2020 has also been published.
- 2.6 The integration of health and social care continues to take hold and after a full year of operation, the Perth and Kinross Health and Social Care Partnership published its first annual performance report for 2016-2017. This report sets out the extent to which the partnership has addressed the priorities within its Strategic Commissioning Plan 2016-2019 and provides evidence of notable achievements as well as those areas which need to improve. Those that relate to social care and social work services are referenced within the CSWO Annual Report for 2016/17.
- 2.7 The key challenges that face social care and social work services over the next few years are highlighted in the report and include:
- population projections and an increasing number of older people with complex care needs which has led to significant redesign of older peoples services;
 - increasing expectations on social care and social work services arising from legislative and policy change;
 - increasing demand for services across all care groups in Perth and Kinross and the need to shift the balance of care into locally provided community services;
 - transforming the social care and social work landscape moving away from traditional models of care to more person and family centred arrangements; and
 - The impact of anticipated budget savings over the next 2 to 3 years on the ability to maintain high quality social care and social work services.

3. CONCLUSION AND RECOMMENDATION

- 3.1 The CSWO's assessment of performance over the last year is that good progress has continued, despite major challenges. The strong partnership approach that exists in Perth and Kinross is evident in the shared aspirations for vulnerable people but these significant achievements and the high quality of service delivered to our citizens is entirely due to determined and committed staff.
- 3.2 The challenges ahead for social care and social work services are unparalleled. Rising demand, the need to redesign and change while maintaining business continuity all at a time of diminishing resources creates significant pressures on the workforce. The Council is investing just under £4 million in an ambitious transformation programme across social care and social work services. This will allow the focus on prevention, earlier intervention, personalisation and building resilient and self-caring communities to continue at a time of unprecedented budget constraints. However, all of this will mean that the social care and social work workforce will experience

considerable organisational change as well as adjustment to their professional roles over the next few years. Without a skilled, flexible and adaptable workforce which has access to learning and development and effective support there is a risk that we will be unable to achieve the planned programme of change and business transformation. This is unquestionably the key priority for the next few years.

- 3.3 It is recommended that Audit and Performance Committee note the contents of the CSWO Annual Report as set out in Appendix 1.

Author

Name	Designation	Contact Details
Jacquie Pepper	Chief Social Work Officer	ECSCCommittee@pkc.gov.uk 01738 475000

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	n/a
Workforce	n/a
Asset Management (land, property, IST)	n/a
Assessments	
Equality Impact Assessment	n/a
Strategic Environmental Assessment	n/a
Sustainability (community, economic, environmental)	n/a
Legal and Governance	n/a
Risk	n/a
Consultation	
Internal	Yes
External	None
Communication	
Communications Plan	n/a

1. Strategic Implications

Community Plan / Single Outcome Agreement

- 1.1 This report sets out the key challenges that are faced by Social Work Services in relation to the delivery of the Perth and Kinross Community Plan/Single Outcome Agreement in terms of the following priorities:
- (i) Giving every child the best start in life
 - (ii) Developing educated, responsible and informed citizens
 - (iii) Supporting people to lead independent, healthy and active lives

Corporate Plan

- 1.2 The Council's Corporate Plan 2013-23 outlines the same objectives as those detailed about in the Community Plan:
- (i) Giving every child the best start in life
 - (ii) Developing educated, responsible and informed citizens
 - (iii) Supporting people to lead independent, healthy and active lives
- 1.3 The report also links to the Education & Children's Services Policy Framework in respect of the following key policy area:
- Integrated Working

2. Resource Implications

Financial

- 2.1 There are no financial implications arising from the contents of this report.

Workforce

- 2.2 There are no additional workforce implications arising from the content of this report.

Asset Management (land, property, IT)

- 2.3 There are no land and property, or information technology implications arising from the contents of this report.

3. Assessments

Equality Impact Assessment

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA

Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

However, no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

Sustainability

- 3.3 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. In terms of the Climate Change Act, the Council has a general duty to demonstrate its commitment to sustainability and the community, environmental and economic impacts of its actions.

Legal and Governance

- 3.4 There are no legal implications arising from the content of this report.

Risk

- 3.5 Key risks associated with this report are captured within and across various risk assessments and risk profiles for service and change and improvement projects across the various Service teams. Risk is at the heart of Social Work through universal and targeted services and evidence based interventions which lead to improved outcomes. In responding to any new legislation, new service structures and new additional policies risks are considered a key part of continuous improvement and the Council's wider strategic improvement framework. This forms part of the Corporate Risk Profile and as such are continually monitored and reported through various mechanisms.

4. Consultation

Internal

- 4.1 The Chief Executive, the Executive Officer Team and members of the Joint Management Teams of Housing & Community Safety and Services for Children, Young People & Families have been consulted in the preparation of this report.

External

- 4.2 No external consultation has been required in relation to the content of this report.

5. Communication

- 5.1 This report will be communicated to council officers through the Joint Management Teams of Housing & Community Safety and Services for Children, Young People & Families.



Perth & Kinross Council Chief Social Work Officer Annual Report 2016/17



Securing the future... • Improving services • Enhancing
quality of life • Making the best use of public resources

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1 Introduction

Social work and social care services deliver essential services day and night to support vulnerable people in Perth & Kinross. These wide-ranging services perform a crucial role in protecting the vulnerable and at risk, enabling them to live their lives safely at home, in the community or within care services with independence, choice and dignity. Social work and social care services are delivered by statutory, third sector and independent organisations and therefore strong partnership working across all sectors is essential in order for them to be effective in meeting the diverse needs of local communities.

The national Vision and Strategy for [Social Services in Scotland 2015-20](#) sets out the unique contribution social work and social care services can provide towards achieving a socially just Scotland. This vision continues to guide us towards excellent social work and social care services delivered by a strong and valued workforce that works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement.

Each year the Chief Social Work Officer's annual report highlights the challenges facing social care and social work services. In the last year this includes changes in legislation, national policy, and the required changes in organisational governance to implement them. This report covers the first year of operation of the Health & Social Care Partnership; the shadow year of the Criminal Justice Partnership; and changes in Services for Children, Young People and Families to implement new legislation and policy. All this has been delivered within a context of increasing demand in most areas which places a significant pressure on staffing and resources.

Despite these pressures, internal self-evaluation and external scrutiny evidences a year of sustained and continuously improving performance, which is a credit to the commitment of a motivated and high performing workforce. Continuous positive performance in these services can only be achieved in the current climate by making the best use of resources through significant transformational change; high professional standards; strong partnership working and making the most of new technology. Going forward it will be essential to maximise the contribution that local communities can make to creating their own solutions and supporting themselves in recovery.

Bill Atkinson was Chief Social Work Officer until June 2017 and he was proud to be responsible for high quality social work performance across Perth and Kinross. It was a privilege to work alongside Bill as he made preparations for his retirement and to take on the role of Chief Social Work Officer alongside responsibilities as Head of Services for Children, Young People and Families.

Jacquie Pepper

Chief Social Work Officer
September 2017

2 Executive Summary

This annual report considers how social care and social work services have been delivered over the financial year 1 April 2016 to 31 March 2017 and puts forward the key challenges for the year ahead.

Performance has remained very positive in social care and social work services despite major challenges. We have delivered ***sustained and improving outcomes for service users*** against a backdrop of increasing demand and budget pressures.

Substantial progress has been made in taking forward the transformational change programmes across social care and social work services. All of these are aimed at prevention and earlier intervention and new models of service delivery which are sustainable and more coherent to better meet the needs of our communities.

Notable performance highlights in social care and social work services include:

- The continued delivery of high quality care services for children and young people; adults with learning disabilities; and older people as confirmed by the conclusions from inspections carried out by the Care Inspectorate.
- Sustained strong performance in the balance of care for looked after children with a high percentage cared for within family placements.
- Increasing numbers of care experienced young people between 16 and 21 years are remaining in their care placements. Young people are confidently opting for Continuing Care and staying on within nurturing caring placements into adulthood.
- A high percentage of young people remain in touch after leaving care benefiting from support, advice and guidance.
- Continued strong performance in reconviction rates for adult offenders against national comparators.
- The numbers of young people involved in offending is at an all-time low.
- Continued upward trend in the numbers of people opting for Self Directed Support allowing them to make personal choices about how they receive the care and support they need.
- Almost all (99%) people received support for problematic substance use within three weeks of seeking help.

The report sets out how key priorities for the last year have been taken forward within a context of integration, multi-agency partnership working and responding to legislative and policy changes.

The Perth and Kinross Community Justice Partnership was established over 2016/17 with the aim of preventing and reducing offending and to support those who have committed offences to integrate successfully into their local community. It includes statutory and non-statutory partners and has published the [Community Justice Outcomes Improvement Plan for 2017 – 2020](#) to achieve a local partnership approach to improving community justice outcomes.

The integration of health and social care continues to take hold and after a full year of operation the [Perth and Kinross Health and Social Care Partnership](#) published its first annual performance report for 2016-2017. This report sets out the extent to which the partnership has addressed the priorities within its [Strategic Commissioning Plan 2016-2019](#) and provides evidence of notable achievements as well as those areas which need to improve.

The report points to the challenges ahead for social care and social work services. Perth and Kinross is preparing for population increases and an associated increase in the number of older people and people living with dementia and long-term conditions. Rising demand for social care and social work services is predicted to continue at the same time as we will need to meet increasing expectations and deliver significantly improved outcomes.

In health and social care there is a need to be shifting the balance of care by reducing the use of large hospital services and to invest more in community health and social care services. A major challenge will be to reduce unscheduled care admissions to hospital, ensure that admission to acute hospital is for as short a time as possible, and that after appropriate treatment ensure people are able to live at home with good support after hospital treatment. Over the next year more improvements are needed across the whole system including:

- Redesigning and introducing new innovative models of care which enable people to be supported in and by their local communities for example through the Communities First transformation project.
- Progressing with our transformation projects to radically change services and achieve challenging savings targets.
- Further developing locally-based integrated teams to drive and manage health and social care locally and develop locality-based planning and commissioning.
- Recruiting and retaining health and social care staff where there are shortages and supporting staff to adapt to new ways of working.
- Implementing the responsibilities and duties within the Carers (Scotland) Act 2016.
- Continuing to embed the work of the [Community Justice Partnership](#) with a focus on reducing inequalities of outcomes and mitigating the effects of socio-economic disadvantage.

For Services for Children, Young People and Families, our objectives and approaches will be guided by, and aligned with the [Tayside Plan for Children, Young People and Families 2017-2020](#). Young people are afforded more choice and a continuity of support through Continuing Care, which meets the welfare needs of the young person up to the age of 21, providing a bridge from the protected status of a looked after child to adult independence. This places pressures on budgets and placement availability for younger children. Budget planning and the transformation projects aimed at preventing teenagers coming into care and increasing the pool of family based carers have been designed to ease these pressures over the next 4-5 years.

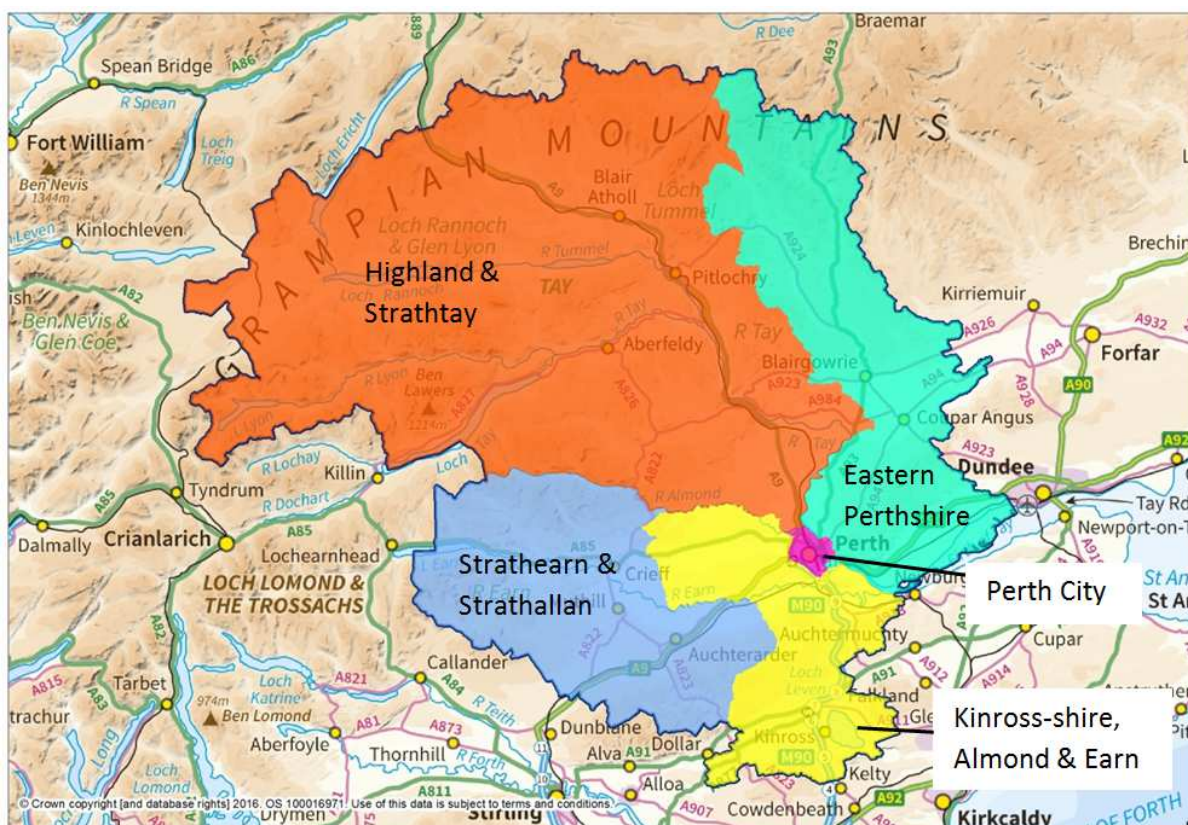
Our priorities for 2017/18 include:

- working with key partners, including NHS Tayside and CELCIS to improve the levels of support pre-birth and the effectiveness of responses to unborn babies.
- expanding and enhancing highly quality, flexible family support services targeted at children and young people on the edge of care through our transformation projects and the commissioning strategy for children's services.
- further improving permanence planning and helping children to reach secure and nurturing positive destinations without unnecessary delay.
- implementing the [Corporate Parenting Plan for 2017-2020](#) through a collaborative partnership of Corporate Parents
- continuing our work to meet the requirements for Continuing Care arising from the Children and Young People (Scotland) Act 2014; supporting young people to make the transition into adulthood
- continuing to embed the culture, systems and practice of personalisation and Self-Directed support across social work services for children, young people and families

The challenges ahead for social care and social work services are unparalleled and this creates significant pressures on the workforce. The social care and social work workforce will experience considerable organisational change as well as adjustment to their professional roles over the next few years. The key priority for the year ahead will be to support a skilled, flexible and adaptable workforce which has access to learning and development. This will be essential to achieving the planned programme of change and business transformation.

3 Local Authority Context

3.1 Perth and Kinross and the five Local Action Partnership areas



3.2 The political make-up as at May 2017

Political Party	Number of Elected Members
Scottish Conservative and Unionist Party	17
Scottish National Party	15
Scottish Liberal Democrats	4
Independents	3
Scottish Labour Party	1
Total	40

3.3 Socio-demographics

Perth and Kinross Council is responsible for the delivery of public services across a large landward area of approximately 5,286 square kilometres to a population of approximately 152,728¹. Perth and Kinross is ranked 5th in Scotland in terms of area and 12th in terms of population. The population is projected to grow by 20% by 2037, the third highest growth rate in Scotland. In 2016 there were 67,101 households and it is predicted that there will be 77,794 by 2037. Levels of deprivation remain relatively low. Perth and Kinross has a diverse mix of urban and rural communities and the geographical distribution of the population brings challenges for the delivery of services. Around one third of the population lives in Perth City.

Other main towns include Blairgowrie, Crieff, Kinross, Scone, Pitlochry and Auchterarder which have populations between 3,000 and 9,000. The rest of the population is located within numerous rural villages and remote settlements.

Children and young people (0-15 years) make up 16% of the population and education is delivered to 18,000 school aged pupils and early learning and child care to 7,000 children of pre-school age. There are 10 secondary schools, 69 primary schools, 4 all-through schools and 1 school for children with complex needs. Early Learning and Childcare is provided by 45 nursery classes, 33 partner provider centres and one early years centre. Performance in attainment levels is high and improving continuously year on year. There are 11 independent schools operating in the local authority area and there are strong links with the Community Planning Partnership and involvement in key strategic developments such as the implementation of Getting it right for every child (GIRFEC) and the work of the Child Protection Committee.

A range of socio-demographic information, including locality information, is available at the Community Planning Partnership's [Story of Place](#).

¹ Source: [National Records of Scotland Population Projections for 2016](#)

4 Performance Highlights for 2016/17

4.1 Community Care and Criminal Justice

The Perth & Kinross population has an average life expectancy of 79.8 years for males and 82.6 for females², higher than the national average of 77.1 and 81.1 and ranked 2nd out of 32 local authority areas. The older population (65+) make up 23% of our population, and has increased by 14% since 2011 from 29,840 to 33,916 (NRS Mid-year population estimates). Those aged 75+ are projected to increase by 70% in the next 20 years from 15,512 to 26,694 and the 85+ population is projected to more than double from 4,544 to 10,007.

Perth and Kinross continues to remain a safe place to live. The number of recorded crimes committed has continued to decline and is at its lowest level for over 10 years (4,527 in 2016/17 against 6,890 in 2007/08). Notably, crimes of dishonesty have reduced by 40% in this period. The reconviction rate in Perth and Kinross is one of the lowest in Scotland at 21.5% compared with 28.2% for Scotland as a whole.

In 2016/17 key priorities included:

- **Reducing unplanned admissions to hospital**

This is complex and requires a range of partners to work together, including GPs, independent care providers, third sector, health and social work staff, to deliver person-centred care. Although there has been a decrease in emergency admissions and a reduction in the length of time people spend in hospital, it has been a challenging period, and there is still a need for continued improvements across the system.

- **Managing delayed discharge**

A comprehensive improvement plan is in place to which includes:

- a new, more flexible, care at home contract with external providers
- working with providers to attract people into the care profession
- a new procedure whereby the Council will take over Welfare Guardianship when families are not in a position to do so quickly
- doubling the hospital discharge team to ensure we have sufficient social work capacity to manage assessments

- **Establishing Enhanced Community Support**

A multidisciplinary approach to support people to remain in their homes has been established through 10 GP practices in Perth City and Strathmore. This is now being rolled out across Perth and Kinross (North West and South Perthshire) with the aim of preventing hospitalisation or minimise the length of a hospital stay. It provides prompt identification of healthcare needs and timely support to adults and older people avoiding crises and prolonged hospital or care home admissions.

- **Establishment of a new model for Community Justice**

The Community Justice (Scotland) Act 2016 has transformed the community justice landscape by bringing a local perspective to community justice and a requirement for partners to prepare a local improvement plan. A [Community Justice Partnership](#) has been established involving the statutory partners and third sector organisations and a Perth and Kinross improvement plan published in April 2017.

² Source: National Records of Scotland Life Expectancy 2013-2015 published 29 November 2016

The following presents a selection of **performance highlights** where social work and social care services are demonstrating sustained and improving outcomes for service users.

Outcome Focussed Assessments	100% of clients achieved goals set out in their outcome focussed assessment, against a target of 87% and compared to 84% in 2015/16.
Older People Living at Home	97% of 65+ clients live in housing, rather than a care home or a hospital setting over the last two years.
Self-Directed Support	There has been an increase in the number of people using SDS Option 1 and 2. This represents 14.4% as a percentage of all people accessing Services via SDS compared to 11.7% in 2015/16.
Customer Satisfaction	87% of adults were satisfied with social care services in 2016/17, similar to the feedback provided in 2015/16.
Technology Enabled Care	We continue to perform well in this area and have seen a 13% increase in people using Technology Enabled Care (TEC) from 2015/16
Social Circumstances Report	84% of social circumstances reports were completed within 28 days following Emergency or Short Term detentions against a target of 80% and compared to 76% in 2015/16
Adult Protection	95% of adult protection cases were screened within 24 hours of notification compared to 94% in 2015/16.
Drug and Alcohol Intervention	99% of clients received their first intervention and waited no longer than 3 weeks from the point of referral, against a target of 90% and compared to 89% in 2015/16
Reconviction Rates	As at March 2017 data for the 2014/15 cohort of offender's shows that the reconviction rate for Perth and Kinross is 21.5%, last year the reconviction rate was 23.4%. The Scottish Average is 28.2%
Care Inspections of Council services	6 inspections were carried out by the Care Inspectorate during 2016/17 of Day Care Services for Older People, Housing Support for Adults with Learning Disabilities and Care Homes. Independent inspection indicates high quality of service with 3 Excellent, 7 Very Good and 3 Good grades.

4.2 Services for Children, Young People and Families

The number of children and young people who are looked after has continued to rise year on year since 2010 and this presents a major challenge for social work services for children, young people and families to meet increasing demand and maintain high quality practice in service delivery. The number of looked after children has increased from 201 to 286 over the last 6 years representing an increase of 42%. In 2016/17 there was a spike in the number of children becoming looked after in May and June 2016 which levelled off by the 31 March 2017. This is against a national trend which has shown a decrease of 4% over the same period. At 31 July 2016, 286 children and young people were looked after by Perth and Kinross Council at a rate of 10.1 per 1000. This is slightly higher than comparator authorities at a rate of 9.3 per 1000 of population and significantly lower than the national rate for Scotland at 14.9 per 1000.

Strategic priorities in 2016/17 have included:

- **Maintaining resources for child protection as the number one priority with increasing volume and case complexity.**

We increased capacity for the chairing of child protection case conferences and to achieve practice improvement through the appointment of a temporary Improvement Officer for this purpose. We also increased social worker capacity by 2.0 FTE to manage an increase in volume of concerns arising pre-birth which arose in December 2016.

- **Promoting an autonomous, confident workforce and an authorising environment and supporting the importance of professional judgement in policy, process and practice.**

We improved and increased multi-agency learning and development opportunities, and issued new and revised guidance to help frontline staff manage complex professional judgements.

- **Leading and managing practice change and improvement.**

We committed to a number of national pathfinders and pilots to achieve lasting change to working practices such as Stop to Listen (Children 1st) by adapting practice to better meet the needs of children affected by Child Sexual Abuse and Exploitation, and Addressing Neglect and Enhancing Wellbeing (CELCIS) by learning in partnership and working to improving our multi-agency approach to Getting it Right in the pre-birth period.

- **Investing in organisational and transformational change.**

We have taken forward three major transformation programmes to establish a Commissioning Strategy; expand the number and range of family based carers; and develop options for the remodelling of residential care for young people.

- **Establishing an integrated service for children, young people and families.**

From April 2016, Services for Young People which included Youth Work, Opportunities for All, and Youth Justice have become integrated with social work and social care services for children and families. Over the year, this has included a shift towards a more targeted approach to meet the needs of vulnerable and at risk young people.

- **Consolidating changes arising from new duties under Parts 9, 10 and 11 the Children and Young People (Scotland) Act 2014**

We have realigned budgets and enhanced the support for young people entitled to Continuing Care and After Care. Working alongside our care experienced young people produced information materials to promote the ethos of Staying Put and encourage young people to take up the option of Continuing Care.

The following presents a selection of **performance highlights** where social work and social care services are demonstrating sustained and improving outcomes for service users.

Improving outcomes for 2 year olds	High uptake of Strong Starts 2 places for 2 year olds who are looked after, whose names are on the Child Protection Register or for whom there is a lead professional social worker. Of 28 children with additional eligibility, 25 were in early learning and child care placements.
Balance of care for looked after children	Sustained positive balance of care with lower numbers of young people in residential care and 95% of children and young people looked after in community placements (foster and kinship care)
Securing stable and nurturing care placements	The vast majority of children and young people who are looked after and accommodated have stable placements with 84% experiencing two or less placements in a care episode.
Improving permanency planning and reducing delay	Almost 70% of children and young people fewer than 12 years had a permanence plan approved at Fostering and Permanence Panel within 4 months of the Looked After Review decision to proceed to permanence compared to 48% in 2015/16.
Implementing Staying Put and Continuing Care	At 31 March 2017, 22 young people were supported to remain in their foster or kinship care placement after their 16 th birthday and 7 had taken up their entitlement to a Continuing Care placement.
Staying in touch with Care Leavers	84% (231 out of 276) of care leavers between the ages of 16 and 26 remained in touch with After Care Services over 2015/16 ensuring access to support, advice and guidance.
Youth Offending	The numbers of young people involved in offending is at an all-time low with a total of 197 young people in 2016/17 compared to 342 in 2010/11.
Positive post-school destinations	88% of looked after young people entered a positive post-school destination in 2016/17 compared to 84% in the virtual comparator and 77% in each year between 2012 to 2015

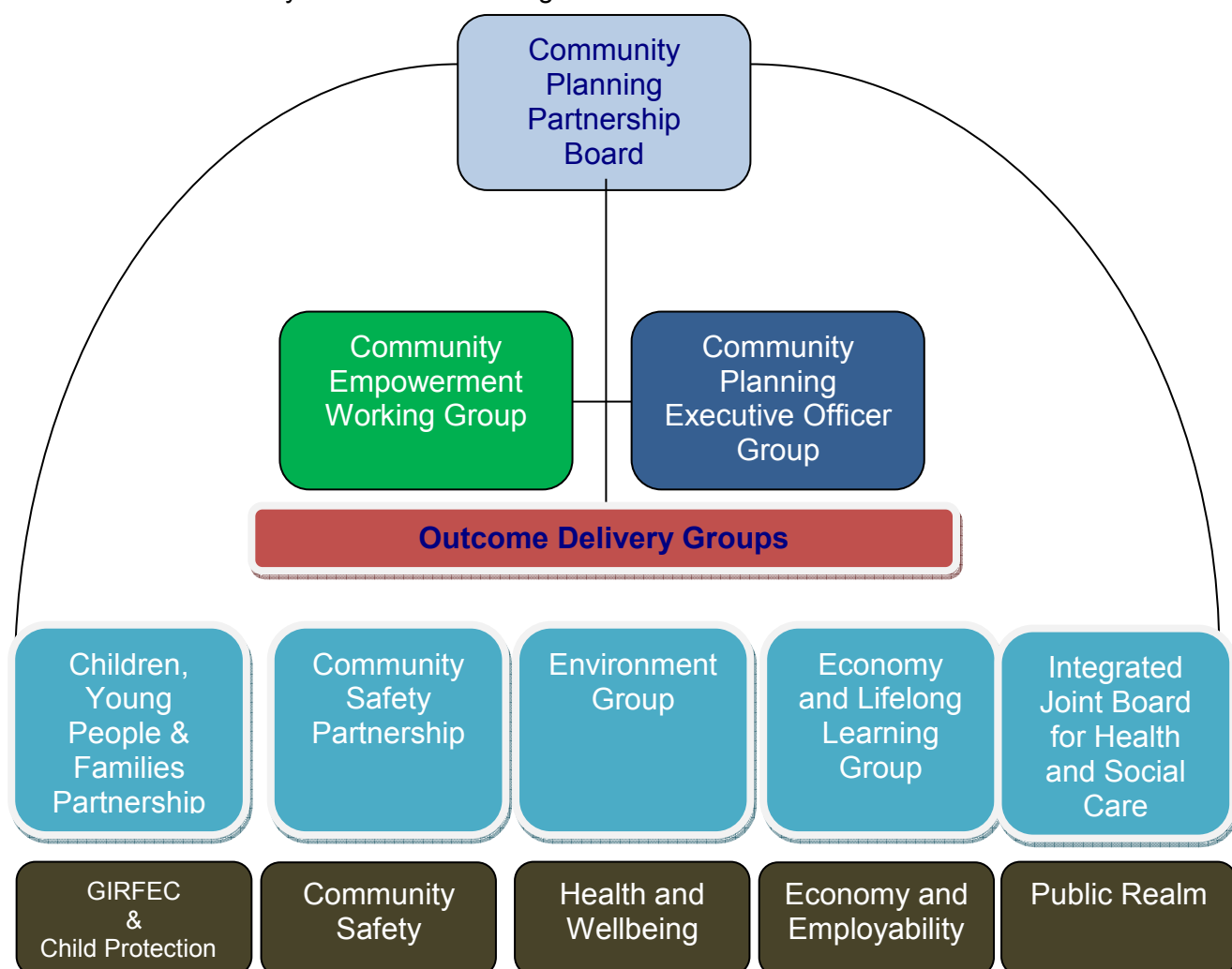
5 Partnership Working, Governance and Accountability

5.1 Community Planning Partnership (CPP)

The Community Planning Partnership (with broad representation of all relevant partners including the Third Sector), Chief Officers and elected members have sustained a clear and ambitious vision for the citizens of Perth and Kinross. This shared vision benefits from unanimous political support and is the golden thread which aligns the strategic direction across the partnership. This has created a culture of high aspirations for our citizens.

The Community Plan for 2013 – 2023 shows the journey of improvement and how aspirations are achieved through shared strategic objectives which are based on consensus of specific local needs and direct how we work together to deliver tangible improvements. A new Local Outcome Improvement Plan will be prepared by October 2017 underpinned by a shared ownership of taking positive action towards tackling inequalities, valuing diversity and closing outcomes gaps across our communities.

The Community Planning Partnership Framework remains strong and robust, strengthened by exceptional partnership working. Partners have collaborated successfully to realign resources towards prevention and earlier intervention to prevent negative outcomes. Over 2016/17, through the work of the Fairness Commission, partners have reached a deeper understanding about the impact of poverty and inequality in local communities and are clear about the actions they need to take to mitigate this.



Wherever possible we plan our work in partnership and in collaboration. For example, our approach to Corporate Parenting was designed to ensure that Corporate Parents were not only seeking step change within their own organisations to improve outcomes for care experienced young people but also working together and cooperating to develop an aspirational and outcome focused approach to corporate parenting. Reporting to the CYPFP, the Corporate Parenting Group has wide membership and has developed meaningful engagement and positive relationships with young people. The group submitted a bid to Life Changes Trust (LCT) in 2016 which was successful in securing 3 years of funding to support the development of our engagement and involvement with older care experienced young people (14–26) from April 2017. Our Corporate Parenting Plan is focused on making substantial improvement for care experienced young people in key aspects of their lives. [Corporate Parenting Plan](#)

The Child Protection Committee (CPC) is chaired by the Head of Services for Children, Young People and Families and this ensures a close connection between the work of the Committee at a strategic level and the operational delivery of services to protect children. The CPC is a mature and very effective multi-agency partnership focused on the protection of children and young people with a clear sense of purpose and strong commitment to continuous improvement through self-evaluation. The CPC improvement plan aims to ensure that practices to protect children and young people are embedded within a continuum of early intervention and effective family support.

The CPC is active in its promotion of child protection as an integral part of *Getting it right for every child (GIRFEC)* with the GIRFEC National Practice Model; a common understanding of the Wellbeing Indicators (SHANARRI); the functions of the Named Person and the implementation of the Child's Plan. The range of activities to improve practices in child protection and to deliver the GIRFEC approach in Perth and Kinross have become inextricably linked. The work of the CPC is reported to the CYPFP, the Chief Officers Group for Public Protection.

The CYPFP and the CPC held a workshop in 2016 to jointly identify key risks and future challenges in protecting children and young people. Participants identified many strengths in partnership working and together identified the key risks and challenges ahead in protecting Children and young people and suggested a number of solution-focussed actions to mitigate these risks.

The Adult Protection Committee (APC) is well-established and chaired by an Independent Chair appointed by the Chief Officers Group for Public Protection. The APC (The Adult Protection Committee) is accountable to the Chief Officers Group which comprises the Chief Executives of the Council, NHS Tayside and the Area Commander for Police Scotland. The work of the committee is reported to the Community Safety and Environment Outcome Delivery Group within the local community planning structure.

5.2 Governance and Accountability

The Council's Corporate Plan (2013-2018) supports the delivery of the Community Planning Partnership's (CPP) Single Outcome Agreement and sets out how individual and community outcomes will improve within a climate of major public sector reform, significant financial restraint and heightening public expectation. Strategic objectives include:

- Giving every child the best start in life
- Developing educated, responsible and informed citizens
- Promoting a prosperous, inclusive and sustainable economy
- Supporting people to lead independent, healthy and active lives
- Creating a safe and sustainable place for future generations

The CYPFP agreed in November 2016 to prepare and publish a new Children's Services Plan (CSP). Chief Officers agreed a collaborative approach to devising a shared, strategic CSP across the professional and geographical boundaries of Angus, Dundee and Perth and Kinross. Endorsed by the Scottish Government this plan was prepared by a working group with representation from the three Councils; NHS Tayside; Police Scotland and links to third sector partners across the area. Evidence of the progress achieved in Perth and Kinross and local priorities helped to inform and shape this plan which is more focused on outcomes and supports new ways of working across the Tayside Collaborative. The [Tayside Plan for Children, Young People and Families 2017 – 2020](#) was finalised and submitted to Scottish Government in April 2017.

The contribution of social work and social care to these strategic objectives is detailed within Service Business Management and Improvement Plans (BMIPs) which detail performance against an agreed set of indicators. BMIPs are reported quarterly through Senior Management Teams to the Council's Executive Officer Team and scrutinised six-monthly by relevant service Committees and annually to Council and Scrutiny Committee.

[Perth and Kinross Health and Social Care Partnership](#) is one of three partnerships which have responsibility for services previously planned for and delivered by NHS Tayside, some of which operate on a Tayside-wide basis. Whilst it has been relatively straightforward to transfer resources for some services to individual partnerships, in other cases it is much more complicated. Agreement has therefore been reached among the three partnerships and NHS Tayside as to how these services should be managed to ensure they operate as effectively and efficiently as possible. As a result, the services for which the Perth and Kinross Integration Joint Board is responsible include:

- Services that are managed through the [Perth and Kinross Health and Social Care Partnership](#);
- Services that are managed by Angus or Dundee Health and Social Care Partnerships on behalf of all three organisations - these are referred to as 'hosted' services; and
- Services that are managed by NHS Tayside but used by one or more of the Health and Social Care Partnerships where it is not sensible to split the resources.

The [Health and Social Care Partnership](#) through the delivery of its Strategic Plan aims to deliver improved outcomes for individuals and communities. The [Annual Performance Report for 2016/17](#) sets out local performance in relation to the nine national health and social care outcomes. The Health and Social Care Partnership's Strategic Commissioning Plan 2016 – 2019 has five key themes:

1. Prevention and early intervention
2. Person-centred health, care and support
3. Working together with our communities
4. Reducing inequalities and unequal health outcomes and promoting healthy living
5. Making best use of available facilities, people and other resources

The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer (CSWO) and guidance for the Council and the Integrated Joint Board on the scope of the role of the CSWO was published by The Scottish Government in July 2016. The CSWO role was established to ensure the provision of professional advice in the discharge of a local authority's social work functions and through integrated arrangements as a result of the Public Bodies (Joint Working) (Scotland) Act 2014 which provides for the delegation of social work functions to an integration authority.

Over 2016/17, the functions of the CSWO were carried out within Perth and Kinross through clear lines of accountability. The CSWO reports directly to the Chief Executive of the Council and through membership and attendance of a large number of strategic and operational forums, is able to advise chief officers, elected members, Council committees and the Integrated Joint Board on matters which may present risks to vulnerable people or impact on the quality and performance of social work services.

In the year 2016-17, the CSWO was the Director of Housing and Social Work, which was a temporary post created by the Council to build social work leadership capacity at a time of significant change and to support succession planning. The CSWO provided professional supervision and advice to the Head of Adult Social Work Services, Head of Services for Services for Children, Young People & Families and the Service Manager for Community Safety and Criminal Justice. The Head of Services for Children, Young People & Families and Head of Adult Social Work Services deputised for the CSWO. As the CSWO was due to retire in June 2017, arrangements were made to appoint a new CSWO from May 2017.

The CSWO was a member of the Council's Executive Officer Team (EOT) and led the Housing and Community Safety Senior Management Team (SMT). The CSWO was also a non-voting member of and professional adviser to the Integrated Joint Board on social work matters and chaired the Health and Social Care Partnership's Clinical Care and Governance Group jointly with the Clinical Director.

The CSWO was also a member of key Community Planning Groups including [Children, Young People & Families Partnership](#); [Community Justice Partnership](#); [Child Protection](#) and [Adult Protection](#) Committees, and professional adviser to the Integrated Joint Board; and Chair of the Alcohol and Drug Partnership.

The CSWO chaired the Integrated Social Work Strategy Group to bring together social work managers to take forward a shared vision and to work to deliver integrated services through jointly developing cross cutting issues; and develop a well maintained, supported and led workforce.

The CSWO continued to provide visible leadership by meeting with staff teams across Perth & Kinross to learn first-hand of the issues the workforce in social work services. Social work and social care services continue to play a key part in the delivery of the Council's Corporate Plan and the Community Plan.

5.3 Specific Decisions by the Chief Social Work Officer

There are a number of decisions where legislation confers responsibility directly on the CSWO by name. These areas relate primarily to the curtailment of individual freedom and the protection of both individuals and the public. Such decisions must be made either by the CSWO or by a professionally qualified social worker, at an appropriate level of seniority, to whom the responsibility has been formally delegated and set out within local authority arrangements. Even where responsibility has been delegated, the CSWO retains overall responsibility for ensuring quality and oversight of the decisions. These areas include:

- deciding whether to implement a secure accommodation authorisation in relation to a child (with the consent of a head of the secure accommodation), reviewing such placements and removing a child from secure accommodation if appropriate;
- the transfer of a child subject to a Supervision Order in cases of urgent necessity;
- acting as guardian to an adult with incapacity where the guardianship functions relate to the personal welfare of the adult and no other suitable individual has consented to be appointed;

- decisions associated with the management of drug treatment and testing orders; and
- carrying out functions as the appropriate authority in relation to a breach of a supervised release order, or to appoint someone to carry out these functions.

Over the last year the specific decisions made by the Chief Social Work Officer include the following:

Children and young people

Over the last year, there were no secure accommodation authorisations in relation to a child.

Responsibility for making decisions for the urgent transfer of place of residence of a child subject to a Compulsory Supervision Order was delegated to the Head of Services for Children, Young People and Families. A few children were moved as a result of placement breakdown when the assessment indicated that it was in the child's best interests to be moved with immediacy and in advance of a Children's Hearing. In all cases, a Children's Hearing was arranged urgently to agree appropriate plans for the child.

Decisions to pursue Permanence Orders for children and agree to adoptive placements for children: following recommendation by the Fostering and Permanence Panel, the Agency Decision Maker has approved 14 Permanence Orders and 14 Adoptive Placements.

Adults and Welfare Guardianship Orders

Over the last year, there has been a predicted rise in both private welfare guardianship applications and applications made by the Local Authority. The need for welfare guardianships is likely to continue to rise year on year as a consequence of an increasingly ageing population. Two additional Mental Health Officers in 2017/18 will allow to the Council to meet the increase in demand and to complete guardianship applications within the timescales set within the Adults with Incapacity (Scotland) Act 2000.

Date	Private Orders	LA Orders	Total
March 2014–15	201	96	297
March 2015–16	226	95	321
March 2016-17	234	103	337

6 Finance and Resources

Perth & Kinross Council continues to maintain strong financial management in respect of monitoring costs, forward planning and reporting to elected members. During budget setting, there is ongoing consultation with members, service users and other key stakeholders. This allows an open and transparent budget setting process and supports effective financial management. Budget pressures are managed through a range of measures including efficiencies, savings, procurement and commissioning and through transformation of service delivery. As in previous years, the Chief Social Work Officer was a key participant in budget decisions providing advice on the potential impact on social work services and vulnerable and at risk groups directly to Chief Officers and Elected Members. The changing demographics of the area associated with population growth; an ageing populations and an increasing number of people with complex needs; at a time of financial austerity creates a complex landscape of budget pressures for social work and social care services. The Council and the Health and Social Care Partnership work closely to mitigate these pressures. There has been substantial financial investment by the Council to support transformational change as traditional forms of service delivery will not continue to meet the needs of the people of Perth and Kinross in the future.

6.1 Community Care and Criminal Justice Services

Budget and Expenditure

Over the last three financial years, Perth and Kinross Council has **increased** expenditure on Community Care & Criminal Justice Services by £6.76M.

Community Care and Criminal Justice Services	2014/15 £m	2015/16 £m	2016/17 £m
Net Expenditure	51.63	53.52	58.39
Budget Savings	2014/15	2015/16	2016/17
	£,000	£,000	£,000
Client Contributions Policy (Non-Residential Services)	170	0	200
Rationalisation of Properties	20	0	0
Reconfiguration of Safer Communities Team	0	24	0
Review of Client Transport Arrangements	54	0	0
Revised Charges (Non-Residential Services)	0	0	63
Review of Locality Teams	80	0	0
Review of Commissioned Services	184	0	0
Redesign: Learning Disability Services	199	290	0
Redesign: Community Safety Service	0	0	119
Redesign: Care at Home Service	420	200	0
Redesign of Mental Health Services	50	0	0
Reduce Residential Placements (Older People)	0	667	0

Budget Savings	2014/15	2015/16	2016/17
Reductions in supplies, property and Third Party Payments	0	0	222
Housing with Additional Support	0	0	80
Development of Communities First Initiative	0	0	72
TOTAL	1,177	1,181	756

6.2 Services for Children, Young People & Families

Over the last three financial years Perth and Kinross Council has **reduced** expenditure on Services for Children, Young People & Families by £0.53M. In 2015, the Council approved investment funding of £287,000 to support transformation projects to address demand pressures.

Services for Children, Young People & Families	2014/15 £m	2015/16 £m	2016/17 £m
Net Expenditure	17.75	17.68	17.22
Main Savings Approved	2014/15	2015/16	2016/17
	£,000	£,000	£,000
Secure Accommodation/ Residential Schools	500	0	0
Service Level Agreements including NHS	246	69	45
Central staff and slippage	23	12	58
Integration of Youth Justice Services	55	100	0
Freeze in Foster Carer & Kinship Carer Payment Rates	61	71	0
Closure of Gowans Family Centre and establishment of Family Focus team	0	0	165
Policy for Approved Kinship Carers	0	0	198
TOTAL	773	252	466

6.3 Change and Transformation

The Council's 5-year transformation programme 2015-20, Building Ambition provides a framework for innovation, creativity, flexibility and greater entrepreneurship to meet future challenges and in addition to a number of cross-cutting corporate programmes there are a number of projects to transform social work and social care services over the period in both community care and children's services. The Building Ambition Transformation Strategy 2015-2020 sets out plans to further transform the Council services to meet current and future challenges and to keep on track to achieve the vision in the context of increasing demand, new duties and financial constraint [Building Ambition Report 2015](#).

This ambitious transformation programme is escalating the pace of change and focusing on key priority areas linked to greater efficiency and targeted savings, community co-production; redesign; partnership working; technology; and tackling inequality.

The focus for transformation in Community Care has been towards earlier intervention and prevention; services which are planned and delivered with local communities, and tackling inequalities through personalisation, choice and control for service users. Increasing demand and budget pressures require a transformational response alongside stronger partnerships and more integrated services.

The focus for transformation in Services for Children, Young People and Families has been to design new responses and consider alternative business models to adapt to the increasing demand of children and young people who are becoming looked after and who are at risk of becoming looked after. Within this a number of key projects are aimed at changing and improving services for children, young people and families. These projects are supported through significant investment of just under £2m from Council funds over 5 years to support transformation and use proven models of project management to support transformational practice change and include:

- Review and remodelling of residential care services for children and young people (to better meet the increasing and changing demands of looked after children and avoid escalating costs)
- Expansion of family based care (to meet the increasing demand for foster carers and supported lodging providers)
- Strategic Commissioning (to develop new ways of commissioning services to meet evidenced need and establish a commissioning strategy for children's services).

7 Service Quality and Performance

7.1 Health and Social Care

Overall, regulated social care services in Perth and Kinross are providing high quality care to local people with the majority of all quality themes evaluated as good or very good across all of the services inspected during 2016/17.

Six social care services managed by the Health and Social Care Partnership received an inspection. These were: Home Care (February 2017); Parkdale Care Home (February 2017); Adults with Learning Disabilities Housing Support (October 2016); Dalweem Care Home (June 2016); Kinnoull Day Opportunities (April 2016); and Lewis Place Resource Centre (April 2016). A total of 13 quality themes were graded and all were reported to be “good” or above. The table below provides details on grades awarded at the time of inspection.

	Grades awarded to public social care services 16/17					
	Excellent (Level 6)	Very Good (Level 5)	Good (Level 4)	Adequate (Level 3)	Weak (Level 2)	Unsatisfactory (Level 1)
Care & Support	2	3	1	-	-	-
Staffing	1	1	1	-	-	-
Management & Leadership	-	3	1	-	-	-
Total (Nos)	3	7	3	0	0	0
%	23%	54%	23%	-	-	-

A total of 41 inspections of Care Homes within the independent care sector were carried out by the Care Inspectorate in 2016/17. 87% (142 out of 164) quality themes were graded as good or above. No Care Home was awarded an unsatisfactory grading and out of the 41 Care Homes inspected only 4 had Requirements imposed by the regulator.

	Grades awarded to independent social care services 16/17					
	Excellent (Level 6)	Very Good (Level 5)	Good (Level 4)	Adequate (Level 3)	Weak (Level 2)	Unsatisfactory (Level 1)
Care & Support	1	17	17	6	-	-
Environment	1	18	17	5	-	-
Staffing	1	21	14	5	-	-
Management & Leadership	1	17	17	5	1	-
Total (Nos)	4	73	65	21	1	0
%	2%	45%	40%	13%	1%	0%

Early Intervention and Prevention

Over 2016/17, the [Health and Social Care Partnership](#) reviewed and redesigned local care and support. Local integrated teams of social work, social care and health staff have been established to provide an enhanced range of services in local communities. Integrated working practices which include the third sector have been established to ensure that a wide range of needs can be met locally. A new model of service delivery supports staff to intervene early, provide timely joined-up support for people and promote better outcomes. This change means that the local Early Intervention and Prevention teams support all new referrals for 12 weeks offering help and support to people when they need and enabling them to retain their independence and to achieve this within that time frame. People with more complex needs who require longer term support are assisted by a professional within their local area who will work with them to help achieve identified outcomes.

Older People Services

The vision for older people is to maintain independence and positive wellbeing of older at home or in a homely setting. The Perth and Kinross Health and Social Care Strategic plan (2016-19) sets the ambition to create integrated services that support older people to live successfully in the community, avoiding unnecessary prolonged periods in hospital. Against the backdrop of an increasing elderly population, we are successfully keeping people at home and overall performance shows significant upward trends over the last three years.

The Reablement Service is key to supporting people following discharge from hospital and over 2016/17 42% did not require ongoing support following this intervention. There has also been a 44% increase in people using Technology Enabled Care (Telecare) since 2014/15.

The flexibility of home care provision has been enhanced to enable more people to receive the care they need when they need it. More people are now considering the options they have under Self Directed Support, to receive a more personalised service and to receive their care in the manner they prefer. In the context of an increasing population who have home care support needs and increasingly complex needs, the average care package per client has risen from 7.4hrs per week to 9.9 hrs per week (a 34% increase) over the last two years

Practice Highlight 1: early support for older people at home

Perth and Kinross Health and Social Care Partnership (HSCP) is working closely with the Scottish Ambulance Service (SAS) to reduce falls amongst elderly and frail people, and to increase referrals to the Rapid Response Service. One of the main aims of the HSCP is to ensure that people are supported to live at home independently for as long as they can, and it is hoped that by working closely with SAS unnecessary hospital admissions can be reduced.

From November 2015 to October 2016, there were 228 people over age 75 who had fallen and who did not need to be conveyed to hospital in Perth and Kinross. Of those, only 16 (9%) were referred for a falls assessment. The introduction of the new pathway aims to increase the referral rate which means fast support will be provided to many more people who need it. The Pathway is being piloted in Perth City to assess its effectiveness. The improvement project forms part of the national SAS Falls and Frailty Pathways improvement programme, and outcomes will be shared widely with all partnerships across Scotland.

Practice Highlight 2: Friendship Network helping to reduce social isolation

A new 'Friendship Network' was launched in October 2016 helping to connect older people in their communities with the aim of keeping older people active and reduce social isolation. A series of tea dances were held, views were gathered as to how people can get involved and support social activities where they live. Feedback was positive and many people expressed an interest in getting more advice about setting up a social or friendship group in their community.

Care at Home

The Health and Social Care Partnership's strategy is to reduce the provision of in-house Care at Home provision and to commission services more cost effectively from the independent sector. The link between delayed discharge from hospital and waiting lists for the provision of appropriate packages of care is a high priority for improvement.

- **Stepping into the Future – Care at Home**

The overall purpose of this project is to improve outcomes for people over 65 by supporting them from hospital into their own homes as soon as they are medically fit and to remain living there as long as they can. A Business Improvement Event was held in March 2017, options were reviewed and it was agreed that this was best served by "Discharge to Assess" model. In this model, patients are discharged once they are medically fit and social work assessments take place in the community, rather than in hospital. The person is supported in their return home with social care, as required, during this process. This model is proving highly successful in other parts of the UK.

- **Recruitment Campaign – Why Care?**

In some rural areas there continues to be challenges in Care at Home where there are waiting lists for care packages as providers have difficulty recruiting care staff. A recruitment campaign is underway along with local arrangements to incentivise local people to become carers. A new publicity campaign was launched in Perth and Kinross in March 2017 to find additional care and support workers to help meet the needs of the area's growing elderly population, and allow them to continue to live independently at home. All companies who provide care services on behalf of the Council have now signed up to the Living Wage and fair working practices, carers receive a minimum of £8.25 per hour and are also paid for travel time and mileage. Carers also receive full training and will be supported to gain their SVQ qualification in Health and Social Care.

Delayed Discharge

The Perth and Kinross Health and Social Care Partnership has experienced significant challenges in relation to the high number of people delayed in hospital after being declared medically fit. The Chief Officer of the Integrated Joint Board (IJB) has been leading the work across the Partnership to alleviate the situation including:

- **Additional Resources to the Hospital Discharge Team** - we have doubled the capacity of the Hospital Discharge Team to manage the number of assessments. The idea for this came from our learning visits to Fife, Renfrewshire and Dundee, all of whom had significantly larger HDTs. In addition, length of time to complete social work assessments has been reduced from 3 days to 1 day.

- A new **Housing Liaison Officer** post has been created to support timely discharge from hospital where housing issues have been identified, ensuring that accommodation is suitable, linking with services to identify alternative accommodation if required and facilitating Care and Repair, TEC enables care, furnishings, benefit assistance and grant assistance where appropriate.
- **Reducing waits due to Welfare Guardianship** – the completion of private Welfare Guardianships also contributed to delayed discharges. A Mental Health Officer (MHO) has been added to the Hospital Discharge Team to oversee this work.
- **‘Deep Dives’ into Care Home Placements** - three multi-agency in-depth explorations of the reasons people require care home placements have been conducted to understand the high level of demand. In the majority of cases, it was unpaid carer breakdown that was the catalyst for clients requiring a care home placement. The learning is being taken forward through the development of integrated intermediate care and additional flexible respite for carers.
- **Funding process** – the funding panel has been disbanded and the manager responsible authorises care home placements as required halving the time people wait for funding.

Intermediate Care

The aim of this project is to integrate Health and Social Care teams in an intermediate care approach to support people to remain within their homes for as long as possible. Perth and Kinross has not yet met the national target of 98% of people aged over 65 living in their own homes. This project will integrate resources to maximum effect and shape services so that people are supported in the community as long as possible to avoid a crisis and for people who need rehabilitation following a stay in hospital to have this provided in a homely environment. While the overarching aim of this project is to improve services, it is recognised that we must do this within continuing financial restraints.

Discharge to Assess

Discharge to Assess is the development of a new model for integrated locality working across the Health and Social Care Partnership. The aim is to join up Health and Social Care teams that support rehabilitation to support Discharge to Assess and use resources more effectively. The teams included are those that have a front facing rehab/reablement role. It is founded on the premise that this would be a fully integrated service under single, integrated management.

Day Services for Older People

The Day Centres at New Rannoch and Lewis Place in Perth offer a wide range of activities, therapeutic interventions and opportunities to promote and maintain social, physical and mental health well-being in friendly, safe and welcoming environments. They act to de-stigmatise and increase confidence by providing a sense of belonging, security, continuity, purpose and achievement. The plan is to create a service that is more personalised and has an outcome focus for the client.

Care Homes for older people

The majority of residential care services for older people are provided by the independent sector. The Council offers three residential units in Perth, Auchterarder and Aberfeldy which provide permanent and respite accommodation to support individuals who, for reasons of age or disability, are no longer able to live fully independent lives in the community.

Self Directed Support

Service users are becoming better informed about the choices available to them and empowered to take control of the types of support they receive. Staff are becoming more confident and are promoting the full range of options to people who require services.

There has been an uptake in the use of Direct Payments (Option 1) with 270 service users in 2016/17 compared to 224 in the previous year. There are many ways that service users can use Direct Payments to provide the support they need and help them experience positive outcomes, for example:

- Service User A had no independent living skills and was at risk of residential care when her parent was no longer able to look after her. The client did not want to leave her home and a team of Personal Assistants are employed to meet her needs for overnight assistance and to attend social activities.
- Service User B employed a Personal Assistant with experience in horticulture to assist her to cultivate a small plot of land which was used to grow vegetables she could then sell. This improved her health and well-being significantly.

Partnership with local Social Enterprises and providers is developing new offers for people looking to utilise their SDS budgets.

Our SDS priorities for 2017/18 include improving and strengthening our local networks and forums to ensure effective sharing of resources. This will improve access to investments that will benefit key stakeholders in particular service users on the personalisation journey, for example, Contract Compliance attending Care Forums. We will continue to focus on the recruitment of Personal Assistants or Registered Care providers to provide service users with options.

Practice Highlight 3: Self Directed Support - Community Catalysts

Community Catalysts, a social enterprise operating in Crieff brought together a wide range of partners to identify opportunities and barriers to real choice. As a result of extensive consultation, an action plan was developed to address the key issues identified and increase the choices available to people which can enable them to remain safe and well in their own homes for longer. Key challenges included:

- Community assets could be better linked to social care and self-directed support
- A need for greater options for people with mental ill health and dementia
- The need for clearer distinctions between employee and commissioned services
- Opportunity for more creative and personalised care options
- Challenges with Homecare

Joint working between social work staff and the community engagement team is taking forward key aspects of the action plan.

Practice Highlight 4: Self Directed Support - The Care and Wellbeing Co-operative

The Self Directed Support team assisted the development of the Care and Wellbeing Co-operative in Highland Perthshire. The Co-operative supported by Growbiz with SDS Innovation Fund now has 24 members providing care, support and promoting wellbeing throughout Highland Perthshire. Support has been provided to 16 families in rural areas, many of whom are using the SDS Option 1 of Direct Payments to pay for support.

Key areas of work during 2016/17 included:

- A Referral Scheme pilot 'Social Prescription' in partnership with GP surgeries to measure impact of support provided by the Co-operative which included a variety of community and wellbeing activities. 12 patients from Aberfeldy and Kinloch Rannoch Health Centres were part of the pilot. The Warwick-Edinburgh Mental Health Wellbeing Scale was used to monitor the wellbeing of patients and over a three month period all patients demonstrated an improvement in their wellbeing indicating the support provided had positive impact on the patients.
- A 'Wellbeing for Practitioners' programme with Co-operative members in recognition of the 'burn out' of care staff, the programme will be offered and made accessible to local private care providers.
- We also provided work experience and volunteering opportunities for pupils at Breadalbane Academy and are currently working with Social Work on a presentation that can be used to raise awareness and to encourage young people to consider a career in care, health and social support.

Participatory Budgeting

'Your Community, Your Budget, Your Choice' was the first Health and Social Care Partnership community based Participatory Budget initiative in Perth and Kinross. Over £23,000 was made available for each of the communities of Rattray, Crieff and Craigie (Perth), and £5,000 of SDS personalisation government monies was allocated to Participatory Budgeting. A variety of Community Projects were funded including Community Gardens, Enhanced Transport, Adapted Bikes for the Disabled and Friendship Cafés. Individual community groups and new partnerships will now deliver a range of important preventative support opportunities that increases choice for local people and also increase the support options open to local services. The projects will enable people to achieve their outcomes when choosing SDS options.

Technology Enabled Care

Perth & Kinross Health & Social Care Partnership is currently progressing a number of technology-enabled care (TEC) projects across four broad work streams to identify how technology can be utilised to improve services, reduce costs, and support people to maintain or increase their independence. We have seen an overall increase in people using Technology Enabled Care (TEC) over the last two years; as at March 2017 the number of service users with TEC increased from 814 as at March 2015 to 1,177 as at March 2017. 3,853 people across Perth and Kinross were supported by the Council's Community Alarm Service this represents an increase of 11.5% since March 2015.

- **SmartFlat**

We launched a TEC SmartFlat at Beechgrove House in December 2016 and this showcases a range of telecare equipment, including personal alarms, falls monitors, smoke detectors and GPS locators, which support people to live in their home or in a homely setting for longer. This is helping to give assurance to service users and their families about how the technology monitors wellbeing ensures that help will arrive quickly when necessary.

- **Community Alarm Service**

The Community Alarm Service has also invested in replacing the analogue telecare server with a digital platform and we will have one of the first digital alarm receiving centres in Scotland which will bring benefits of increased efficiency, reliability and functionality. In time, the digital server will also ensure that the Service is able to embrace the latest technology as it comes to market.

- **Home-Health Monitoring**

Home-health monitoring is being trialled by users of Tayside Weight Management Service. Through using a text-messaging system called “Florence”, patients are able to send in their weight readings on a regular basis to their clinician. This will allow for their weight to be monitored remotely between appointments and furthermore the clinician will also receive alerts if the patient’s weight levels go out with agreed parameters. Following the conclusion of this pilot project, we will look to explore other areas where people can be supported to self-manage their condition through “Florence”.

- **Brain in Hand (BiH)**

A method of supporting people to self-manage their condition through a healthcare mobile app called “Brain in Hand” which supports individuals with autism to increase their independence and reduce their anxiety levels. Through funding from the Council’s Angel’s Share Programme this app is being trialled with ten young adults. This smart web-based software helps the user to achieve greater independence, manage mood problems and reduce reliance on support. Outcomes that Brain in Hand has supported so far seen include:

- Enabling service users to live more independently.
- Providing support to travel.
- Reducing sleeping and waking night support.

- **Video-Conferencing**

To reduce the need for patients living in rural or remote areas to travel significant distances for sometimes short hospital appointments, video-conferencing is being trialled with patients from the Tayside Weight Management Service who will take part in fortnightly video-consultations for a period of 18 weeks. The findings from this pilot project will then inform future projects as we look to increase the use of video-conferencing across Perth and Kinross.

Mental Health and Wellbeing

Wellbeing in Perth and Kinross is reported as higher than the UK average. The National Statistics Wellbeing survey charts the levels of happiness, life satisfaction, levels of anxiety and feelings of leading a worthwhile life in the population of the United Kingdom. Perth and Kinross has better than average scores in all categories. Suicide rates have fallen in Perth and Kinross since 2014. Distress calls to police fluctuate but calls concerning attempted suicides have decreased while calls regarding self-harm incidents are fairly static.

An evaluation of the Mental Health and Wellbeing Strategy was carried out in October 2016 and highlighted key areas of success along with areas for improvement. A range of activities took place in 2016/17 to support mental health including:

- **Mental Health Roadshow** - A partnership mental health roadshow was held in Perth to raise awareness and reduce stigma.

- **Wellbeing Fair** - Co-ordinated by The Recovery Project, the Wellbeing Fair 2016 built on the successes of previous years, the project has grown and developed to become a unique flagship series of partnership events to promote mental wellbeing, self-management and sustainability, and to help tackle stigma. The Wellbeing Fair received a Silver Securing the Future Award in May 2016.

- **Suicide Prevention Week** - A Community Event was held in Perth in September 2016 involving a range of partners which aimed to raise awareness of their services and other initiatives which can contribute towards preventing suicides. One of the key suicide prevention projects in Perth and Kinross has been the 'Bereaved by Suicide' initiative. This is the first project of its kind in Scotland and the processes have been shared with six other local authorities (Dundee, Angus, Dumfries and Galloway, Fife, Highland, Midlothian). The Bereaved by Suicide packs received a Silver Securing the Future Award in May 2016.

Learning Disabilities

The Perth and Kinross Joint Strategy (2016-2019) for people with Learning Disabilities sets out local priorities in line with Scotland's national strategy for people with learning disabilities, the 'Keys to Life'. Social work staff with expertise in working with adults with a learning disability are now located in locality teams to help improve local responses to needs.

- **Improved Access to Health Care**

We work closely with health colleagues across localities to ensure improved access to healthcare for people with a learning disability.

- Quicker access to specialist health provision including: Down's Dementia Screening; sexual health and reproduction anxiety groups; dental services; Keeping Safe workshops; and Falls Clinic. This is having a positive impact on improving health outcomes for people with a learning disability.
- A Pregnancy Pathway has been developed which ensures that for all pregnant mothers who may have a learning disability midwives will liaise with social work from the outset which allows expectant mothers access to services and support from the earliest opportunity.
- The 'Josephine' resource (anatomically correct cloth lady) is supporting women with a learning disability to understand how to care for their own health and wellbeing and has also been helpful in assisting women who may be at risk of abuse or exploitation to describe what has happened to them within Adult Support and Protection procedures. Over the last year Josephine has proven to be an asset in relation to positive health approaches.

Transitions

The Transitions team continues to work with young people and their families, who are transitioning from school into adult life and who will require additional support during this time. Early intervention is key to providing a smooth transition for the young person and their family and as a result of the Transitions within the Community transformation project there is much earlier engagement of families and young people as children enter their secondary school years and making early preparations post school. 54 young people are being assisted by the Transitions team and below are examples of how independence, social inclusion and wellbeing are being promoted:

- **Independent Travel Training (ITT)** enables people to travel to and from college promoting their independence and confidence whilst lowering their anxieties and the anxieties of their relatives. During 2016/17, ITT assisted 12 new people to become independent and completed 17 successful Journey Plans.
- **Respite Break Bureau** offers respite to 41 adults with Learning Disabilities. Through Self Direct Support, families and service users have the option as to how they want to manage their own respite either using the traditional method of residential homes or more creatively arranging respite which is person centred to the individual and of benefit to the main carer.
- **Supporting People to Live in the Community** is ensuring that housing providers can meet the aspirations and needs of service users with a learning disability. Redesign of the housing environment and multi-agency partnership working enables service users to live or return to live in the community in living environments appropriate to their circumstances.
- **Support and Care Worker post funded by P&K Council.** Perth College Social and Vocational Studies (SVS) Department offers educational, social and vocational opportunities to young people who have additional support needs due to a specific learning disability, general developmental delay and/or social and emotional disorders. The role of the support and care worker is to provide support in classrooms, lunch/breaks and also plays a key role in allowing classes to go on outings and/or use local community facilities.

Practice Highlight 5: Supporting People with a learning disability to live independent and happy lives

The Making Where We Live Better group formed in 2010 to promote inclusion through raising awareness of issues faced by those with learning disabilities. They explore issues that affect people with learning disabilities and work together to identify solutions and improve their lives. They held a conference in 2016 in which they invited everyone to share their opinions and thoughts about what could make their lives better. They provided ten dynamic workshops that addressed relevant matters and offered support and advice for the participants. The event gave the opportunity for everyone to have their voice heard and all the feedback will be used to update the Learning Disability Strategy for Perth & Kinross, to ensure the needs of those living with a learning disability are being met.

Making Where We Live Better: <https://youtu.be/iWGF8cNzANI>

Practice Highlight 6: Friends Unlimited Network (FUN)

Friends Unlimited Network provides (FUN) opportunities for people with learning disabilities to meet new people; allowing them the chance to develop friendships. At present FUN has 53 active members who experience regular social events through a calendar of activities such as bowling, discos, pub nights, club nights, craft sessions, workshops and pub quizzes.

Since April 2016, FUN has had an advisory group with 14 active members who attend bi monthly meetings. The future planning for the Friends Unlimited Network is to continue to promote inclusion and participation through regular use of mainstream resources and also provide support resources and skills to help people connect out with FUN.

Physical Disabilities and See Hear

The See Hear initiative is aimed at improving choices for people with a physical disability and/or sensory impairment and ensuring the Quality of Life for Adults with a Physical and/ or Sensory Impairment. A local consultation exercise was carried out in early 2016 with the sensory impaired community and a range of local recommendations were drawn up. Using both the national framework and findings from the local consultation exercise several areas for improvement and development were identified and as a result a range of See Hear (sensory impairment) projects were developed:

- **Hearing Aid Batteries in Mobile Library Vans**

Hearings aids require replacement batteries on a regular basis and were only available from many GP practices through Perth and Kinross and the local Perth Royal Infirmary (PRI). Since 2016 people are able to collect batteries for their NHS hearing aid from four mobile library vans which are regularly out and about around Perth and Kinross.

- **VisionPK**

From October 2016 services for people who are deaf or hard of hearing are provided by VisionPK in partnership with Action on Hearing Loss (Scotland). This joint approach supports the empowerment of people with a sensory impairment to take a full and fulfilling role in society and to help them to achieve their personal outcomes and aspirations.

- **Hear to Help in Perth and Kinross Care Homes**

During 2016/17 Action on Hearing Loss (Hear to Help) worked in Care Homes to ensure that residents were provided with the best possible sensory service and supported to communicate and participate fully in their communities. Sensory Impairment packs were offered to 145 staff in 17 care homes have received training.

- **Listen Up! - Supporting Young People in School with a Hearing Impairment**

Listen Up! Is a DVD resource created by the Hearing Support Service (HSS) and secondary school pupils to demonstrate to staff the challenges faced by deaf pupils in schools. The DVD will become a key element of staff training from 2017. All pupils enjoyed the project and feedback was positive including this comment from a participant. *"It's been a great experience with taking part and making friends, and I hope the DVD helps people in our situation"*.

Autism Action Plan

The local Autism Action Plan was developed in co-operation with people across the autism spectrum, carers and professionals, ensuring that the needs of people with ASD and carers are reflected and incorporated within local policies and plans, and is driven by the Scottish Autism Strategy. We have maintained strong, positive links with our two autism specific charities, Perth Autism Support (PAS) and Autism Initiatives (No3), working collaboratively on several autism specific projects.

- **Autism Work Experience and Ease the Move**

During 2016/17, Perth and Kinross Council in partnership with Perth Autism Support (PAS) and support from the Scottish Government Autism and Innovation Development Fund has implemented enhanced support for people with Autism Spectrum Disorder and increase the number entering and sustaining employment for whom this was previously not a feasible option.

- Autism Work Experience – provides appropriate transition from senior school age to adult life and into employment. The project enables those with an ASD to be in active and valuable work and 10 young people have been supported into work experience.

- Ease the Move – aimed at young people 16-25 years to move on to further education, independent living or supported employment opportunities, other more mainstream services and to lead happier more fulfilled lives. A further 10 young adults are meaningfully engaged aged in a variety of activities including:
 - Prince's Trust Fairbridge Access programme
 - Work experience placement with Community TreeCycle
 - New Opportunities/New Skills courses

- **ASC Modern Apprentice Scheme.**

The scheme piloted last year and continues to support and encourage job applications from under-represented groups and in particular, those with an ASC condition. We have worked with a company called IDTC, who are funded by Skills Development Scotland and provide work readiness skills. Some young people have now entered the Council's Modern Apprentice scheme underlining that the Council is an inclusive employer offering a tailored approach to those seeking employment.

Practice Highlight 7: ASC Modern Apprentice Scheme Case Study – Employer Feedback

The Modern Apprentice commenced employment with us through the ASC modern apprentice programme in August 2016, and is completing a Modern Apprenticeship in Administration, and will also achieve the SVQ 3 by the end of their time with us.

We tailored the MA Scheme to fit the young person's needs including working hours. On a day to day basis colleagues helped the MA with any issues they might have and also invested their time in understanding autism and how it impacts on the young person. The Autism coordinator intensively supported them and accompanied the service user at SVQ meetings.

The investment and care and support has been invaluable and allowed them to enter employment in a way that suits their needs, without this investment work can be very challenging for those with autism and means that only a few individuals can cope with paid employment. The young person's line manager has also commented:

'Having Y in our team has been both rewarding for Y and for the team. They have embraced their duties with enthusiasm and professionalism and the nature of autism has actually benefited us and allowed her to embrace the tasks I have allocated Y'.

This young person was given an opportunity to join the workforce that would have been otherwise impossible, and with a small amount of support initially has flourished and completes work to a very high standard; Y is an incredibly polite and hardworking individual and would be a benefit to any team.

Employability Network

The Employment Support Team (EST) offers guidance and support to people who have a Personal Assistant or use other SDS options to support their employability. EST has provided support to 140 clients to find and sustain employment. 68 supported into Paid Employment and 59 into Work Experience/Voluntary Placements, as a pathway to employment. EST has provided Works Skills Courses during 2016/17 for 18 people some of whom are in transition. Some comments from service users included:

“Valuable to learn how to be towards customers”
“Valuable to practice on my presentation for job interviews”
“Helped me get a paid job”
“Helped me get work experience and a temporary paid job”

The Employability Network strives to improve employability services for young people and adults in Perth and Kinross who have ill health, a disability or barrier to employment. The reasons for the drop in local employers will be explored further to understand the local issues and context for this:

- The increase in the total number of clients supported into employment achieved in 2015/16 has been maintained in 2016/17 at over 1800 clients.
- Following a substantial increase in the number of employers engaged in the Network last year increased from 212 in 2014/15 to 565 employers in 2015/16, the number has fallen to 469 in 2016/17.

Practice Highlight 8: Support into Employment

D was referred to The Employment Support Team in January 2016. She is 30 years old, has a learning disability and works part time at a children's nursery. An additional challenge to ongoing employment arose when it was envisaged that all staff would need to be registered with the Scottish Social Services Council and obtain SVQ 3 qualification in childcare. D's learning disability was acknowledged and a request was made for "Reasonable Adjustments" in relation to the post held by D. It was agreed that D could be supported to achieve a level 2 SVQ instead. Through some in-work support and building a good relationship with the employer D achieved her qualification and maintained her employment.

Practice Highlight 9: Gold Star Employer

The Council launched a new business awards scheme called the Perth and Kinross Gold Star Employer Awards. The scheme helps to raise the profiles of businesses across the local area through nominations for and from businesses which actively recruit young jobseekers, the long-term unemployed and those with varying disabilities where often reasonable adjustments may be required. The Employability Network has supported the Gold Star Employers Awards since August 2016, 11 Employers have been nominated with 4 acknowledged as Gold Star Employers. An awards ceremony was held in March 2017 to and the Overall Gold Star Employer 2016 was Inchoonans Equestrian in Errol.

7.2 Criminal Justice

The Scottish Government provides 'ring-fenced' funds to the Council for criminal justice social work services. Criminal justice social work services act on behalf of Scottish Courts to:

- supervise offenders aged 16 and over who have been made subject to a community disposal;
- provide reports to courts to assist with sentencing decisions; and
- provide statutory supervision (called 'throughcare') for certain offenders released from prison.

Criminal justice social work services are responsible for:

- assessing the risks and circumstances of offenders in the community and in custody. Core services include Social Enquiry Reports and Home Background which contribute to Court and Parole Board decisions as to whether an offender is able to remain in, or return to, the community;
- supervision and monitoring of offenders placed on a range of court and post-release orders and licences. These are intended to reduce the risk of reoffending and harmful behaviour towards others while assisting an offender's return to their community;
- social work services for the HMP Castle Huntly and HMP Perth;
- specific services for female offenders; and
- provision of unpaid work opportunities for people otherwise at risk of custody.

New Framework for Community Justice

The new model for Community Justice, underpinned by the Community Justice (Scotland) Act 2016, will transform the community justice landscape to bring a local perspective to community justice. There is a requirement in the Act for the statutory partners to work together to prepare a community justice outcomes improvement plan for their area, following engagement and consultation with relevant local stakeholders and appropriate third sector and community bodies who are involved in community justice. The Perth and Kinross Improvement Plan was published in April 2017. [A Community Justice Partnership](#) has been established involving the statutory partners and third sector organisations and it will have the responsibility of ensuring the delivery of the improvement plan.

Criminal Justice Services work in partnership with a wide range of statutory and voluntary agencies, and with our communities, to reduce crime, identify public protection issues, maintain strong communication channels, to listen to communities and work to develop high levels of community confidence. A number of successful interventions are effectively minimising re-offending and promoting alternatives to custodial sentences, such as the One-stop Women's Learning Service (OWLS) and the Short Term Prisoner Protocol.

Criminal justice social work services and community safety teams are jointly managed and are working in an integrated way to reduce antisocial behaviour, such as neighbour noise, vandalism and litter, through services such as Community Wardens. The service works with people who are the victims or perpetrators of crime and antisocial behaviour and has a strong focus on preventative measures and make every effort to put services in place to reduce offending and thereby reduce the harm caused to communities.

Performance highlights for 2016/17 include:

- **Self Neglect and Hoarding**

High on the agenda is Self-Neglect & Hoarding; Self-neglect differs from the other forms of harm as it does not involve a perpetrator, hoarding can result in self-neglect. Working with partners from the Scottish Fire and Rescue Service free home safety visits are available to all people in Perth and Kinross and will work closely with the council to promote fire safety, and intervene in cases of hoarding and other fire safety issues.

- **Hoarding Protocol**

Staff in Housing and Community Safety have led the development of a Hoarding Protocol in partnership with Police Scotland, Scottish Fire and Rescue Service and NHS Tayside. This was approved in March 2017 alongside Operational Guidance to help identify self neglect & hoarding behaviour, make links to adult and child protection, support for mental ill-health, and to respond appropriately.

- **One-Stop Women's Learning Service (OWLS)**

The Public Protection Team through the multi-agency One-stop Women's Learning Service (OWLS) has continued to further develop. In 2016/17 the service have move forward with community engagement taking an active part in the organisation and production of events such as Reclaim The Night, part of the 16 days of action through the Violence Against Women Partnership, Co-production and delivery of the "Be Kind to Yourself" sessions as part of the International Women's day celebration jointly with Soroptomists Perth.

- **Prison Based Social Work**

HMP Open Estate Castle Huntly is unique in that it is the only national facility of its kind in Scotland. The role of the Open Estate continues to play a vital role in affording prisoners, particularly those serving long-term sentences, an opportunity to both be tested and reintegrated into the community. The primary function of the prison based social work team is to provide risk assessments and risk management plans for all prisoners subject to statutory supervision on both temporary and full release. This information is utilised in a range of forums including Tribunals (both Scottish and elsewhere in the UK), Parole Board, MAPPA and HMP Castle Huntly's Risk Management Team (RMT). Prior to being allowed any community access, the RMT considers all appropriate information from relevant partners.

Closed Estate at HMP Perth - we have been working with the Scottish Prison Service in recognition of the impact of imprisonment on all family members. We are an active partner in the prison's Children and Family strategy group and plan to build on this work in 2017 to develop our links with the family link centre to offer advice and to support partners working with families during what is a difficult and stressful time.

Over the past year we have continued to support individuals who are preparing for release through the risk assessment and risk management process. Child protection is often a central feature of this, and the team have worked closely with community partners to highlight concerns and to offer support and advice to prisoners and professional partners in planning for release.

- **Electronic Monitoring**

The Public Protection Team has taken part in the pilot of Electronic Monitoring (EM) and are currently trialling different uses for it. With the Team leader being the Local Electronic Monitoring champion we are keen to take part in other trials such as the alcohol bracelets. EM offers a new and different response to criminal justice social issues and the team can see benefits for both high risk and repeat offenders.

- **Multi-Agency Hub at St Martins**

The SCT/Police Hub at St Martins Continues to flourish and provide an intelligence and operational function for the agencies that no single agency could resource. The Hub includes areas such as Police Intelligence, MAPPA Housing SOLO, Anti-Social Investigation Team, Community Safety Sergeant and Violence Against Women. In 2017 there are plans to co-locate the Police Scotland Offender Management Unit Officers which will further enhance joint-working. A good example of how the Hub facilitates policy development and operational delivery is in the case of Missing People. In 2015 the Scottish Government published its Missing People Strategy. Perth and Kinross Council and the Safer Communities Partnership were asked to become a pathfinder area.

- **Safer Communities Hub**

During 2016/17 a new approach focussing on early intervention and partnership working was developed. As part of the Safer Communities Hub some activities included:

- Joint Visits: Police, Housing, Anti Social Behaviour Investigators, Community Wardens carry out joint visits to perpetrators.
- Street a Week: Community Wardens carry out House to House visits to create a problem profile rather than depend on reported incidents.
- Accelerated ASBO (Antisocial Behaviour Order) Process- Improved partnership with Legal Services means Initiation to Interim ASBO is achieved in around 12 days
- ASBO Police Response Plans – Each ASBO has a plan to improve Police Enforcement.
- Housing Liaison – Problem-solving approach to improving enforcement activity and streamlining processes so they are done concurrently rather than consecutively.

- **Unpaid Work Team**

The Unpaid Work Team in Perth and Kinross is very much part of the broader Safer Communities Partnership. The Unpaid Work Team is now a self-sufficient, not for profit, contracting business which has established excellent relationships with internal and external customers – Housing, The Environment Service, Shaw Trust, Working Roots (LD) PLUS (LD), Community Councils, Perth In Bloom and most of the other Bloom Groups in Perth and Kinross, Beautiful Perth, Perth Prison, Right Track (Young High Tariff Offenders), Schools, Care Homes etc. Staff are currently in discussion to develop a Work Experience Project with St Johns School in Perth. This year it has carried out a range of activities which are supporting communities and the environment including:

- Graffiti Removal
- Expanded relationship with Beautiful Perth
- Established the City Centre Hit Squad to improve appearance and challenge ASB
- Painted homes of vulnerable people
- Environmental changes – bushes trees etc. as part of Multi Agency response to ASB
- Renovation of Garden Furniture for Schools and Care Homes
- Development of low-level income generation through sales of garden furniture to order, kindling, firewood – which is used to fund additional tools to improve capability e.g. fencing equipment, power washers, log splitter etc.

7.3 Drug and Alcohol Services

Alcohol and Drug Partnership

The Alcohol & Drug Partnership (ADP) has been redesigning services to enable the implementation of a Recovery Orientated System of Care (ROSC) as mandated by Independent Expert Review of Opioid Replacement Therapies in Scotland, 2013. A Redesign Project was established in 2016 and a key part of this is the development of a Whole Family Approach.

Whole Family Approach

The pervasive impact of parental substance use on the wellbeing of children and young people, compounded by incidents of domestic violence and poor mental health, has been well documented.

A fresh approach to delivering key services for the **whole family** is central to improving outcomes in Perth and Kinross. Research indicates that the early initiation of substance use by children and young people increases the risk of alcohol related problems and social and health issues in later life. There is also close correlation between substance misuse and higher risk taking behaviour in relation to anti-social behaviour, offending and risky sexual behaviour which can lead to a higher level of dependence on public services in the long term. Therefore, by focusing on the needs and aspirations of the whole family, this will ultimately, contribute to improving outcomes in a range of other areas. The promotion of coordinated, efficient and effective services which avoid duplication of effort is the primary aim and a Whole Family Approach is the vehicle to achieve this objective.

Practice Highlight 10: Getting Our Priorities Right

Working Together with Children, Young People and Families Affected by Problematic Drug or Alcohol Use

Following publication of the Scottish Government's GOCR Guidance (Revised 2013) and in compliance with this national guidance, Perth and Kinross Child Protection Committee (CPC) and Perth and Kinross Alcohol and Drug Partnership (ADP) developed a Joint Local Partnership Agreement and Joint Action Plan to take GOCR forward across Perth and Kinross. Between November 2013 and August 2014, working collaboratively with CPC partner agencies; Perth and Kinross Children's Services; Adult Services; the Drug and Alcohol Team; the Information Commissioner's Office: Scotland (ICO); SCRA and STRADA and following three-local multi-agency practice workshops, the partnerships developed and published a [Perth and Kinross Practitioner's Guide and Toolkit: Getting Our Priorities Right \(GOCR\)](#) to support and empower local practice.

This guide and toolkit was developed with contributions from over 250 Perth and Kinross multi-agency local practitioners and managers who attended a total of four multi-agency practice workshops, all of which were evaluated very highly. It aims to support and empower all practitioners and managers working across all services and agencies in Perth and Kinross, including all those working in children's services and adult services. It aims to keep children and young people safe; promotes early identification, effective intervention and support. It promotes partnership working across children's services and adult services and practice is supported by a Toolkit with Checklists to aid professional judgement and early assessment.

Recovery Oriented System of Care is a coordinated network of community-based services and supports that is person-centred and builds on the strengths and resilience of individuals, families and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk of alcohol and drug problems. The aim of the Redesign Project is to support the implementation and delivery of a Recovery Oriented System of Care (ROSC) which emphasizes prevention and recovery. The Redesign Project objectives are to:

- Review and redesign the delivery of services within localities to reflect strategic priorities of Early Intervention, Prevention and Recovery and the delivery of a Recovery Oriented System of Care (ROSC).
- Adhere to the Quality Principles and Care Standards to deliver improved person centred outcomes for individuals.
- Deliver a service that meets our legal and statutory responsibilities.
- Deliver a service that has the flexibility to respond to changes in demand at a service and individual level.
- Offer an efficient and value for money service that delivers improved outcomes for individuals, families and communities and cost savings.
- Meet the ADP strategic aims of Whole Family Approach, Whole Population.

An options appraisal of the preferred option for implementing the ROSC was considered and a short life working group has been set up to implement the preferred option with community, hospital and hosted services via a Tayside wide group.

Validated Self-Evaluation

In 2016 Perth and Kinross Council participated in the first ever Alcohol and Drug Partnership Validated Self- Evaluation of the Quality Principles. This was carried out by the Care Inspectorate and Healthcare Improvement Scotland in partnership with local managers and staff. This identified a number of key strengths which were making a positive difference for individuals and families and areas for improvement. Notable strengths include:

- Exceeding the three week referral to treatment target consistently over a number of years
- Service users are offered high quality, evidence informed treatment, care and support interventions.
- The strong foundations of community work, ROSC activity, mutual aid, whole population approach, NPS/naloxone strategies developed through the ADP and the strong links to other thematic groups.
- The positive shift of strategic policy and investment, supported by all sectors, away from traditional treatment services and towards a whole family approach.
- A high level of innovation, commitment to self-evaluation and ongoing improvement.

A number of areas for further improvement were also highlighted which are being addressed by the ADP which included the need to:

- Review 'prescribing pathways' to ensure service users can easily access services.
- Raise awareness about the single point of access arrangements to maximise accessibility.
- Review resources and ensure projects such as Social Prescribing Project and Wellbeing and Recovery project are designed to be sustainable in the longer term.
- Refresh the commissioning plan to be in line with the IJB's strategic plan and ensure it is consistent with the needs of the population and the ADP vision.

Practice Highlight 11: Alcohol and Drug Partnership

Social Prescribing Project

The Project was a sound and well integrated approach that featured an appointed lead officer who had collaborated closely with a large number of stakeholders and local communities to raise awareness of addiction issues develop mutual aid and a range of sustainable support networks. The project had also developed an evaluation framework in order to measure the positive impact the work had on communities and had demonstrated a range of positive results to date. There was good evidence that this project had strengthening community capacity across Perth and Kinross.

Change is a Must(CIAM)/Small Test of Change

In 2016 the Change is a Must multi-disciplinary team developed the Rickter Scale to include child focussed questions to improve the motivation of parents to affect change in these areas. The Alcohol and Drugs Partnership (ADP) Strategy 2015-20 outlines the need to ensure a 'Whole Family Approach' and recognises that supporting policies play an important role in achieving positive outcomes for parents and children. This 'small test of change' will help to cement integration between services.

7.4 Services for Children, Young People & Families

There is shared responsibility across the CPP for monitoring and reviewing our performance and progress towards our key objectives. We have ensured that this is informed by reliable data about the extent to which outcomes are improving across a wide range of measures and have used this to identify those areas which need greater focus. The Education and Children's Services Business Management and Improvement Plans (BMIPs) monitors and reports on performance against an agreed set of indicators.

Overall, the quality of regulated care services provided by the Council is high with all grades awarded by the Care Inspectorate being good and above consistently for the last 5 years. The Council provides five care services which are regulated by the Care Inspectorate and in 2016/17 two of the five services received an inspection. These were Woodlea Cottage in September 2016 which provides services for children with complex disabilities and their families (it is only the residential respite care which is inspected) and the Cottages at Almondbank House in December 2016 which is a registered care home for young people.

The Cottages, Almondbank House: Inspectors noted: *"The Cottages provided young people with well-structured care in a safe and comfortable environment. Young people were encouraged to participate in community-based activities which promoted their health and wellbeing. The focus of the work with most of the young people was on the assessment of family relationships and building capacity to support young people to return home. Staff were working closely with parents, social workers and other relevant agencies to help to achieve this. We observed sensitive, skilled interaction between staff and parents and found evidence that complex shared plans were moving forward as anticipated."*

Woodlea Cottage: Inspectors noted: “*This service provided excellent care and support, demonstrating a highly impressive capacity for improvement and innovation. This allowed staff to support children to achieve very positive outcomes and have enjoyable experiences. There was a strong emphasis on the provision of child-centred care by a team of well-trained, skilful and motivated staff with a clear vision for maintaining Woodlea as a model of its type. The foundation for this was that 'all children can learn.'*”

	Grades awarded to regulated care services for children and young people 16/17					
	Excellent (Level 6)	Very Good (Level 5)	Good (Level 4)	Adequate (Level 3)	Weak (Level 2)	Unsatisfactory (Level 1)
Care & Support	1	-	1	-	-	-
Staffing	-	-	-	-	-	-
Management & Leadership	1	-	1	-	-	-
Total (Nos)	2	-	2	0	0	0
%	50%	-	50%	-	-	-

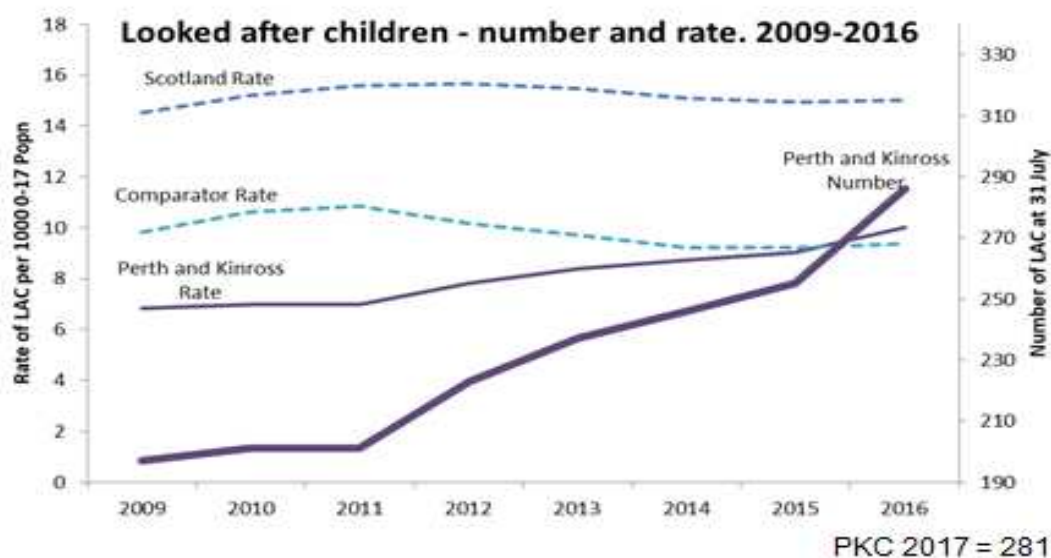
Data for looked after children is based on national statistics obtained on 31 July each year. The number of children and young people looked after in Perth and Kinross has continued to grow year on year since 2011 (both looked after at home and away from home). At 31 July 2016, 286 children and young people were looked after by Perth and Kinross Council at a rate of 10.1 per 1000 of population which is higher than comparator authorities at a rate of 9.3 and significantly lower than the national rate for Scotland at 14.9.

There is a strong drive to avoid residential placements wherever possible and to place children locally within their communities in Perth and Kinross. Perth and Kinross has a higher proportion of looked after children and young people in community placements (relatives and foster care) and in 2015/16 was ranked 3 out of 32 local authorities nationally (93.7% in 2015/16 and 92.2% 2014/15 compared to 90% and nationally for each year).

The number of Looked After Children as at 31 July 2016:

Accommodated Children	2014	2015	2016
Kinship Care	88	80	78
Foster Carers	91	99	118
Prospective Adopters	7	10	11
In other Community (e.g. hospital)	3	2	2
Local Authority Home	12	13	10
Residential School	5	7	7
Other Residential (intensive support)	2	0	1
Secure	0	0	0
Total	208	211	227
Home Supervision	38	44	59
Total Looked After Children	246	255	286

Looked after children



There is a strong focus on securing permanency for children and young people who are unable to remain in the care of their birth family. The majority of children and young people who are looked after and accommodated have stable placements, with 84% experiencing two or less placements in a care episode, and most of these having only one change in placement, or no changes. This allows children and young people to benefit from secure and stable relationships and nurturing environments.

There is also improvement in the timely decision-making for which children identified as needing permanent care and thereafter considered by the Fostering and Permanence Panel to be formally approved for permanence. Nearly 70% of children and young people (in 2016/17) have a permanence plan approved at Panel within four months of the LAC Review decision, compared to 48% in the previous year. Early identification of children who should be progressing to permanency and effective planning to avoid delays is demonstrated through increasing numbers of children being considered by the Fostering and Permanence Panel year on year.

The Council has recognised the pressures resulting from increasing demand and has supported the Children, Young People and Families Service to redesign and make plans to transform the shape of service delivery to stem and reverse this trend. This includes:-

- Transformation and remodelling of residential care to refocus on teenagers on the edge of care.
- Recommissioning strategically intensive and flexible family support focusing on primary school aged children who are at risk of statutory intervention.
- Redesigning the early years family centre towards community and family based support through the Family Focus team.

- Taking part in the national programme to address neglect and enhance wellbeing with CELCIS along with health colleagues with a particular focus on getting it right pre-birth and into the first year of life
- Continuing to blend community development and early intervention with our work to support children and young people who are at risk of statutory intervention or looked after at home.

PRACTICE HIGHLIGHT 12: Family Support through Family Focus

The Family Focus team was created following a review of social work support services for families with very young children. The review highlighted the need for early intervention and support to families with children pre-birth to five within their homes and communities. The needs of these families were around routines, confidence building and establishing parenting skills. The ethos of the team is to support families into universal provision and by intervening early to prevent an escalation of difficulties and to avoid statutory intervention. The Family Focus team is now fully operational and provide outreach across Perth and Kinross. In collaboration with midwifery and maternity services, work is ongoing to deliver early support to pregnant women in need.

The team has also delivered 2 pilot projects at two primary schools where there are concerns about child development and working alongside education and health staff assisted parent to promote their child's development within the family.

PRACTICE HIGHLIGHT 13: Active Beginnings - Splashtots

Active Beginnings is a project involving Family Focus and Live Active Leisure to improve the physical and emotional wellbeing of parents and very young children. Over the year, 55 families benefitted from a number of sporting activities with the most successful being Splashtots. Splashtots was introduced to work towards improving the Health & Wellbeing of vulnerable parents and children and to enable families to access local facilities by reducing financial barriers. We have built relationships between staff and parents, and among parents who are socially isolated. Most of our parents are young, lone parents, on benefits experience poor mental health and low self-esteem. Parents and their babies are learning to be confident in the water and to swim. Parents have grown more confident and now make use of the pool in their free time, they have made a new support network of friends and their overall wellbeing has improved.

Practice Highlight 14: No 5 Project, Rattray

To tackle the consequences of poverty and isolation we continue to run No. 5, a community based project in Rattray for 30 hours per week. Staffed by Senior Social Care Officers attached to the Blairgowrie Children and Families Social Work Team, group work for children 0-17 years and their parents promotes social inclusion. Guidance, advice and support is provided on managing children's behaviour, maintaining healthy family relationships, parenting, healthy lifestyles and healthy eating. A GIRFEC approach is supporting children and their families to develop greater resilience and improved self-esteem. Approximately 50 children and young people attend on a weekly basis, some of them have a Lead Professional Social Worker as their names have been included on Child Protection Register or they are looked after children and their attendance is part of the Child's Plan. The success of the project is demonstrated by the willingness of other, locally based, children and families to participate in the varied range of activities available.

Attainment of Looked After Children and Young People

Indicator	2014			2015			2016		
	At home	Away from home	Total	At home	Away from home	Total	At home	Away from home	Total
% of CYP leaving care who attained at least one subject at SCQF Level 3	100%	71%	79%	67%	77%	76%	100%	100%	100%
% of CYP leaving care who achieved English and Mathematics at SCQF Level 3	80%	64%	67%	0%	64%	56%	40%	79%	68%
Number of CYP ceasing to be looked after ³	-	-	19	-	-	25	-	-	19

Source: ECS: 2016: BMIP Indicators

Source: LAC SQA Attainment 2014/15

Attainment of Looked After Children by end of S4 and S5/S6

A wider measure of attainment is used locally to monitor the progress of the 35 young people in S4 and S5/S6 who have been looked after at some point during academic session 2015/16. Care should be taken with interpretation in view of the small number of young people.

S4	% S4 Looked After Children achieving...		
	2014	2015	2016
English and Maths @ Level 3 or above	62%	64%	74%
5+ passes @Level 3 or better	48%	71%	57%
5+ passes @Level 4 or better	24%	64%	26%

³ Due to the size of the cohort, numbers have not been presented for at home and away from home.

S5/S6	% S5 or S6 Looked After Children achieving...		
	2014	2015	2016
English and Maths @ Level 3 or above	93%	87%	100%
5+ passes @Level 3 or better	93%	87%	75%
5+ passes @Level 4 or better	43%	87%	67%

Source: ECS: 2016: BMIP Indicators

The Education Additional Support Officer, together with Looked After Co-ordinators in schools, track the attendance and achievement of looked after young people on an individual basis and ensure that appropriate support is in place.

The [Corporate Parenting Plan](#) was developed in 2016/17 in consultation with care experienced young people sets out a clear and unambiguous vision to tackle the inequality of outcomes experienced by looked after children and young people with care experience. This plan includes an assessment of needs and sets out five strategic priorities to ensure better performance in relation to:-

- **Home:** our children and young people will be safe and nurtured
- **Voice:** we will listen to our children who will be respected and included
- **Health:** our children and young people will be active and healthy
- **Achievement and Attainment:** our children and young people will achieve positive outcomes throughout their lives
- **Skills for learning, life and work:** our children and young people will be responsible and achieving adults

Under the Children and Young People (Scotland) Act 2014, young people now have the choice to ask the Council for a continuing care placement after the age of 16. It is expected that this will help some young people stay in school beyond the statutory leaving age (S4), and subsequently achieve greater attainment in S5 or S6.

At 31 July 2017 84% of care leavers (up to age 25) were in touch with our after care services. We had 15 young people over 16 staying on in foster care and 10 young people in a community Continuing Care placement. 88% of care experienced young people had a positive post-school destination comparing favourably to our virtual comparator which stood at 84%.

Services for Young People

A new approach is broadening the focus of targeted intervention provided by the Youth Justice Team/Intensive Support Team from youth offending towards promoting interventions that support a wider group of vulnerable risk taking young people who may be at risk of Child Sexual Exploitation, misusing substances and/or alcohol, mental health issues and/or at risk of homelessness. This change in direction is aimed at offering similar levels of support and a more integrated response to all young people with high levels of vulnerability.

Services for Young People supported 150 individual young people with varying degrees of intensity and commissioned services for a further 48 young people from third sector partners.

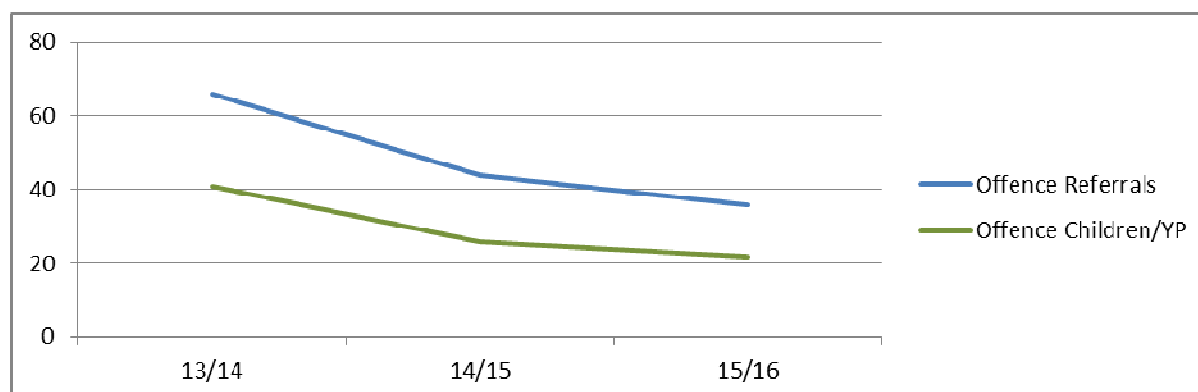
Offending Rates: Young People

	Individual YP under the age of 16 involved in Offending	Number of Persistent Offenders ⁴	Youth Crime
2016/17	197	*	325
2015/16	215	*	326
2014/15	200	*	254

This data also shows that while crime detection rates have increased substantially in 2015/16 and 2016/17 compared to previous years, the number of young people being referred to the Children's Hearings on offence grounds, as well as the number of offence referrals, continue to reduce. This is strong evidence of early and effective intervention and diversion from the Children's Hearings system.

In 2016/17, the rate of young people committing offences has remained the same as previous year. The total number of young people involved in these offences decreased by 18. 38% of all young people detected in relation to offences were first time offenders. There was an increase in Assault offences by 10% (11 crimes); Breach of the Peace by 29% (14 crimes) and Theft by 22% (13 offences). There was a significant decrease in Sexual Offences by 67% (24 offences). The offences most frequently committed by both males and females were Assault. The gender split saw 71% males detected in relation to offending and 29% of females; a decrease in male offending by 16% and an increase in female offending by 16%.

Children and Young People referred to SCRA on offence grounds



This data shows that while crime detection rates have increased substantially in 2015/16, the numbers of young people being referred to the Children's Hearings on offence grounds, as well as the number of offence referrals, continue to reduce. This underpins our strong evidence of early effective intervention and diversion from the Children's Hearings system.

The service will continue to focus on reducing youth offending further, whilst addressing levels of vulnerability and harmful risk taking behaviours by supporting young people through appropriate assessment and intervention and delivering youth programmes throughout Perth and Kinross.

The Participation Measure reports on the Scottish Government's *Opportunities for All* pledge, which aims to ensure that all young people are supported into sustainable employment. The latest report, from August 2017, shows that for the third year in a row,

⁴ Due to small numbers (i.e. numbers 5 and less), these have been redacted

Perth and Kinross is performing above the national average, in every age group with around 93% of all young people aged 16-19 taking part in employment, education or training.

	<i>Overall</i>	<i>Individual age groups</i>			
	16 – 19	16	17	18	19
PKC	93.1%	99.1%	97.2%	92.2%	84.2%
Scotland	91.1%	98.8%	94.0%	88.9%	83.4%

The Perth and Kinross Out of Hours Service (OOH) established in 2010, continues to provide a robust response out of hours to children, young people, families, vulnerable adults and older people who need care and protection. There are highly effective working relationships and very good communication between OOH staff and daytime staff. For example, where a plan indicates that a child protection order for a new born baby is required there is a high level of confidence that appropriate actions will be taken out with normal working hours. OOH staff are included appropriately in joint management meetings and staff development opportunities.

Legal measures are used well to protect children, including seeking compulsory measures of supervision. Social Work staff and the Council's Legal Services work very effectively together to implement appropriate measures to support intervention to safeguard children's welfare. Appropriate care placements are found for all children when it is no longer safe for them to remain at home and there are clear arrangements for assessing the suitability of kinship carers and significant others.

Staff in Perth and Kinross led on the development of the Tayside Practitioner's Guide: Chronologies and the Child's Plan to enable the efficient delivery of co-located multi-agency services. We recognise the importance of building and maintaining useful chronologies and the need to continue to support staff across services with this complex task and have developed a bespoke multi-agency learning and development course.

The single Child's Plan/Young Person's format was introduced from April 2016 alongside single agency and multi-agency training and guidance. The vision was that planning to meet children's needs would be consistent across all statutory agencies irrespective of the level of need, age of child or young person or stage of intervention. The content of the Plan meets the legislative requirements of an Individual Educational Programme informing a separate Coordinated Support plan as appropriate. The Plan is also able to meet the legislative requirements for Looked After Children.

There is now a shared language and common approach to identifying needs and making plans to improve children's circumstances and wellbeing. The Child's Plan sets out the responsibilities of the Plan Partners to agreed actions to achieve desired outcomes. The plan format was designed to support to focus on wellbeing indicators and a SMARTer planning structure. Over the last year training for Named Persons, social workers as well as Chairs of Child Protection Case Conferences, Core Group Meetings and Child's Plan Meetings has been delivered to help improve the focus on outcomes. It is recognised that this is an area for continued development and we are in the early stages of developing a quality assurance process for plans coordinated by Lead Professional Social Workers.

Parents and carers are invited to Child's Plan Meetings, Child Protection Case Conferences and Looked After Review Meetings and are encouraged to take part in discussion and be part of the decision making process. Children of an appropriate age are encouraged to attend and/or contribute their views through an advocate.

Practice Highlight 15: Children's Rights and Advocacy

In order to ensure that children and young people are being listened to it is essential that there are skilled advocacy workers available to meet their needs and who are equipped with the appropriate tools to engage with children effectively. In Perth and Kinross the Children and Youth Rights Officer (CYRO) based within Services for Young People and the Advocacy worker employed with Who Cares? Scotland provide advocacy for individual children and young people who need it when they are looked after or are in need of protection. The CYRO and Independent Chair of child protection case conferences have recently carried out a self-evaluation of the extent to which children and young people's views and wishes are sought and taken into account within key child protection processes and prepared an improvement plan to secure greater participation and involvement.

Performance in relation to the statutory review of Looked After Children and Child Protection Case Conferences is reported quarterly at service level and to the Council's Lifelong Learning Committee every six months. Reviews of children's circumstances are carried out by independent senior staff who are not directly involved in the management of the child's care. Over the last year the Child Assessment and Reviewing Officers have taken up a greater role in challenging practice and promoting greater emphasis on returning children home quickly during an episode of care.

Decision making to support children into permanence has continued to be strong over the last year. Looked After Child Reviews successfully identify children who need permanent care away from their birth families, with the vast majority identified within 6 to 9 months of becoming looked after. Most children identified in need of permanency are considered by the independently chaired Fostering and Permanence Panel within 4 to 6 months. Our strong performance in achieving permanent loving and nurturing care for children who need it ensures that drift and delay is minimised.

Practice Highlight 16: Concurrent Planning

The Adoption team along with Change Is A Must team have developed a concurrency planning tool. Concurrent planning is for a very young child who cannot safely stay with their birth parents. They are fostered by concurrent carers while the birth parents participate in a Parenting Capacity Assessment to determine whether or not the child can return to their care. If a return is not possible then the concurrent carers will be supported to adopt the child. This means there are only two possible outcomes with a concurrent care plan: the child returns home or they are adopted by their concurrent carers.

The model has been researched nationally and indicates very good outcomes for children. The key elements to the success of the model is early assessment and therefore the development of the model relies on both Health and Social Work working together to identify the unborn babies who are at risk.

The processes for assessing and supporting Kinship Carers within Services for Children, Young People and Families are improving year on year. The introduction of an Independent Chair of the Kinship Panel, multi-agency and professional membership of the panel, is now ensuring greater challenge and rigour to decision making. The expansion of the Kinship Care Team has also increased the level of support to Kinship Carers. Perth and Kinross Council provides high levels of practical and financial support for Approved Kinship Carers

and our allowances have been at an equivalent level to local authority Foster Carers since 2015. Increasing numbers of Kinship Carers are being supported to obtain Residence Orders and we continue to support these care placements and ensure children thrive in nurturing families once they are no longer looked after.

The Welfare Rights Team works closely with social work staff to ensure that kinship carers receive their entitlements.

Families supported by registered services are signposted to the Compass membership which provides free and reduced cost access to Live Active Leisure services.

In May 2016, Services for Children, Young People and Families established the Contact Team to coordinate and deliver high quality contact between Looked After Children and their families. Strathmoor has been adapted to provide office accommodation and a homely base for contact sessions. The quality of experience and the consistency in the assessment of contacts for Looked After Children and families have improved significantly as a result.

There has been an increased focus on improvements in the recruitment, support and training of carers, whether kinship or fostering. The number of placements for children who are looked after with family or friends carers in Perth and Kinross has continued to increase since the introduction of the Looked After Children (Scotland) Regulations 2009. There were 24 kinship carers in 2010 and this has risen to 74 at 31 July 2017.

The balance of care towards community placements is good and there continues to be strenuous efforts to ensure that all looked after children and young people benefit from stable and nurturing care within their own extended families wherever possible, or, within high quality family based care in their own communities.

Practice Highlight 17: Family Change Team

Family Change has continued to offer a range of therapeutic services for children, young people and their care givers who have experienced trauma. Perth and Kinross provide a dedicated reparative service and this year the project will be celebrating its 20th anniversary. The project continues to offer a service to a wide range of children both in home and out of home care and there is an increasing demand for one to one therapy with children who have been referred post adoption.

In addition, staff implemented and reviewed a small test of change which led to piloting of a new assessment process for all those starting individual therapy. This has led to a change in practice and wherever possible, work is now split so that the child and adult(s) are offered four separate, individual sessions instead of an initial eight focusing on the child. This allows us to engage more openly and quickly with those providing care in order to identify and support any changes needed within the child's home environment.

Support for children with a disability and their families

The Child Health Team (CHT) provides services for children, young people and their families affected by disability and/or additional support needs (ASN) from birth to leaving school. The CHT has changed its focus over the last year to become more accessible to a wider range of needs and to provide an outreach service. The aim is to intervene as early as possible and to work alongside families and other professionals to help families manage difficult and challenging behaviours at an early stage and to prevent the need for more intensive support. Examples of this include: sleep programmes; managing challenging behaviour, communication assistance and toileting.

This complements the outreach service provided by staff at Woodlea Cottage and the residential and non-residential support programmes for children, young people and their families affected by disability. Individual programmes are designed around the needs identified within the Child's Plan.

Self-Directed Support

To support wider use of Self-Directed Support with children and families, a budget of £25k was allocated from Scottish Government SDS monies. Opportunities were specifically identified around transition needs and ensuring that GIRFEC principles were clearly built into this process. Example provided below:

- Family C. An opportunity to meet the individual needs of one young person with complex and enduring disabilities was identified by building a separate adapted structure in the family garden to provide separate accommodation for the young person and carers. This helped to keep the family unit together and removed the need for residential care.

During 2017/18 further learning and development opportunities are planned for all frontline staff to maximise uptake of SDS and further embed creative solutions for families. This will also support changing from traditional Service Level Agreement provision and in house provision to development of a new approach for respite services for young people in conjunction with SHIP. In 2017/18 a commissioning strategy for children's services will be developed which will have personalisation as a key principle behind all social services commissioned by the Council. An Evaluating Outcomes Workshop was held in Perth and Kinross, hosted by the Children, Young People and Families Partnership on 20 January 2017. This workshop defined our strategic priorities for improving outcomes. Our Commissioning Priorities for 2017-2020 will include:

1. Tackling inequalities

- *Tackling the adverse consequences of poverty*
- *Closing gaps in attainment and achievement*
- *Taking forward corporate parenting responsibilities and ensuring outcomes of care-experienced young people mirror those of their peers*
- *Ensuring children, young people and families attain positive emotional and mental health and wellbeing*

2. Strengthening families and building resilient communities

- *Continued focus on the early years from pre-birth*
- *Consistent support for parenting*
- *Early intervention and strengthening universal services to promote high levels of family wellbeing*
- *Reaching out to families who need support at an early stage to build parental confidence, avoid escalation and decrease reliance on specialist support*

3. Meeting the needs of our most vulnerable children, young people and families

- *Earlier identification of children, young people and families who would benefit from personalised and more intensive support*
- *More flexible approaches to meeting needs and reducing risks including domestic violence, substance misuse and parental mental health, personal safety and sexual exploitation.*

7.5 Public Protection

Child Protection

Child Protection Case Conferences are chaired by Social Work Improvement Officers and Senior Managers, who are not responsible for the management of the case. These meetings consider both the immediate and longer term needs of a child or young person. Performance in relation to holding a Child Protection Case Conference within agreed timescales has been improving steadily since 2014. In the last quarter of 2016/17 we appointed a Temporary Improvement Officer and Statutory Case Conference Recorder to further improve processes and to enhance child and parental involvement in meetings. There has been an associated improvement in the effective and efficient distribution of decisions and actions arising from Child Protection Case Conferences. Revised guidance, report templates and multi-agency training has supported ongoing improvement in this area.

In 2016 a multi-agency review of child protection practice in 63 cases and through an examination of minutes of meetings and supporting documentation such as Assessment Reports and Child's Plan used by Child Protection Case Conference and Core Group meetings. This was a robust and rigorous review which explored key elements of child protection processes. The high level findings demonstrate consistent standards in partnership working; information sharing; building and sustaining trusted relationships; assessment of needs and risks; respectful communication, and recording the views of children and families.

Practice Highlight 18: Child Protection Case Conferences: improving performance and user experience

Although there had been steady and incremental improvement in performance in meeting national and local timescales for holding case conference since 2014, it was recognised that the pace of change could be improved further alongside practice improvement to enhance family involvement in assessment and decision-making at these meetings. Ongoing evaluation and monthly monitoring of performance by Services for Children, Young People and Families showed that there was a need to improve the coordination of these meetings as well as consistency in the practice of chairing meetings and the distribution of minutes and decisions. An 18 month fixed term post was created for an Independent Chair of Child Protection Case Conference with additional administrative capacity. These posts were intended to have an improvement focus to:

- Improve the efficiency and effectiveness of Child Protection Case Conferences building on recognised risk assessment frameworks;
- Promote transparency and meaningful parental involvement;
- Improve the arrangements for ensuring that children's views are given prominence; and
- Ensure adherence to national and local guidance in relation to timescales.

As a consequence, there has been significant change in practices since January 2017, decisions and minutes are now distributed quickly and effectively. Progress is being closely monitored and reported to the Child Protection Committee. Further improvements will be embedded by Spring 2018

The Child Protection and Duty Team along with the police Public Protection Unit provide a highly skilled and effective joint response to child protection concerns which are investigated quickly. Inter-Agency Referral Discussion (IRD) are held consistently when there are concerns that a child or young person may be at risk of harm, abuse or neglect. Our IRD arrangements are a dynamic process and not a one off. The IRD allows police, social work, health and education staff to share and exchange information proportionately; to make an initial multi-agency assessment of risks and to plan for a child protection investigation when necessary. Over the last year a multi-agency review of IRD records has taken place and improvements have been made to the recording practices to ensure consistency.

Joint Investigative Interviews (JII) are carried out exclusively by trained police and social work staff, who have completed Joint Investigative Interviewing Training (JIIT) in accordance with the [Scottish Government \(2011\): Guidance on Joint Investigative Interviewing of Child Witnesses in Scotland](#). All JII are visually recorded and take place at a specially designed location at Almondbank House in Perth. Since 2015, the Child Protection and Duty Team have introduced a mechanism to evaluate via peer review, social work-led JII which has raised professional confidence and competence and improved practice for children and young people. In March 2017, this facility was updated, taking account of lessons from the Barnehus and Stop to Listen Pathfinder. We are currently enhancing our Joint Investigative Interview Training to ensure that practice is trauma informed.

Practice Highlight 19: Case Study - Response to Child Sexual Exploitation

Partners in Perth and Kinross have a long established working group to tackle the emerging threat of Child Sexual Exploitation. This example describes an operational response to a young person, who came to the attention of Police and partners in 2014 for a number of missing episodes. As the risk of sexual exploitation was identified, traditional Child Protection responses were triggered however the young person did not recognise herself as a victim and did not engage with Joint Investigative Interview procedures.

Rapport building was crucial to this investigation with identified professionals from Police, SWD and NHS Tayside co-ordinating engagement with the victim and delivering the same supporting messages, whilst at the same time developing professional relationships, helping to agree common operational objectives.

Innovative proactive packages were developed by the Police utilising detailed multi-agency information and a briefing strategy was put in place for community officers and specialist investigators, to ensure the whole police family understood the importance of the disruption strategies

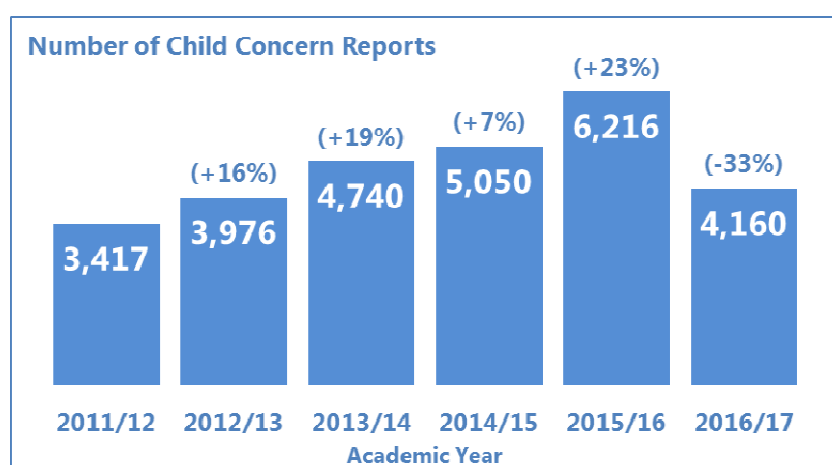
Despite the young person approaching her 16th birthday, Police and Social Work worked with the Scottish Children's Reporter Agency to obtain a supervision order through the Children's Hearing System, which provided the Police with additional enforcement opportunities under the Children's Hearing (Scotland) Act 2011. In addition to maximising her safety, this has also allowed time and space for workers to develop relationships with the perpetrator's young children who are believed to have also been victims of abuse.

In response to a need from one of the Secondary schools in Perth a group work approach was developed over a few weeks. This group work approach was well received by the young people and the intention is that this will be rolled out to other schools.

The Child Protection Committee and the Children, Young People and Families Partnership monitors performance and trends in child protection through quarterly reports. The following is a summary of the high level messages in relation to child protection during the 2016/17 academic year (1 August 2016 to 31 July 2017).

There were 4,160 Child Concern Reports (reports which relate to concerns about wellbeing and welfare). This significant drop, the first in recent years, was predicted last year, as Police Scotland's Vulnerable Person's Database was embedded and with the introduction of internal triaging and quality assurance of low level reports. Each individual may have more than one report recorded, and the 4,160 Child Concern Reports related to 2,334⁵ individuals, which also shows a reduction from 3,258 individuals who had a report in 2015/16. The majority of children who were the subject of a Child Concern Report (65%) had a single Child Concern Report submitted about them during the 2016/2017 academic year. This has increased slightly since last year.

Child Concern reports received annually



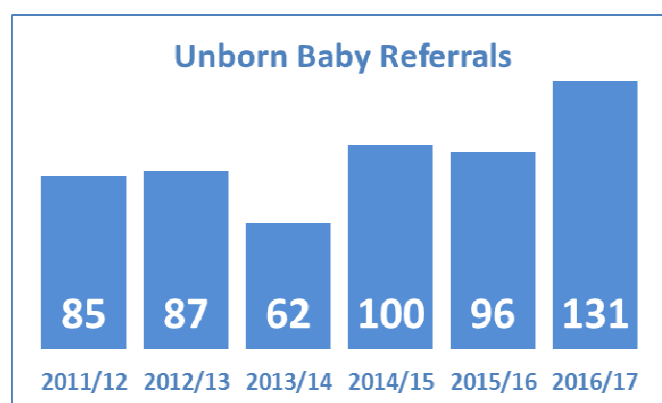
Unborn Baby Referrals

An Unborn Baby Referral is a mechanism by which any practitioner or manager across the public, private or third sectors, can raise a worry or concern they may have about an unborn baby's health or wellbeing; or in relation to whether or not that baby will be safe or in need of care and protection, pre-birth or after birth. This allows for early and effective intervention and support to be provided to the vulnerable unborn baby and mother.

The number of Unborn Baby Referrals raised by NHS Tayside has risen significantly in 2016/2017, particularly from November 2016 onwards, at which time NHS Tayside reviewed their operational practices in terms of unborn babies. The majority of these concerns were proportionately shared with partner services and agencies for further multi-agency review, investigation or assessment. The others were taken forward by way of multi-agency child protection procedures or single agency response, assessment and ongoing support. This is an area of focus for ongoing improvement and Getting it right pre-birth and into the first year of life will be the priority for the work supported by CELCIS to address neglect and enhance wellbeing at the earliest stage.

⁵ May also include duplicates due to multiple SWIFT records for an individual.

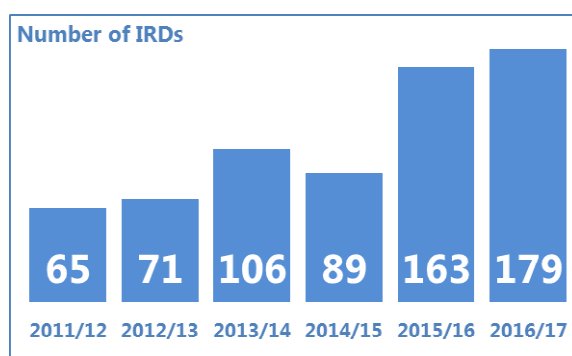
Unborn Baby Referrals



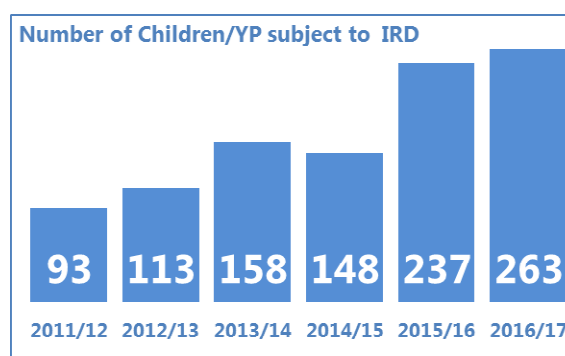
An Inter-Agency Referral Discussion (IRD) must be held where referral or multi-agency screening arrangements have determined that a child or young person may be at risk of harm, abuse or neglect. An IRD is the starting point to determine the next steps by all relevant core services. Routinely, health, police, social work and education staff take part in IRDs and other key staff or services are included wherever this is necessary, for example housing or adult social work services.

In 2016/17 there were 179 IRDs undertaken relating to 263 individual children. This equates to an increase of 10% compared to 2015/16, and continues a long-term positive trend of rising numbers of IRDs to ensure that there is robust sharing of information and decision-making at this early stage.

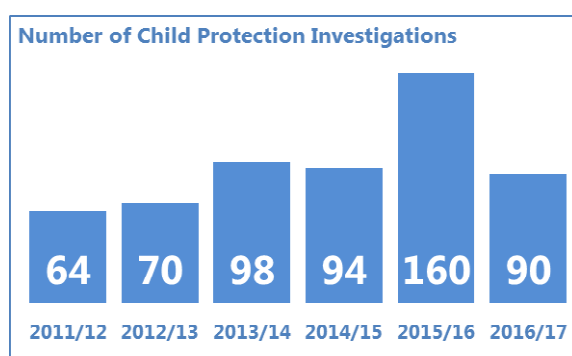
Inter-Agency Referral Discussions



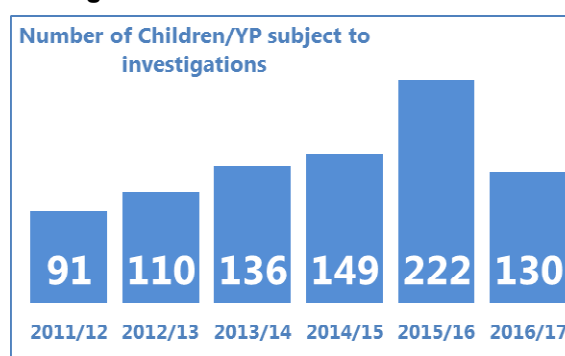
Children subject to Inter-Agency Referral Discussions



Child Protection Investigations



Children subject to Child Protection Investigations



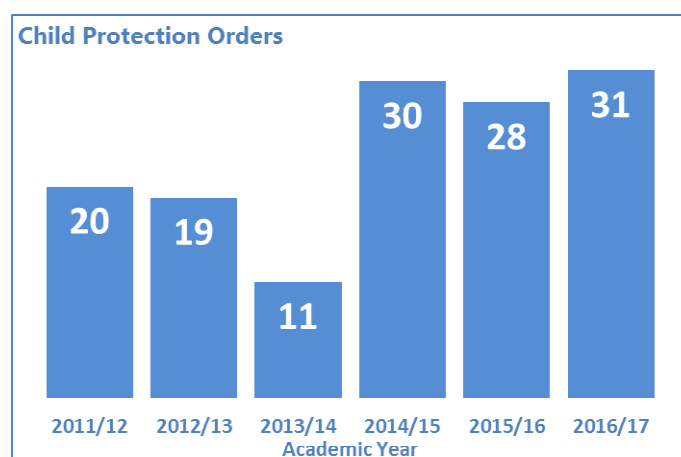
A child protection investigation is defined as a joint investigation, between police and social work, where a Child Concern Report or Unborn Baby Referral indicates that a child or young person is in need of care and protection from harm, abuse or neglect; or there is a likelihood or risk of significant harm, abuse or neglect.

In 2016/17 there were 90 child protection investigations undertaken relating to 130 individuals. This equates to a decrease of over 40% compared to 2015/16, when there was a significant increase over the previous year, and shows a general downward trend since 2013/14.

Child Protection Orders

A Child Protection Order (CPO) is a legal measure to protect children who are suffering or threatened with 'significant' harm, and often requires removal of a child from their parents to a place of safety. The number of CPOs granted within Perth and Kinross has been relatively steady for the last three years.

Child Protection Orders

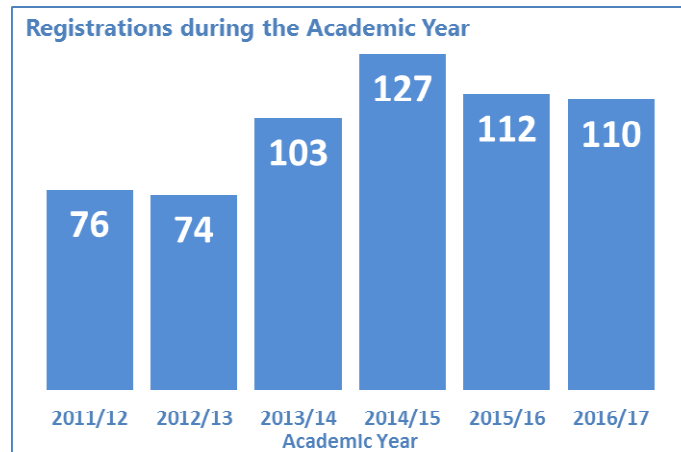


Child Protection Register (CPR)

All local authorities responsible for maintaining a central register of all children and young people – including unborn babies – who are the subject of a Child's Plan. This is called the Child Protection Register (CPR). The decision to put a child or young person on the CPR will be based on a multi-agency assessment, and within Perth and Kinross, Services for Children, Young People and Families maintain the CPR on behalf of all services and agencies.⁶ During 2016/17 there were 110 registrations to the Child Protection Register. This is relatively unchanged from the number of registrations (112) in 2015/16.

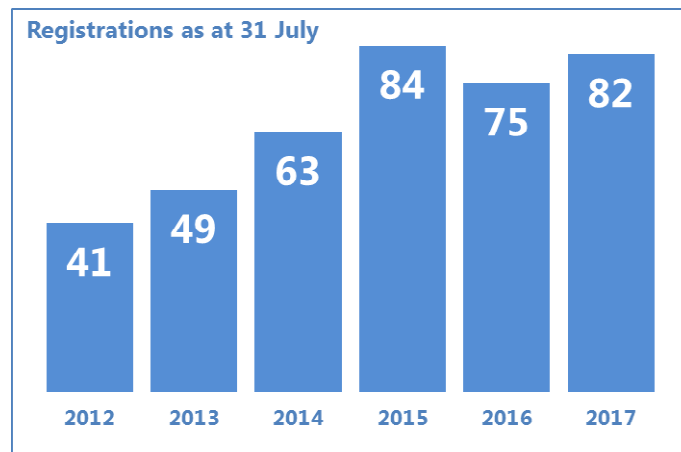
⁶ Extract from [Perth and Kinross Inter-Agency Child Protection Guidelines 2017](#)

Child Protection Register: Registrations during the year



As at 31 July 2017, 82 individuals were on the Child Protection Register, a slight increase on the previous year, following a general upward trend since 2012. This is the date for which the Scottish Government reports statistics.

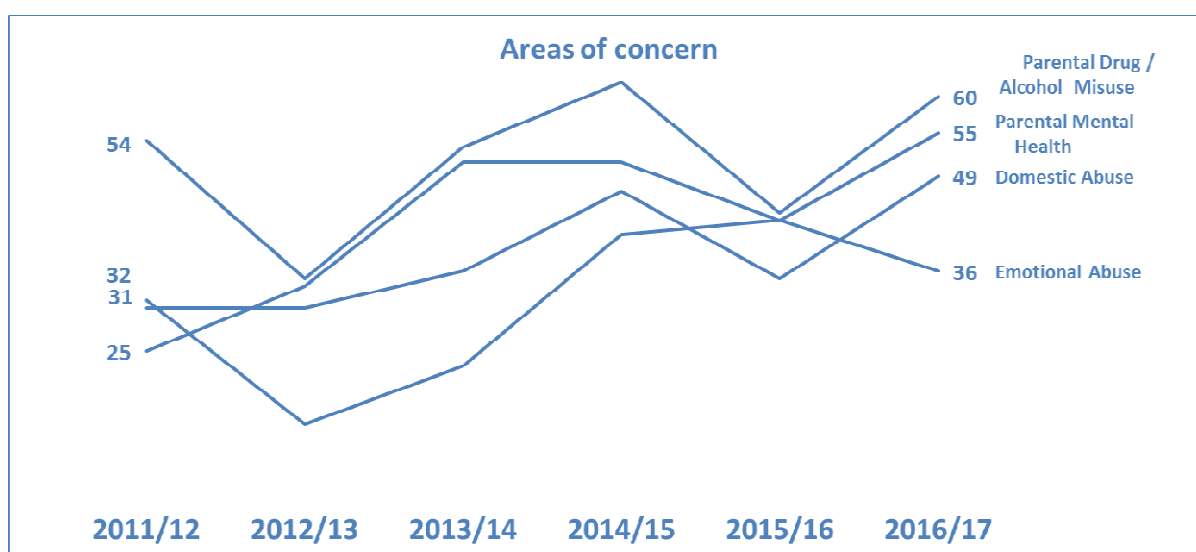
Child Protection Register: Registrations at the end of the Academic Year



As in previous years, the majority of registrations are for children in the 0-4 age group, and children in the 5-10 age group make up the second largest number. However, the last three years has seen a general reduction in the number of registrations for children aged 0-4.

There has been a noteworthy decrease over the last two years in the number of children and young people whose names are included on the CPR who are affected by emotional abuse, while those affected by domestic abuse, parental mental ill-health, problematic parental drug and / or alcohol misuse (sometimes referred to as the toxic trio) have all risen.

Child Protection Register: Areas of concern



Note: More than one area of concern can be identified for each child whose name is placed on the CPR.

Most registrations last less than a year, and only 8 out of 104 children and young people removed from the CP Register in 2016/17 had been on the CPR for 15 months or more. In comparison to last year, more children and young people are staying on the CPR for 4-9 months. The most common reason for de-registration is 'Improved Home Situation', and this has been the case over the last 6 years.

As in previous years the Child Protection Committee will analysis a comprehensive report in relation to trends over the last year and use this to inform the self-evaluation and improvement activity for 2017/18.

Multi Agency Public Protection Arrangements (MAPPA)

There is a well-established partnership across Tayside for the Management of High Risk Offenders through the MAPPA Strategic Oversight Group, we remain committed to maintaining partnerships and evaluating performance to ensure we are working to minimise risk and better protect communities across Tayside. To support individuals to reintegrate in communities following liberation from HMP Perth, the prison based social work team engage with them in a risk assessment and risk management process pre-release, providing support and advice to prisoners and partner agencies as appropriate.

MAPPA Extension: The Public Protection Team also saw the implementation of MAPPA extension covering other offenders. This has proved a beneficial change in that the joint working and assessment process between the Open Estate and community has been improved and streamlined. The Public Protection Team has made its first application for an Intensive Support Package from Scottish Government to provide the appropriate support care for integration for one of these cases.

The MAPPA Housing SOLO (Sex Offender Liaison Officer) is co-located at St Martins House with the Police and the Safer Communities Team. This enhances information sharing and means the SOLO has a much more broadly based role in the management of dangerous and anti-social people than would exist otherwise. A recent service review means the role is shared across 3 members of staff along with ASB Investigation, Environmental Crimes and Early Intervention. One of these staff remains the designated

SOLO and he has developed an innovative mapping system which significantly improves the identification of risk when carrying out Environmental Risk Assessments.

MARAC (Multi Agency Risk Assessment Conferences) are held monthly in Perth and in the past 12 months have provided comprehensive safety plans for 62 women considered to be most at risk. 76 children were within the households under consideration at these conferences.

Missing Person Working Group

In November 2016, a Missing Person Working Group was established including – Police, Safer Communities, Homeless Charity (CATH), Action for Children, SHELTER, Balnacraig School, Seamab School – It developed a new process whereby the Hub takes responsibility for developing the response to regular and High Risk Missing People. This reduces bureaucracy in the Police, improves ownership and ensures a person centred preventative approach where risk is recognised, assessed and managed. In the first year of operation a performance management regime has been established which demonstrates a gradual but significant reduction in the numbers of missing person reports.

Adult Support and Protection

The Adult Support and Protection Committee published a biennial report in 2016 and following on from that report the Adult Support and Protection Lead Officer has been focussing work on raising awareness across the Partnership and the public in relation to adult protection. As part of an annual self-evaluation programme, three multi-agency case review audits took place with colleagues from NHS, Police and Health and Social Care Partnership. The work in the cases audit was evaluated positively with over 80% effective responses for all areas. An improvement plan has been developed to address the areas for further development identified.

Following on from the recommendations outlined within the 2014-2016 Bi-annual report, closer working with Care Homes and Care at Home agencies has resulted in an increase in the number of care homes reporting incidents of potential abuse or harm. Next steps include working jointly with Contracts and Commissioning to ensure that contract rigorously ensure that commissioned services are adhering to procedures for the protection of vulnerable people.

Financial harm has been one of the main priorities and the Adult Protection Co-ordinator has been very proactive in engaging partner agencies. An event held in October 2016 to address need to raise the awareness of Financial Harm across all organisations in Perth & Kinross was very well attended and the feedback extremely positive. This has helped to build stronger links with Banks and increases the possibilities for further training to aid staff working in these environments.

Work continues to develop a strategy with Black and the Ethnic community and other groups where it is recognised by the committee that partnership working has been poorer than in other areas, especially in relation to hate crime and sexual exploitation.

A review of the Vulnerable Person's Report (VPR) was completed in 2016 which resulted in a significant reduction of VPR submitted to the Council. The aim of Police Scotland is to ensure the most relevant and proportionate referrals are sent to enable higher percentage of vulnerable adults are provided with the appropriate supports.

Financial harm, self-neglect and hoarding are key challenges for the Adult Protection agenda.

7.6 Complaints

Between 1 April and 31 March 2017, the following complaints were investigated at Stage 2 of the Council's Complaints Handling Procedure:

Stage 2 Complaints	Number of complaints	Number acknowledged on target	Number of complainants satisfied with response	Number of Complaints at Review Committee (CRC)
Community Care	20	20	11	*3
Services for Children, Young People & Families	2	2	1	0
Total	22	22	12	3

From 2017, a new policy and process for handing social work complaints will be introduced to meet changes in legislation. Complaints will be recorded within a unified management information system which will provide an enhanced profile of the number of complaints received, including Front Line Resolution complaints.

Community Care

Between 1 April 2016 and 31 March 2017 there were 20 Stage 2 Complaints (Investigations) this is a 50% increase from the previous year and in addition, there were 65 complaints dealt with at Stage 1 (Front Line resolution) with a small increase on the previous year. 3 complaints progressed to CRC. In addition, there were 2 CRCs withheld as a result of a decision from the SPSO.

Main areas of complaint continue to relate to Care at Home Services and funding issues.

Services for Children Young People and Families

Within the same period, Services for Children, Young People & Families had 2 Stage 2 complaints none of which progressed to CRC. There were also 18 Stage 1 (Front Line resolution). This trend has altered from the previous year with the majority of complaints being resolved at Stage 1.

Main areas of complaint related to staff, customer service standards, inadequate service, and disputed decision. These complaints influenced changes in practice such as:

- the involvement of parents at professional meetings; and
- the Appeals process

8 User and Carer Empowerment

There is a collective commitment to working alongside local communities and service users to design, develop, deliver, evaluate and improve services across the CPP. Throughout this report, there is very clear evidence of involvement of service users in influencing and signs that there is a genuine commitment to empowering people who use services and carers to be at the heart of service redesign. Staff are already working to create opportunities for people who use services to be involved at an individual level, an establishment, team or care service level, as well as more strategically. There are increasing numbers of examples where there is greater partnership working and co-production including:

- The Learning Disability Charter
- Joint Mental Health Strategy
- Equalities Strategy
- Carers Strategy

Integration Joint Board Service Users and Carers Representation

Legislation requires user and carer representation on the [Integration Joint Board](#), the decision was taken by Perth and Kinross to appoint both a principle and substitute representative. In order to ensure that the Carer and User voice is represented on the Integrated Joint Board (IJB) a selection process was carried out. A service user and substitute service user were identified along with Carers representatives chosen from the existing Perth and Kinross Carers Forum. It was agreed to call the representatives Public Partners.

The Public Partners are offered support including induction programme, preparation for each IJB meeting, and bi-monthly meetings with the Chief Officer to enable understanding of IJB issues and the opportunity for Public Partners to have items included on the agenda.

Corporate Parenting

Over 2016/17, staff in Services for Children and Young People have supported the continued development of a group of care experienced young people. They are supported to meet weekly and successfully completed the Columba 1400 Young People's Leadership Academy. Their confidence has grown and they are now working alongside Corporate Parents meaningfully to champion change for looked after children and care leavers. A number have now gained employment as Participation Assistants within the service and now helping to set the agenda for strategic meetings and participate in service developments.

Participatory Budgeting

'Your Community, Your Budget, Your Choice' was the branded title for the first Health and Social Care Partnership community based Participatory Budget initiative in Perth and Kinross. The aim was to provide funding to local community organisations to enable them to develop vital preventative provision and reduce the demand on specialist services. By providing small sums of money, a range of local conversations developed, and new creative provision initiated.

- A Community Engagement Worker was given the lead in each area to provide encouragement and support to community groups to generate applications.
- 47 community project proposals were received with 21 projects being fully funded and a further 21 receiving part funded.
- The participatory budget approach resulted in 1562 local people voting for the projects that they felt would deliver the care and support required in their community.
- A variety of Community Projects were funded including Community Gardens, Enhanced Transport, Adapted Bikes for the Disabled and Friendship Cafés.

Practice Highlight 20: Rural Wisdom Project - Older People Living in Rural Areas

Due to the national profile of the work in Aberfeldy, “Outside the Box” a Scottish Wide Voluntary Project approached the Community Engagement Worker to discuss if people in Aberfeldy would want to work in partnership with Outside the Box in the development of the Rural Wisdom project. Rural Wisdom is a community development and shared learning project that explores the impact of community-based activities that are led by older people living in rural areas.

The project is looking to explore how older people can take the lead in setting the agenda and developing resources that meets the needs of older people in the area. Outside the Box and Volunteering Matters Cymru (Wales) have now been successful in a £975,370 lottery application to develop this work across Scotland and Wales.

Aberfeldy and the surrounding areas will be one of the pilot sites and the Community Engagement worker is playing a central role in ensuring that local people remain at the centre of this exciting new development.

Carers

Participatory Budgeting for carers was launched in 2016/17. Called ‘Carers Voice, Carers Choice’, carers made decisions on how £20k would be allocated across Perth and Kinross.

We are developing a model of service delivery that will provide Intermediate Support for Carers. This model will look to radically enhance the support we provide to unpaid carers and families. Our research demonstrates that 70% of crisis placements and permanent care home placements occur due to carer breakdown or incapacity. This new model of carers support will enhance the support we provide to people in the community, to enable them to continue in their caring role. It was developed after consultation with large numbers of local carers and is intended to enhance the support to people in the community enabling them to continue in their caring role.

The service will consist of three strands:

1. Investment in flexible respite
2. Provision of evening/night time support
3. Additional capacity for telecare solutions

Carer Positive is one of the Scottish Government’s key policies to help Scotland’s carers. The Council as a major employer in the local authority area recognised that many of its staff had caring responsibilities. Perth and Kinross Council was awarded Level 1 **engaged** status as a **Carer Positive Employer** in the last year and is working to achieve Level 2 established. To achieve this, the Council has had to demonstrate

- Involving carers in the development of policies and processes to support carers within the workforce
- A culture of support is embedded within the organisation
- Carers feel comfortable in identifying themselves and in accessing available support both from within and outside the organisation

9 Workforce

Perth and Kinross is privileged to have a highly committed social care and social work workforce. Recruitment and retention rates are positive in relation to comparators and national rates. Across social work and social care services there are high levels of staff motivation with staff reporting in the annual survey in September 2016 a strong commitment to their work, clarity about the vision and a strong and positive team ethos. This is a significant advantage when there is largescale redesign and transformation and it will be a challenge going forward to maintain staff buy-in and high levels of morale as services undergo continued change and experience budget reductions. The chart below shows highlights from the survey and the percentage of respondents who agree or strongly agree with the selections of statements.

Community Care Employee Survey 2016

I am clear what is expected of me at work	91.8%
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My team are passionate about delivering excellent customer service	87.7%
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The people I work with are committed to doing their best	86.4%
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I am treated fairly at work	85.3%
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There is a good fit between the job I do and my skills and abilities	85.3%
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Services for Children, Young People & Families Employee Survey 2016

I am clear what is expected of me at work	91.5%
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My team are passionate about delivering excellent customer service	92.3%
--	-------

The people I work with are committed to doing their best	94.9%
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I am treated fairly at work	89.7%
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There is a good fit between the job I do and my skills and abilities	88.0%
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Staff are encouraged to innovate, generate new ideas and to put them into practice. For example, Services for Children Young People and Families hold an annual whole service development day for all staff. In 2016, theme for the day was “*Restoring the Balance*” which included workshop activities aimed at reducing and streamlining bureaucratic processes to become more efficient and effective. The ultimate aim was to redress the balance of social worker time in order that more could be spent face to face with children and their families. A number of workshop activities were designed to consider the priorities for improving our processes and practices generating new ideas. As a result, staff chose “3 Top Ideas” for the next year which were: a redesign of the assessment process and templates; the creation of a contact centre to provide high quality environment for children and families; and to find and trial new technology. All three were achieved within 12 months.

The Learning and Development team aims to create the best learning experience for housing, social work and social care staff. In 2016/17 the work of the team has been important to ensure that staff were supported to adapt to the major changes associated with the transition towards the establishment of the Health and Social Care Partnership and to support integration and integrated working practices.

The key challenges include:

- SDS and Personalisation – supporting the workforce to feel confident and skilled around working with communities to identify new and creative ways of delivering support locally
- Locality Learning – Developing relationships to support the partnership working
- Ensuring workforce meetings SSSC Registration requirements through SVQ and qualification support
- Digital presence – connecting beyond PKC
- Customer participation and collaboration and continue to make/create connections

Multi-agency GIRFEC and child protection training

All child protection learning and development opportunities are compliant with the National Framework for Child Protection Learning and Development in Scotland 2012 (Scottish Government: 2012), the National Guidance for Child Protection in Scotland 2014 (Scottish Government: 2014) and are delivered through the Inter-Agency Child Protection Learning and Development Framework. Child protection staff learning and development opportunities are embedded within the Getting it right practice approach. We are continuing to provide a wide range of inter-agency staff learning and development opportunities, which are evaluated highly, to the general contact workforce; specific contact workforce and the intensive contact workforce.

We continue to provide these opportunities in a number of flexible ways:- online; seminars; workshops and group learning activities; within our existing budget and free of charge at the point of delivery.

Throughout the year we have also taken the opportunity to review these courses to ensure they remain fit-for-purpose and we have developed a number of new courses to support new and emerging practice issues.

Practice Highlight 21: Conference on Neglect and ANEW

To help address the persistent problems associated with childhood neglect the service organised a conference in November 2016 aimed at enhancing practitioner understanding and confidence in tackling neglect. ***“Are we caring enough? Tackling Childhood Neglect”*** attracted eminent and expert speakers including Brigid Daniel and Sally Wassell. The conference was arranged to coincide with in-service training day for teachers. Over 200 practitioners attended a highly evaluated conference. The *Are we caring enough?: Tackling Childhood Neglect* conference coincided with the commencement for our partnership with CELCIS as part of the national child protection improvement programme, ‘Addressing Neglect and Enhancing Wellbeing’ (ANEW) and enabled facilitation of two exploratory workshops with over 80 staff to help understand the nature of the difficulties they were experiencing.

The partnership work with CELCIS has continued to date and through the exploratory phase of a 2-4 year project the focus has settled on ***Getting it Right in the pre-birth period***. This is as a result of recognition of the need to improve the identification of and response to vulnerability in pregnancy. Discussion via a multi-agency group is continuing and beginning to reach the design phase of the project. The aim will be to provide non-stigmatised support to address unmet needs in pregnancy.

Practice Highlight 22: Code of Practice for Information Sharing

Following the UK Supreme Court’s Judgement (28 July 2016) we identified a need to develop a new Code of Practice, to ensure all staff continued to understand their legal responsibilities and obligations to share information proportionately, where there is a need to safeguard, support and promote the welfare of children and young people.

In February 2017, following further partnership work between local Perth and Kinross partner agencies; the CPC, GIRFEC Strategy Group; Council Legal Services and the Information Commissioner’s Office: Scotland (ICO) we published a new [Perth and Kinross Code of Practice: Information Sharing, Confidentiality and Consent](#) which reflects accurately the requirements of The Data Protection Act 1998 and Article 8 ECHR. Since publication, it has been widely circulated across all service and agencies, including children’s service and adult services; it is now embedded in all inter-agency child protection learning and development opportunities and is to be further supported by locality-based development opportunities beginning autumn 2017. It has also generated further interest nationally across Scotland.

10 Key Challenges and priorities for the year ahead

Perth and Kinross is preparing for population increases and an associated increase in the number of older people and people living with dementia and long-term conditions. We are predicting unparalleled rising demand for social care and social work services at the same time as we will need to meet increasing expectations and deliver significantly improved outcomes.

There is a need to be shifting the balance of care by reducing the use of large hospital services and to invest more in community health and social care services. For health and social care services, a major challenge will be to reduce unscheduled care admissions to hospital, ensure that admission to acute hospital is for as short a time as possible, and that after appropriate treatment ensure people are able to live at home with good support after hospital treatment.

Lost bed days and delayed discharges impact on performance and has an adverse impact on good outcomes for older people in particular. We need to plan and deliver across the whole system of health and social care to make the progress required and include the Third and Independent Sectors, as well as Housing and other key partners to enable people to have the health and care services they need in their local communities. They need to be empowered and supported to have greater control over their lives and manage their own health and care where appropriate. Working to prevent unnecessary and unplanned admissions to hospital and developing personalised support to people discharged from hospital, rolling out reablement and expanding telecare will all help to improve lives.

To achieve this we have identified the improvements we will need to make across the whole system and over the next year take forward huge changes including:

- Redesigning and introducing new innovative models of care which enable people to be supported in and by their local communities for example through the Communities First transformation project.
- Progressing with our transformation projects to radically change services and achieve challenging savings targets.
- Recruitment and retention of health and social care staff particularly as there are local as well as national shortages.
- Supporting staff with a culture of new ways of working, individual personalised care and support.
- Continuing our review of Care at Home provision to ensure it meets demands.
- Further developing locally-based integrated teams to drive and manage health and social care locally and develop locality-based planning and commissioning.
- Continuing to engage, and with the General Practitioners using the established GP Cluster approach, to identify improvement actions for 2017/18.
- Working with primary care colleagues to integrate community health services that work with GP practices, community pharmacists, dental practitioners and optometrists; connect relevant third and independent sector staff into integrated care teams in localities; work with local communities, Primary and Secondary Care to identify how community hospitals can be developed to provide planned and enhanced care with better access to diagnostics.

- Enabling more effective planning with acute (hospital services) to support new ways of working.
- Expanding our use of technology, particularly in rural areas.
- Providing access to the extended Primary Care Teams and better support for mental health and wellbeing.
- Working with partners to mitigate the effects of fuel poverty and welfare reform and to support the delivery of recommendations in the Fairer Futures report.

The Carers (Scotland) Act 2016 comes in to force from 1 April 2018. It introduces rights for adult and young unpaid Carers to have Adult Carer Support Plans or Young Carer Statements to identify their personal outcomes and needs. It imposes a duty for local authorities to ensure that support is given to Carers to meet their personal outcomes and needs. Based on a recent self-audit by the Council and Health and Social Care Partnership, three areas have been prioritised:

- Consulting on and agreeing a Carers Eligibility Criteria
- Agreeing and implementing Adult Carer Support Plans and Young Carer Statements
- Agreeing and implementing a Short Breaks Statement

An implementation plan is underway to achieve these actions by March 2018 and approval for the Carers Eligibility Criteria will be sought from the IJB in January 2018.

The reforms set out in the Community Justice (Scotland) Act 2016 will take effect from 1st April 2017. The work to develop the local Community Justice Partnership and its Improvement Plan has been challenging but valuable undertaking. This task was important to ensure a smooth transition from regional Community Justice Authorities to local partnerships. An important part of this work will be to reduce inequalities of outcome which result from socio-economic disadvantage.

The expected introduction of Electronic Monitoring during 2017/18 will bring fresh opportunities and challenges. The Scottish Government's intention is for more to be achieved by extending the usage of electronic monitoring to a broader range of situations, introducing a range of person-centred supportive measures and new technologies. Moving from viewing electronic monitoring as purely a form of punishment or control to one which is individually tailored to reflect the needs, risks and circumstances of the individual in order to secure longer term desistance. There is an increase in the use of unpaid work by the courts and while this is welcomed the pressure on the services who deliver unpaid work to meet timescales and maintain quality of service needs to be managed carefully.

For services for children, young people and families, our objectives and approaches will be guided by, and aligned with the Tayside Plan for Children, Young People and Families 2017-2020, a multi-agency, cross-border approach towards improving the lives and the life chances of children and young people across the 3 Community Planning areas of Perth and Kinross, Angus and Dundee. Five multi-agency priority groups will be established to take forward priorities across the area and this brings more opportunities for sharing good practice, taking a more strategic approach to service improvement and to identifying areas where collaboration can lead to greater efficiency.

Our [Corporate Parenting Plan for 2017-2020](#) provides the framework for ensuring better outcomes for our looked after children and young people, and we work in partnership to provide holistic and flexible support to families to cope with the challenges they may face in their daily lives. We have been awarded £225,000 over three years by the Life Changes Trust to develop a Champions Board model and over 2017-20 this will allow us to build

further on our corporate parenting approach alongside our care experienced young people. The expected outcomes are for care-experienced young people have a meaningful voice to develop positive relationships and become active citizens, able to shape and influence policy/practice relating to their lives; service providers and corporate parents improve their understanding of corporate parenting within organisations and implement agreed improvements in policy and practice; service design, commissioning and funding decisions better meet the needs of care-experienced young people; and others are better informed and inspired in their interaction with care-experienced children.

Young people are afforded more choice and a continuity of support through Continuing Care, which meets the welfare needs of the young person up to the age of 21, providing a bridge from the protected status of a looked after child to adult independence. Our successful promotion of this and the ethos of Staying Put means that we are projecting increasing numbers between 16 and 21 who are remaining in their care placements. This places pressures on budgets and placement availability for younger children. Budget planning and the transformation projects aimed at preventing teenagers coming into care and increasing the pool of family based carers have been designed to ease these pressures over the next 4-5 years.

In partnership with NHS Tayside, resources have been redirected to enhance the multi-agency responses to vulnerable pregnant woman and their unborn babies. The NHS protocol has been rewritten to ensure health staff access relevant support for pregnant women, and the Multi-Agency Screening Group for Unborn Babies (UBB MASG) is now operational to receive and consider these requests. Dedicated interventions for young children affected by parental substance misuse and unborn babies who may be at risk are provided by the multi-agency *Change Is A Must* team and 2.0 FTE additional social worker posts will be created in 2017/18.

An Options Appraisal arising from the Transformational Review and Remodelling of Residential Care (Children and Young People) will recommend replacing traditional, council-run, residential care and to reduce the use of external providers of residential care by providing an innovative “hub” model to support young people within their local communities. A detailed implementation plan is now under development with the proposed transition phase to take place over 2018.

Improvements to how Child Protection Case Conference meetings are arranged and recorded have been introduced to provide greater focus on the needs of children and young people and bring increased clarity about risks and needs. The views of children and young people are being actively sought for their conferences and attendance is encouraged. There is a comprehensive plan in place to continue to bring about further improvements.

The Mind of My Own (MOMO) app went live in August 2017 to enhance the ways in which children and young people who have a Lead Professional Social Worker can give their views to staff, meetings, case conferences and looked after children’s reviews. It is not always easy to elicit young people’s views and consultation with young people showed that they would often prefer to use technology to convey what they think and feel.

Our priorities for 2017/18 include:

- working with key partners, including NHS Tayside and CELCIS to improve the levels of support pre-birth and the effectiveness of responses to unborn babies.
- through the commissioning strategy for children’s services, we will commission highly quality, flexible family support services targeted at primary school aged children on the edge of care

- reaffirming our commitment to GIRFEC, particularly focusing on children at the edge of care, who are at risk of becoming looked after, providing flexible and responsive support services
- continuing to improve Permanence Planning for looked after children, helping children to reach secure and nurturing positive destinations without unnecessary delay.
- helping to deliver the outcomes identified in the [Tayside Plan for Children, Young People and Families 2017-2020](#) through close collaboration with partners
- implementing the [Corporate Parenting Plan for 2017-2020](#) through a collaborative partnership of Corporate Parents
- implementing the plan for the remodelling of residential care for children and young people through the development of a preventative hub model
- consolidating improvements in performance in child protection case conferences, along with improved child and family involvement
- continuing our work to meet the requirements for Continuing Care arising from the Children and Young People (Scotland) Act 2014; supporting young people to make the transition into adulthood
- continuing to embed the culture, systems and practice of personalisation and Self-Directed support across social work services for children, young people and families

The significant achievements in this report and the quality of service delivered to our citizens are entirely due to the determined and committed staff in Perth and Kinross. They are genuinely passionate about their work and to making the biggest possible difference to our most vulnerable people. Successful, high quality social care and social work services are entirely dependent on a workforce who goes that extra mile because they care and who, without question, go above and beyond to improve lives for the better.

The Council is investing just under £4 million in an ambitious transformation programme across social care and social work services. This will allow the focus on prevention, earlier intervention, personalisation and building resilient and self-caring communities. The social care and social work workforce will experience considerable organisational change as well as adjustment to their professional roles over the next few years. Without a skilled, flexible and adaptable workforce which has access to learning and development and effective support there is a risk that we will be unable to achieve the planned programme of change and business transformation. This is unquestionably the key priority for the next few years.





PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

6 MARCH 2018

CLINICAL, CARE & PROFESSIONAL GOVERNANCE PROGRESS REPORT

Report by Chair of Clinical Care Governance

PURPOSE OF REPORT

The purpose of this report is to provide an update with regards to the arrangements for Care & Professional Governance across the partnership, and activity and progress to date led by the Care & Professional Governance Forum.

1. RECOMMENDATION(S)

That the Committee note the activity and progress made to date regarding the partnership arrangements for Care & Professional Governance.

2. SITUATION / BACKGROUND

On the 10th April 2015, the Perth and Kinross Health and Social Care Integration Pathfinder Board endorsed an integrated framework for Clinical, Care & Professional Governance. This framework is called “*Getting it Right for Everyone – a Clinical, Care and Professional Governance Framework*”, and has been agreed as the underpinning framework across the NHS and the three Local Authorities in Tayside.

The framework also outlines a structure for assurance and scrutiny which identifies a need for a Care & Professional Governance Forum within each partnership. The forum has responsibility to ensure that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within each partnership.

3. ASSESSMENT

Since the last report to this Committee in March 2017, the P&K HSCP Care & Professional Governance Forum (R2) has met on five occasions. In August 2017, the forum welcomed its new co-chair, Jacqueline Pepper, who is the new Chief Social Work Officer for Perth & Kinross Council.

Internal Audit regarding Clinical, Care & Professional Governance

The Internal Audit service for NHST and the Tayside IJB’s carried out an audit during 2016 to evaluate whether there are appropriate systems in place for

Clinical, Care & Professional Governance within each of the three Tayside IJB's.

P&K IJB received the findings of this audit in December 2017, the overall result being a **“B” – Broadly Satisfactory**. The audit identified nine recommendations for improvement, and these can be summarised as being:

- That the IJB be provided the opportunity to comment on (and approve, if appropriate):
 - The new arrangements agreed for the operation of the “R1” Group, which will consist of three meetings per year of the NHST Clinical Quality Forum to focus on Clinical & Care Governance and assurances and learning from the three HSCP's
 - The revised terms of reference for the P&K Care & Professional Governance Forum (2018-2019)
- That regular reporting (at least annually) continues from the P&K Care & Professional Governance Forum to both the Audit & Performance Committee and the IJB.
- That further clarity is established regarding the domain subgroups and this is included in the revised terms of reference.
- That the group workplan includes detail of sufficient reporting from each of the partnerships services.
- That the P&K Care & Professional Governance Forum receives appropriate assurances regarding hosted services, in particular Inpatient Mental Health.
- That the revised terms of reference for the P&K Care & Professional Governance Forum (2018-2019) include details of deputies for group members.
- That services provide assurances that they are working towards a “green” position on each of the questions with the GAP analysis carried out during 2016.
- That the P&K Care & Professional Governance Forum has regular consideration of relevant risks with clear routes for escalation.

These recommendations were discussed at the P&K Care & Professional Governance Forum meeting on the 9th February, and responses agreed for each of the recommendations.

It is anticipated that we will be able to achieve all the recommendations identified, and in many instances work was ongoing to achieve these prior to the audit results being made available.

Service Annual reporting to the P&K Care & Professional Governance Forum

At each meeting, services are provided with the opportunity to raise any service exceptions which they feel are important to share. In addition to this, a reporting schedule has been created to allow for all partnership services to submit detailed activity and assurances to the forum annually.

The annual report template was first tested with the Public Dental Service in August 2017, and adopted by the forum with some minor amendments following positive feedback.

Ongoing assurances and topics discussed by the Forum

In addition to service annual reporting, the forum has considered and discussed a wide range of topics over the last six months.

Themed according to the six domains of the Clinical, Care and Professional Governance Framework, these have been:

Information Governance

- Discussion regarding a recent Local Adverse Event Review, within which there was a learning point regarding the process staff should follow when Police Scotland become involved in an incident. The process ensures that patient information is safeguarded and only shared when appropriate, as well as ensuring that staff receive the support they require if asked to give a formal police statement. Forum members were asked to ensure this process is now embedded in practice within their area.

Professional Regulation & Workforce Development

- Partnership services have provided assurances with regards to this domain within their service update report to each meeting.

Patient, Service User, Carer and Staff Safety

- The forum discussed and agreed a proposal titled “A multi-agency approach to Significant Case Reviews”. It seeks to complement and build on single agency arrangements by adding a multi-agency approach to enable partner agencies to work collaboratively to learn lessons from cases where there may have been multi agency failings and to use this learning to improve future joint working. The forum agreed that this approach is a logical way to proceed, and there are recent examples of joint reviews which demonstrate the value of this approach in practice.
- The forum discussed the Lampard Report, which was commissioned by the Department of Health in England after investigations into matters relating to Jimmy Saville. The Lampard report offers recommendations, and although these are for the NHS in England & Wales, the Scottish Government has chosen to give careful consideration to how the recommendations may be applied in NHS Scotland. All NHS Boards have been asked to consider the recommendations and identify and necessary local actions with regards to processes and procedures with regards to volunteers. The letter also mentions that a number of actions are of relevance for IJB's.

- A standing item on the agenda for the forum is to scrutinise a summary of significant adverse events that have occurred since the last meeting, from both a Health and Locality Authority standpoint. Actions arising are thereafter monitored, measured and reported.

Patient, Service User, Carer and Staff Experience

- The forum were provided an overview and discussed the new Health and Social Care Standards. These standards will be used as part of future inspection visits by Healthcare Improvement Scotland and the Care Inspectorate.
- A standing item on the agenda for the forum is to hear a summary of complaints completed and ongoing since the last meeting, from both a Health and Locality Authority standpoint.

Regulation, quality and effectiveness of care

- The results and findings from two sets of visits from the Mental Welfare Commission were discussed. These visits were to the P&K Community Hospitals, and the Psychiatry of Old Age wards at Murray Royal Hospital. The results of both visits were overall quite positive, and the forum asked for feedback at future meetings regarding progress with the actions identified.
- The forum has discussed the importance of maintaining an overview of any upcoming external inspections to any partnership service, as well as seeking assurances that any actions identified from any inspections are completed.

Promotion of Equality & Social Justice

- Partnership services have provided assurances with regards to this domain within their service update report to each meeting.

4. PROPOSALS

- To provide a further update report to the Audit & Performance Committee in line with established reporting schedules.
- For the P&K Care & Professional Governance Forum to progress with actions to meet the recommendations made within the recent Internal Audit report.

5. CONCLUSION

The Care & Professional Governance Forum continues to seek assurances regarding adherence to the six overarching domains, and will continue to evolve to ensure it fulfils its requirements within the IJB.

Author(s)

Name	Designation	Contact Details
Dr Hamish Dougall	Clinical Director and co-chair of the P&K HSCP Care & Professional Governance Forum	hdougall@nhs.net
Jacqueline Pepper	Chief Social Work Officer and co-chair of the P&K HSCP Care & Professional Governance Forum	JPepper@pkc.gov.uk
Mark Dickson	Clinical Governance & Risk Coordinator	mark.dickson@nhs.net



Internal audit progress report

Purpose of report

The aim of this paper is to brief the Committee on the completion of the 2016/17 internal audit plan and progress on the 2017/18 internal audit plan.

Recommendation

The Committee is asked to note the completion of the 2016/17 internal audit plan and progress on the 2017/18 internal audit plan.

Report Detail

	Audit	Indicative Scope	Target Audit Committee	Planning commenced	Work progress in	Draft Issued	Completed	Grade
PK01-17	Audit Planning	Agreeing audit universe and preparation of strategic plan		✓	✓	✓	✓	N/A
PK02-17	Audit Management	Liaison with managers and Directors and attendance at Audit Committee		✓	✓	✓	✓	N/A
PK03-17	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment		✓	✓	✓	✓	N/A
PK04-17	Governance Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process		✓	✓	✓	✓	N/A
PK05-17	Due Diligence	Review/Validation of IJB post-implementation review		No longer relevant- no added value				
PK06-17	Delayed Discharges	Review of arrangements within the Partnership to plan, support and deliver an improvement in the level of hospital and community delays. To be undertaken in parallel with the NHS Tayside Internal Audit review of Delayed Discharge.		✓	✓	✓	✓	B-
PK07-17	Clinical & Care Governance	Management Consultancy Support to develop robust accountability, reporting and scrutiny routes across the Partnership and with NHS Tayside in respect of Clinical Care and Professional Governance		✓	✓	✓		B

PK01-18	Audit Planning	Agreeing audit universe and preparation of strategic plan	Aug-17	✓	✓	✓	✓	N/A
PK02-18	Audit Management	Liaison with managers and Directors and attendance at Audit Committee	Ongoing	ongoing				
PK03-18	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	Jun-18	✓	✓	✓	✓	N/A
PK04-18	Risk Management	Review of systems of risk management, assessment of risk maturity and consideration of assurance mechanisms for key controls	Dec-17	✓	✓			
PK05-18	Strategic Planning	Review of production and update of the Strategic Plan, development of local delivery plans including stakeholder engagement and partnership working.	Mar-18	✓				
PK06-18	Corporate Support & Capacity Review	The scope of this audit is to review the proposed process for updating support arrangements and to ensure that any attendant risks are fully reflected within the IJB Risk register as necessary. A more detailed scope which may include aspects such as organisational and management structures, including for hosted services, will be discussed in detail and agreed with management	Sep-17	✓				

Conclusion

All reports from the 2016/17 plan have now been issued in final- see separate agenda item. Work on the completion of the 2017/18 plan is continuing and progress is as expected.

Perth and Kinross Integration Joint Board

Audit strategy

Year ending 31 March 2018

Draft 26 February 2018

Audit and Performance Committee consideration on 6 March 2018

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About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's *Code of Audit Practice* ("the Code"). This report is for the benefit of Perth and Kinross Integration Joint Board and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report. We have prepared this report for the benefit of the Beneficiaries alone. Nothing in this report constitutes an opinion on a valuation or legal advice. We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the scoping and purpose section of this report.

This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Beneficiaries) for any purpose or in any context. Any party other than the Beneficiaries that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Beneficiary's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Beneficiaries.

Complaints

If at any time you would like to discuss with us how our services can be improved or if you have a complaint about them, you are invited to contact Andy Shaw, who is the engagement leader for our services to Perth and Kinross Council, telephone 0131 527 6673 email: andrew.shaw@kpmg.co.uk who will try to resolve your complaint. If your problem is not resolved, you should contact Hugh Harvie, our Head of Audit in Scotland, either by writing to him at Saltire Court, 20 Castle Terrace, Edinburgh, EH1 2EG or by telephoning 0131 527 6682 or email to hugh.harvie@kpmg.co.uk. We will investigate any complaint promptly and do what we can to resolve the difficulties. After this, if you are still dissatisfied with how your complaint has been handled you can refer the matter to Fiona Kordiak, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN.

Introduction

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2017-18 is the second year of our external audit appointment to Perth and Kinross Integration Joint Board ("the Board"), having been appointed by the Accounts Commission as auditor of the Board under the Local Government (Scotland) Act 1973 ("the Act"). The period of appointment is 2016-17 to 2020-21, inclusive.

Our planned work in 2017-18 will include:

- an audit of the financial statements and provision of an opinion on whether the financial statements:
 - give a true and fair view in accordance with the applicable law and the Code of Practice on Local Authority Accounting in the United Kingdom ("the 2017-18 Code") of the state of the affairs of the Board as at 31 March 2018 and of the income and expenditure of the Board for the year then ended; and
 - have been prepared in accordance with IFRS as adopted by the European Union, as interpreted and adapted by the 2017-18 Code, the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014 and the Local Government in Scotland Act 2003.
- completion of returns to Audit Scotland;
- a review and assessment of the Board's governance arrangements and review of the governance statement;
- a review of arrangements for preparing and publishing statutory performance information; and
- contributing to the audit of wider scope and Best Value through performance of risk assessed work.

Adding value

Throughout the audit, we will consider opportunities to add value and will conclude on this in our annual audit report. We add value through:

- our experience, which brings insight and challenge;
- our tools and approach, which contribute to a world class audit; and
- transparency and efficiency, which improves value for money

Our team

The senior team involved in the external audit benefits from continuity in engagement leader and engagement manager. The team has significant experience in the audit of local authorities. It is supported by specialists, all of whom work with a variety of local government and public sector bodies. All members of the team are part of our wider local government and health network. Senior members of the audit team are set out below and relevant contact details are provided on the back page of this report.



Andy Shaw

Engagement leader – Audit director



Chris Windeatt

Engagement in-charge

Natalie Dyce

Engagement manager



Our work will be completed in three phases from January 2018 to September 2018. Our key deliverables are this audit strategy document and an annual audit report.

Acknowledgements

We would like to take this opportunity to thank officers and members for their continuing help and co-operation throughout our audit work.

Headlines



Materiality

Materiality for planning purposes has been based on budgeted gross expenditure for 2017-18 and set at £1.9 million (1% of budgeted gross expenditure).

In line with the Code of Audit Practice, we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance and this has been set at £0.095 million.

Page six



Audit risks

We have identified management override of controls as a fraud risk which requires specific audit attention, in line with International Standards on Auditing.

The risks with less likelihood of giving rise to a material error, but which are nevertheless worthy of audit understanding, relate to:

- completeness and accuracy of expenditure; and
- financial sustainability.

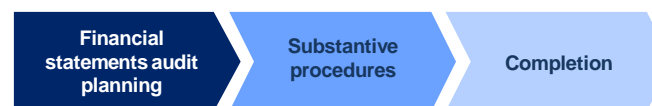
We will report on each of these areas in our annual audit report.

Pages seven to eight

Financial statement audit

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Our financial statements audit work follows a three stage audit process which is identified below. Appendix three provides more detail on the activities that this includes. This report concentrates on the audit planning stage of the financial statements audit.



There are no significant changes to the Code of Practice on Local Council Accounting ("the Code") in 2017-18, which means for this year there is consistency in terms of accounting standards the Board needs to apply.

Wider scope

Auditors are required to assess and provide conclusions in the annual audit report in respect of four wider scope dimensions:

- financial sustainability;
- financial management;
- governance and transparency; and
- value for money.

We test wider scope areas where there are identified risks. We consider that there are wider scope risks in respect of demand pressures and the transformation programme. We have identified financial sustainability as a wider scope financial statement level focus area as set out opposite.

Pages 10 to 16



Headlines (continued)

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Independence

In accordance with ISA 260 'Communication of audit matters with those charged with governance' and the APB Ethical Standards, we are required to communicate to you all relationships between KPMG and the Board that may be reasonably thought to have bearing on our independence both:

- at the planning stage; and
- whenever significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place.

Appendix two contains our confirmation of independence and any other matters relevant to our independence.

Total fees charged by us for the period ended 31 March 2017 were communicated in our Annual Audit Report issued in September 2017. Total fees for 2017-18 will be presented in our Annual Audit Report issued on completion of the audit. The proposed audit fee for 2017-18 is £27,600 as set out below:

Total fee	Pooled costs	Contribution to PABV (Audit Scotland)	Contribution to Audit Scotland	Auditor remuneration (including VAT)
£27,600	£1,640	£5,020	£1,050	£20,070

Quality

International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

Our Audit Quality Framework and KPMG Audit Manual comply with ISQC1. Our UK Senior Partner has ultimate responsibility for quality control. Operational responsibility is delegated to our Head of Quality & Risk who sets overall risk management and quality control policies. These are cascaded through our Head of Audit in Scotland and ultimately to Andy Shaw as the Director leading delivery of services to the Board.

The nature of our services is such that we are subject to internal and external quality reviews. KPMG's annual financial statements include our transparency report which summarises the results of various quality reviews conducted over the course of each year.

We also provide Audit Scotland with details of how we comply with ISQC1 and an annual summary of our achievement of KPIs and quality results.

We welcome your comments or feedback related to this strategy and our service overall.

Regularity

We consider the risk of fraud and error over income and expenditure recognition, in line with *Practice Note 10 Audit of financial statements of public sector bodies in the United Kingdom*. As the Board is a net spending body, we consider it appropriate to extend our consideration to cover expenditure as well as income. We do not consider there to be a significant risk over income, see page seven. We have identified the completeness and accuracy of expenditure as an other focus area, see page eight.

Financial statements audit planning

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Materiality

We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of financial statements. This therefore involves an assessment of the qualitative and quantitative nature of omissions and misstatements.

Generally, we would not consider differences in opinion in respect of areas of judgement to represent 'misstatements' unless the application of that judgement results in a financial amount falling outside of a range which we consider to be acceptable.

Materiality for planning purposes has been set at £1.9 million, which equates to 1% of 2017-18 budgeted gross expenditure. Materiality will be revised once draft financial statements for 2017-18 are received.

We design our procedures to detect errors in specific accounts at a lower level of precision.

Reporting to the audit and performance committee

Whilst our audit procedures are designed to identify misstatements which are material to our opinion on the financial statements as a whole, we nevertheless report to the Audit and Performance Committee any unadjusted misstatements of lesser amounts to the extent that these are identified by our audit work.

Under ISA 260(UK&I) 'Communication with those charged with governance', we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. ISA 260 (UK&I) defines 'clearly trivial' as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.

In the context of the Board, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £0.095 million.

If management have corrected material misstatements identified during the course of the audit, we will consider whether those corrections should be communicated to the Audit and Performance Committee to assist it in fulfilling its governance responsibilities.



Financial statements audit planning (continued)



Significant risks and other focus areas

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Risk assessment: Our planning work takes place during January and February 2018. This involves: risk assessment; determining the materiality level; and issuing this audit plan to communicate our audit strategy. We use our knowledge of the Board, discussions with management and review of Board papers to identify areas of risk and audit focus categorised into financial risks and wider dimension risks as set out in the Code.

Significant risk	Why	Audit approach
Financial statement risks		
Fraud risk from management override of controls	Professional standards require us to communicate the fraud risk from management override of controls as a significant risk; as management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.	<ul style="list-style-type: none"> Our audit methodology incorporates the risk of management override as a default significant risk. We have not identified any specific additional risks of management override relating to the audit of the Board. Strong oversight of finances by management provides additional review of potential material errors caused by management override of controls. In line with our methodology, we will carry out appropriate controls testing and substantive procedures, including over journal entries, accounting estimates and significant transactions that are outside the organisation's normal course of business, or are otherwise unusual.
Fraud risk from income revenue recognition	Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk.	<ul style="list-style-type: none"> The Board receives funding requisitions from Perth and Kinross Council and NHS Tayside. These are agreed in advance of the year, with any changes arising from changes in need, requiring approval from each body. There is no estimation or judgement in recognising this stream of income and we do not regard the risk of fraud to be significant.

Financial statements audit planning (continued)



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Other focus area	Why	Audit approach
Financial statement focus area		
Completeness and accuracy of expenditure	The Board receives expenditure forecasts from Perth and Kinross Council and NHS Tayside as part of the annual budgeting process. There is a risk that actual expenditure and resulting funding requisition income is not correctly captured.	<ul style="list-style-type: none"> Our substantive audit will obtain support for the expenditure included in Perth and Kinross Council and NHS Tayside's accounting records. We will obtain confirmations of expenditure from each of these bodies.
Financial sustainability	Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered. This is inherently a risk to the Board given the challenging environment where funding is reduced and efficiency savings are required	<ul style="list-style-type: none"> The Board receives funding requisitions from NHS Tayside and Perth and Kinross Council, and has a risk sharing agreement with both bodies for 2017-18. This gives the Board comfort with regards to overspends for 2017-18, however, there is a risk going forward regarding ongoing budget balance, specifically in the context of the challenging NHS and Council budgets. We will consider the Board's financial planning and reserves strategy and conclude on the appropriateness of these in our annual audit report. See page 13 for further information regarding the financial sustainability wider scope.

Other matters

DRAFT

Accounting framework update

There are no significant changes to the 2017-18 Code compared to the previous Code.

From 2018-19, IFRS 9 replaces IAS 39 *Financial instruments: recognition and measurement*, and includes:

- a single classification approach for financial assets driven by cash flow characteristics and how an instrument is managed;
- a forward looking 'expected loss' model for impairment rather than the 'incurred loss' model under IAS 39; and
- new provisions on hedge accounting.

From 2018-19, IFRS 15 replaces IAS 18 *Revenue* and IAS 11 *Construction contracts* and their associated interpretations. The core principle in IFRS 15 for local authorities is that they should recognise revenue to depict the transfer of promised goods or services to the service recipient or customer in an amount that reflects the consideration to which the authority expects to be entitled in exchange for those goods or services.

Expected from 2019-20, IFRS 16 *Leases* supersedes IAS 17 *Leases*. IFRS 16 introduces a single lessee accounting model. Public body lessees will be more likely to account for operating leases in a similar way to the current IAS 17 treatment for finance leases.

Given the nature of the Board we do not consider that these changes will have a significant impact on the financial statements when the standards are effective.

Controls testing

In respect of the financial statements, we identify the constituent account balances and significant classes of transactions and focus our work on identified risks. Determining the most effective balance of internal controls and substantive audit testing enables us to ensure the audit process runs smoothly and with the minimum disruption to the Board's finance team.

In 2016-17 we identified three recommendations in relation to financial sustainability and financial management. We will follow-up progress in implementing these recommendations and report any new recommendations arising from our work in 2017-18 and report our view of progress. Appendix three summarises our approach across each phase of the audit.

Internal audit

International Standard on Auditing (UK and Ireland) 610: *Considering the work of internal audit* requires us to:

- consider the activities of internal audit and their effect, if any, on external audit procedures;
- obtain an understanding of internal audit activities to assist in planning the audit and developing an effective audit approach;
- perform a preliminary assessment of the internal audit function when it appears that internal audit is relevant to our audit of the financial statements in specific audit areas; and
- evaluate and test the work of internal audit, where use is made of that work, in order to confirm its adequacy for our purposes.

We will continue liaison with internal audit and update our understanding of its approach and conclusions where relevant. The general programme of work will be reviewed for significant issues to support our work in assessing the statement of internal control.

Wider scope and Best Value

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Approach

We are required to assess and provide conclusions in the Annual Audit Report in respect of four wider scope dimensions: financial sustainability; financial management; governance and transparency; and value for money. We set out below an overview of our approach to wider scope and Best Value requirements of our annual audit. We provide on pages 12 to 16 our risk assessment in respect of these areas. We will provide narrative on these and other areas in the Annual Audit Report where relevant.

Risk assessment

We consider the relevance and significance of the potential business risks faced by Integration Joint Boards, and other risks that apply specifically to the Board. These are the significant operational and financial risks in achieving statutory functions and objectives, which are relevant to auditors' responsibilities under the *Code of Audit Practice*.

In doing so we consider:

- The Board's own assessment of the risks it faces, and its arrangements to manage and address its risks.
- Evidence gained from previous audit work, including the response to that work.
- The work of other inspectorates and review agencies, through the Local Area Network ('LAN') which is established for Perth and Kinross Council.

The LAN brings together local scrutiny representatives in a systematic way to agree a shared risk assessment. Antony Clark from Audit Scotland is the LAN lead for the shared risk assessment process for the Perth and Kinross Council. For 2017-18 there is no additional scrutiny required by external audit.

The 2018-19 shared risk assessment has begun, and a council local scrutiny plan will be agreed with management by 31 March 2018, followed by publication in Spring 2018.



Linkages with other audit work

There is a degree of overlap between the work we do as part of the wider scope/Best Value and our financial statements audit. For example, our financial statements audit includes an assessment and testing of the Council's organisational control environment, many aspects of which are relevant to our wider scope audit responsibilities.

We have always sought to avoid duplication of audit effort by integrating our financial statements and wider scope/Best Value work, and this will continue. We consider information gathered through the shared risk assessment and the Audit Commission's five strategic priorities when planning and conducting our work.



Wider scope and Best Value (continued)

DRAFT

Approach (continued)

Identification of significant risks

The Code identifies a matter as significant *'if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects.'*

If we identify significant wider scope risks, we will highlight the risk to the Board and consider the most appropriate audit response in each case, including:

- Considering the results of work by the Board, inspectorates and other review agencies.
- Carrying out local risk-based work to form a view on the adequacy of the Board's arrangements for securing economy, efficiency and effectiveness in its use of resources.



Concluding on wider scope and Best Value

At the conclusion of the wider scope/Best Value testing we will consider the results of the work undertaken and assess the assurance obtained against each of the wider scope audit dimensions, regarding the adequacy of the Board's arrangements for securing economy, efficiency and effectiveness in the use of resources.

If any issues are identified that may be significant to this assessment, and in particular if there are issues that indicate we may need to consider qualifying our wider scope conclusion, we will discuss these with management as soon as possible. Such issues will also be considered more widely as part of KPMG's quality control processes, to help ensure the consistency of auditors' decisions.



Reporting

We have completed our initial wider scope risk assessment and have not identified any significant risks, as noted on the next page. We will update our assessment throughout the year and should any issues present themselves we will report them in our Annual Audit Report.

We will report on the results of the wider scope and Best Value work through our Annual Audit Report. This will summarise any specific matters arising, and the basis for our overall conclusion.

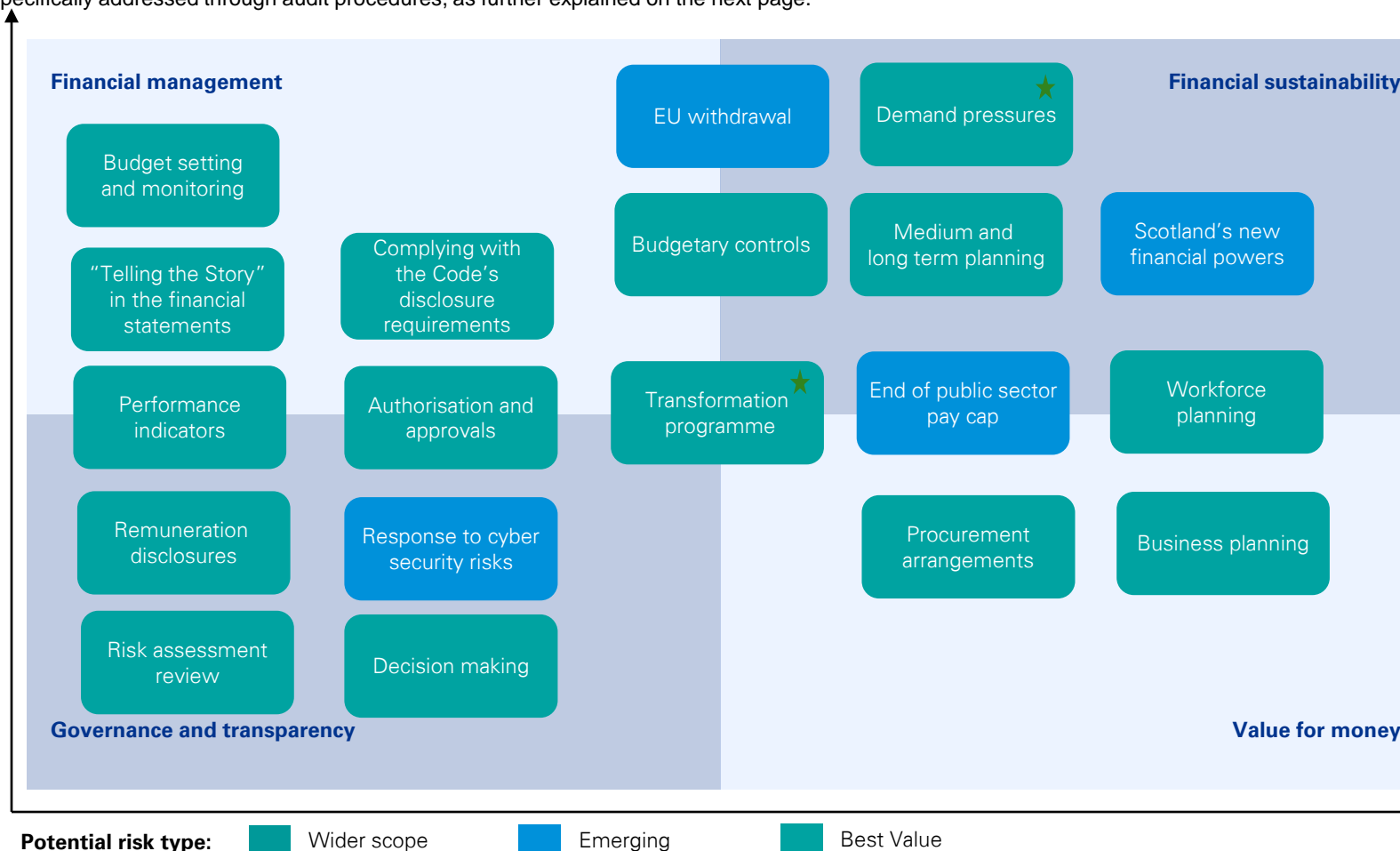


Wider scope and Best Value (continued)

Risk assessment

We have not identified any financial statement significant risks in relation to wider scope and Best Value. ★ relates to an identified Wider Scope focus areas to be specifically addressed through audit procedures, as further explained on the next page.

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Financial statements audit planning (continued)

DRAFT

Risk assessment (continued)

Wider scope area	Why	Audit approach
Financial sustainability and financial management	<p>Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.</p> <p>Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered.</p> <p>Specific identified focus areas:</p> <p><u>Demand pressures and the transformation programme</u></p> <p>This is inherently a risk to the Board given the challenging environment where funding is unlikely to increase and efficiency savings are required to meet the demand pressures for services, in particular GP Prescribing burden and cost pressures such as the Scottish Living Wage and National drug costs.</p>	<ul style="list-style-type: none"> — We will obtain an understanding of the Board's financial position and year end outturn position through review of board reports and other management information. We will assess management's progress with implementation of efficiency savings. Commentary and analysis on these areas will be provided within the annual audit report. — We will perform controls testing over the budgeting process including the monitoring of budgets throughout the year. We will perform substantive procedures, including substantive analytical procedures, over income and expenditure comparing the final position to budget. — The Board receives funding requisitions from NHS Tayside and Perth and Kinross Council, and has a risk sharing agreement with both bodies in 2017-18. This gives the Board comfort with regards to overspends in 2017-18, however, there is a risk going forward regarding ongoing budget balance, specifically in the context of the challenging NHS Tayside and Perth and Kinross Council budgets. — We will consider the Board's financial planning and reserves strategy and conclude on the appropriateness of these in our annual audit report.

Financial statements audit planning (continued)

DRAFT

Risk assessment (continued)

Wider scope area	Why	Audit approach
Financial sustainability and financial management (continued)	<p>Specific identified focus areas (continued):</p> <p>Audit Scotland planning guidance requires us to consider the following matters which are potential risks to all Public Sector bodies.</p> <p>Scotland's new financial powers</p> <p>The Fiscal Framework agreement arising as part of the 2012 and 2016 Scotland Acts provides the Scottish Parliament with new powers and changes Scottish public finance.</p> <p>There is a risk that the Board's funding, responsibilities or performance objectives are altered, together with changes to the environment in which it operates which may impact on day to day activities.</p> <p>EU withdrawal</p> <p>The nature and impact of withdrawal from the EU continues to be uncertain and changing.</p> <p>There is a risk that Board fails to prepare for, or is impacted by changes to employees, citizens, funding or regulations.</p> <p>End of public sector pay cap</p> <p>The Scottish Government has stated its intention for the 1% public sector pay cap which has applied for seven years is being lifted. It is not clear when increases will take effect or how they will be funded.</p> <p>There is an uncertainty risk which needs to be considered as part of the Board's forward financial planning.</p>	<ul style="list-style-type: none"> — We will remain alert to the impact of new financial powers and EU withdrawal on the Board's operations and the environment within which it operates. We will consider the appropriateness of management's risk assessment and planning for both matters. — We will consider how the Board is planning for the end of the public sector pay cap, for example, within future budget modelling, sensitivity and funding analysis.

Financial statements audit planning (continued)

DRAFT

Risk assessment (continued)

Wider scope area	Why	Audit approach
Governance and transparency	<p>Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.</p> <p>Specific identified focus area:</p> <p>Audit Scotland planning guidance requires us to consider the following matters which are potential risks to all Public Sector bodies.</p> <p>Openness and transparency</p> <p>There are signals of changing and more challenging expectations for openness and transparency in public business. This is an area the Board is expected to keep under review and consider where there is scope to enhance transparency.</p> <p>Response to cyber security</p> <p>The Scottish Government published the Public Sector Action Plan for cyber resilience in November 2017. It aims to ensure that Scotland's public bodies work towards becoming exemplars of cyber resilience.</p> <p>The EU General Data Protection Regulation ("GDPR") will come into effect from 25 May 2018.</p> <p>The Board will need to understand its baseline cyber resilience position and demonstrate commitment to achieving good practice. It will also need to comply GDPR. In determining its compliance, the Board will consider the GDPR readiness projects underway at NHS Tayside and Perth and Kinross Council.</p>	<ul style="list-style-type: none"> — We will consider the effectiveness of scrutiny and governance arrangements, by evaluating the challenge and transparency of the reporting of financial and performance information. — We will update our understanding of the controls and processes around capturing officers' interests. — We will obtain and review minutes of meetings of the various committees to assess the level of transparency. — We will use guidance provided by Audit Scotland to consider the Board's approach to cyber resilience and readiness for GDPR.

Financial statements audit planning (continued)

DRAFT

Risk assessment (continued)

Wider scope area	Why	Audit approach
Value for money	<p>Value for money is concerned with how effectively resources are used to provide services.</p> <p>We have not identified specific value for money focus areas.</p>	<ul style="list-style-type: none">— We will specifically consider performance indicators, performance reporting and arrangements to provide for continuous improvement.— We will feed into our Perth and Kinross Council audit colleagues' work on Best Value. In 2017-18 they will be focussing on Improvement, and Leadership and Governance. We will provide narrative as appropriate in our Annual Audit Report.



Appendices

Mandated communications with the Audit and Performance Committee

DRAFT

Matters to be communicated	Link to audit and performance committee papers
Independence and our quality procedures ISA 260 (UK and Ireland).	— See next page
The general approach and overall scope of the audit, including levels of materiality, fraud and engagement letter ISA 260 (UK and Ireland).	— Main body of this paper
— Disagreement with management about matters that, individually or in aggregate, could be significant to the entity's financial statements or the auditor's report, and their resolution (AU 380).	— In the event of such matters of significance we would expect to communicate with the Audit and Performance Committee throughout the year. — Formal reporting will be included in our ISA 260 report for the Audit and Performance Committee meeting, which focuses on the financial statements.
— Significant difficulties we encountered during the audit.	
— Significant matters discussed, or subject to correspondence, with management (ISA 260).	
— Our views about the qualitative aspects of the entity's accounting and financial reporting.	
— The potential effect on the financial statements of any material risks and exposures, such as pending litigation, that are required to be disclosed in the financial statements (ISA 260 and ISA 540).	
— Audit adjustments, whether or not recorded by the entity, that have, or could have, a material effect on its financial statements. We will request you to correct uncorrected misstatements (including disclosure misstatements) (ISA 450).	
— The selection of, or changes in, significant accounting policies and practices that have, or could have, a material effect on the entity's financial statements (ISA 570).	
— Material uncertainties related to events and conditions that may cast significant doubt on the entity's ability to continue as a going concern (ISA 570).	
— Expected modifications to the auditor's report (ISA 705).	
— Related party transactions that are not appropriately disclosed (ISA 550)	

Auditor Independence

Assessment of our objectivity and independence as auditor of Perth and Kinross Integration Joint Board

Professional ethical standards require us to provide to you at the planning stage of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP's objectivity and independence, the threats to KPMG LLP's independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP's objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP Audit Directors and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the FRC Ethical Standard. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- risk management
- independent reviews.

are satisfied that our general procedures support our independence and objectivity.

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Independence and objectivity considerations relating to the provision of non-audit services

Summary of fees

We have considered the fees charged by us to the Board for professional services provided by us during the reporting period. Total fees charged by us for the period ended 31 March 2017 and planned for 2017-18 are as follows:

Services provided to the Board in respect of:	2017-18 (excl VAT) £	2016-17 (excl VAT) £
Audit of the financial statements	15,446	15,392

There are no non-audit fees chargeable to the Board.

Independence and objectivity considerations relating to other matters

There are no other matters that, in our professional judgment, bear on our independence which need to be disclosed to the Audit and Performance Committee.

Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the director and audit staff is not impaired.

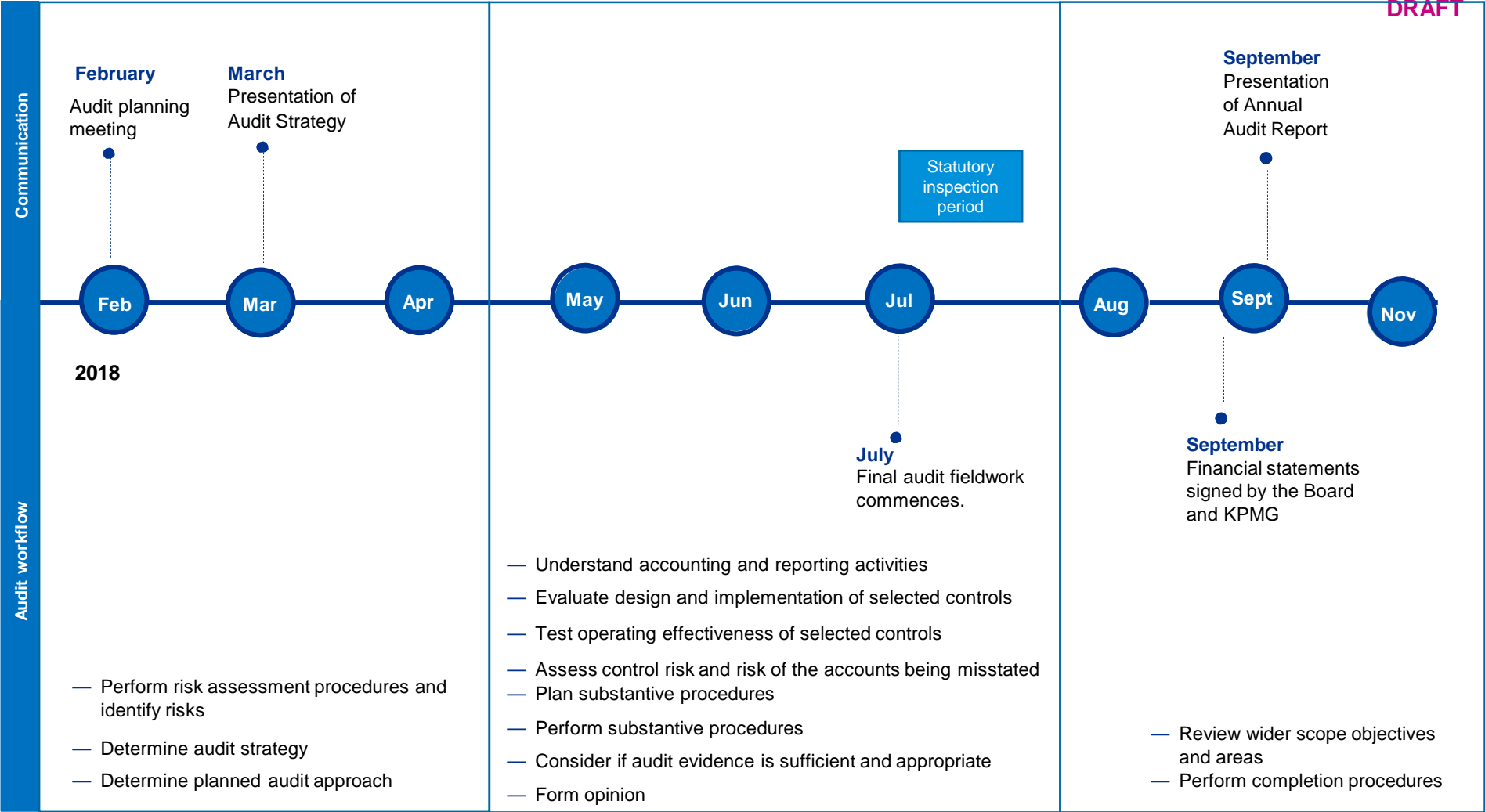
This report is intended solely for the information of the Audit and Performance Committee of Perth and Kinross Integration Joint Board and should not be used for any other purposes.

We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully
KPMG LLP

Appendix three

Timeline



Audit outputs

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Output	Description	Report date
Audit strategy	Our strategy for the external audit of the Board, including significant risk and audit focus areas.	— By 30 January 2017
Independent auditor's report	Our opinion on the Board's financial statements.	— By 30 September 2017
Annual audit report	We summarise our findings from our work during the year.	— By 30 September 2017
Audit reports on other returns	We will report on the following returns:	
	— Current issues return	January, March, July and October 2018
	— Technical database	6 July 2018
Audit reports to support Audit Scotland's wider analysis	— Fraud returns	27 April 2018
	We will report on the following matters:	
	— Health and Social Care integration progress;	July 2018
	— City Deals;	September 2018
	— Digital.	September 2018

Audit Scotland code of audit practice – responsibility of auditors and management

DRAFT

Responsibilities of management
Financial statements
<p>Audited bodies must prepare an annual report and accounts containing financial statements and other related reports. They have responsibility for:</p> <ul style="list-style-type: none"> — preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation; — maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their financial statements and related reports disclosures; — ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate Council; — maintaining proper accounting records; and — preparing and publishing, along with their financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that are consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also clearly address the longer- term financial sustainability of the body. <p>Further, it is the responsibility of management of an audited body, with the oversight of those charged with governance, to communicate relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.</p> <p>Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.</p>
Prevention and detection of fraud and irregularities
<p>Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and also to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.</p>

Audit Scotland code of audit practice – responsibility of auditors and management

DRAFT

Responsibilities of management

Corporate governance arrangements

Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including Audit Committees or equivalent) in monitoring these arrangements.

Financial position

Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to:

- such financial monitoring and reporting arrangements as may be specified;
- compliance with any statutory financial requirements and achievement of financial targets;
- balances and reserves, including strategies about levels and their future use;
- how they plan to deal with uncertainty in the medium and longer term; and
- the impact of planned future policies and foreseeable developments on their financial position.

Best Value, use of resources and performance

The Scottish Public Finance Manual sets out that accountable officers appointed by the Principal Accountable Officer for the Scottish Administration have a specific responsibility to ensure that arrangements have been made to secure best value.

Audit Scotland code of audit practice – responsibility of auditors and management

DRAFT

Responsibilities of auditors

Appointed auditor responsibilities

Auditor responsibilities are derived from statute, this Code, International Standards on Auditing (UK and Ireland), professional requirements and best practice and cover their responsibilities when auditing financial statements and when discharging their wider scope responsibilities. These are to:

- undertake statutory duties, and comply with professional engagement and ethical standards;
- provide an opinion on audited bodies' financial statements and, where appropriate, the regularity of transactions;
- review and report on, as appropriate, other information such as annual governance statements, management commentaries, remuneration reports, grant claims and whole of government returns;
- notify the Auditor General when circumstances indicate that a statutory report may be required;
- participate in arrangements to cooperate and coordinate with other scrutiny bodies (local government sector only);
- demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited bodies:
 - effectiveness of performance management arrangements in driving economy, efficiency and effectiveness in the use of public money and assets;
 - suitability and effectiveness of corporate governance arrangements; and
 - financial position and arrangements for securing financial sustainability.

Weaknesses or risks identified by auditors are only those which have come to their attention during their normal audit work in accordance with the Code, and may not be all that exist. Communication by auditors of matters arising from the audit of the financial statements or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

Audit Scotland code of audit practice – responsibility of auditors and management

DRAFT

Responsibilities of auditors
General principles
This Code is designed such that adherence to it will result in an audit that exhibits these principles.
Independent
When undertaking audit work all auditors should be, and should be seen to be, independent. This means auditors should be objective, impartial and comply fully with the Financial Reporting Council's (FRC) ethical standards and any relevant professional or statutory guidance. Auditors will report in public and make recommendations on what they find without being influenced by fear or favour.
Proportionate and risk based
Audit work should be proportionate and risk based. Auditors need to exercise professional scepticism and demonstrate that they understand the environment in which public policy and services operate. Work undertaken should be tailored to the circumstances of the audit and the audit risks identified. Audit findings and judgements made must be supported by appropriate levels of evidence and explanations. Auditors will draw on public bodies' self-assessment and self-evaluation evidence when assessing and identifying audit risk.
Quality focused
Auditors should ensure that audits are conducted in a manner that will demonstrate that the relevant ethical and professional standards are complied with and that there are appropriate quality-control arrangements in place as required by statute and professional standards.

Audit Scotland code of audit practice – responsibility of auditors and management

DRAFT

Responsibilities of auditors
Coordinated and integrated
It is important that auditors coordinate their work with internal audit, Audit Scotland, other external auditors and relevant scrutiny bodies to recognise the increasing integration of service delivery and partnership working within the public sector. This would help secure value for money by removing unnecessary duplication and also provide a clear programme of scrutiny activity for audited bodies.
Public focused
The work undertaken by external audit is carried out for the public, including their elected representatives, and in its interest. The use of public money means that public audit must be planned and undertaken from a wider perspective than in the private sector and include aspects of public stewardship and best value. It will also recognise that public bodies may operate and deliver services through partnerships, arm's-length external organisations (ALEOs) or other forms of joint working with other public, private or third sector bodies.
Transparent
Auditors, when planning and reporting their work, should be clear about what, why and how they audit. To support transparency the main audit outputs should be of relevance to the public and focus on the significant issues arising from the audit.
Adds value
It is important that auditors recognise the implications of their audit work, including their wider scope responsibilities, and that they clearly demonstrate that they add value or have an impact in the work that they do. This means that public audit should provide clear judgements and conclusions on how well the audited body has discharged its responsibilities and how well they have demonstrated the effectiveness of their arrangements. Auditors should make appropriate and proportionate recommendations for improvement where significant risks are identified.

The contacts at KPMG in connection with this report are:



Andy Shaw

Director

Tel: 0131 527 6673

andrew.shaw@kpmg.co.uk

Natalie Dyce

Manager

Tel: 0141 300 5746

natalie.dyce@kpmg.co.uk



Christopher Windeatt

Assistant Manager

Tel: 0131 451 7738

christopher.windeatt@kpmg.co.uk

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PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

6 MARCH 2018

**DELAYED DISCHARGE PERFORMANCE FOR 6 MONTHS TO 30 SEPTEMBER
2017**

Report by Chief Officer

PURPOSE OF REPORT

This report seeks to provide the Audit and Performance Committee with an understanding of the Partnership's performance in relation to Delayed Discharge for the first 6 months of the year: the factors impacting on performance; improvement actions that are being taken forward; and the trajectory for improvement being developed.

1. RECOMMENDATION

It is recommended that the Audit and Performance Committee:

- Note the performance for the first 6 months against target;
- Endorses and supports the actions being taken forward to drive improvement and the commitment to set out an agreed improvement trajectory;
- Agrees that quarterly reports on Delayed Discharge performance will be received by the Audit and Performance Committee moving forward.
- Note that this is a first step in building a RAG report that will encompass the agreed basket of indicators and that unplanned admissions will be the next 'deep dive' report to be brought forward.

2. BACKGROUND / MAIN ISSUES

2.1 What is a Delayed Discharge?

For most people, following completion of health and social care assessments, the necessary support and accommodation arrangements are put in place in the community without delay and the patient is appropriately discharged from hospital.

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the necessary care, support or accommodation for them is not readily accessible.

This report considers residents of Perth & Kinross who are delayed in hospitals across NHS Tayside. At this stage it excludes Code 9 delays (Complex Needs). Code 9 are defined as patients who lack capacity and are going through a guardianship process. A separate report will come forward to the Audit & Performance Committee on Delayed Discharges in relation to Complex Needs.

2.2 Why do we want to reduce the level of Delayed Discharges?

Timely discharge from hospital is an important indicator of quality of care. Older people may experience functional decline as early as 72 hours after an admission and the risk increases with each day delayed in hospital. This increases the risk of harm and of a poor outcome for the individual and further increases the demand for institutional care or more intensive support at home.

2.3 Is there a financial cost to the Health and Social Care system of Delayed Discharges?

Delayed discharges are costly to the health and social care system in financial terms. Not only are beds having to be provided for those who do not need to be there, it also has a knock-on effect on the beds available to the wider hospital system to carry out scheduled elective procedures. Insufficient beds can cause the cancellation of planned admissions for surgery etc. This can create significant costs within the wider acute hospital system.

2.4 What did the Integrated Joint Board's Annual Performance Report say in relation to our performance of Delayed Discharge?

The Annual Performance identified the following:

Indicator	2015/16 Perth and Kinross	2016/17 Perth and Kinross	RAG*	2016/17 Scotland (unless otherwise noted)
Number of bed days lost to delayed discharge (excluding complex cases).	17,029	15,429		Local

The report set out that 'The number of bed days lost due to people remaining in hospital after they were ready to be discharged reduced from 17,029 in 2015/16 to 15,429 days in 2016/17. However this is still too high and therefore significant changes are being implemented to improve this figure for next year.'

2.5 Have we set a target reduction in Delayed Discharges for 2017/18?

As part of our submission to the Scottish Government on the 6 Measures of Performance under Integration, we as a Partnership committed to delivering a 10% reduction in bed days lost to delayed discharge in 2017/18. This equates to a reduction of 1,523 beds and a target for 2017/18 of no more than 13,886 lost occupied beds days.

In addition, the medium term objective of the Partnership would be to achieve the Scottish Government 72 hour delayed discharge target which equates to a target of approximately 3000 lost occupied bed days.

3. Performance for 6 months to 30th September 2017

Table 1

	Occupied Bed Days Lost to 30 th Sept 2017	12 Month Equivalent
Reason for Delay	Hospitals (excl. Code 9)	
Awaiting Care Package	3,390	6,780
Awaiting Care Home Availability	2,297	4,594
Awaiting Assessment	856	1,712
Awaiting Funding	246	492
Other	768	1,536
	7,557	15,114

Table 1 above sets out that 7,557 bed days have been lost to delayed discharge, in the first 6 months of 2017/18. If performance was to remain unchanged over the second half of the year lost bed days of 15,114 would be recorded. This compares to our target position of 13,886 for 2017/18.

The 'Reasons for Delay' set out above are based on standard definitions agreed nationally by NHS Information Services Scotland.

It is clear that Awaiting a Care Package is the most significant driver of delays to discharge (45%) with Awaiting Care Home Availability also a significant contributor (30%). It is worth noting that delays due to Awaiting Funding has reduced by 60% from 2016/17 on the back of a new funding process being embedded in the Partnership which has delivered a significantly accelerated approval process.

As the current key driver of delays to discharge, the Partnership Team is working hard to address key challenges in respect of Care at Home. The section below sets out the current landscape, the challenges faced along with the actions being taken to improve capacity and appropriately manage demand.

4. Awaiting Care Package

4.1 Demographics

In Perth and Kinross, as with other areas across Scotland and the UK, health and social care services are seeing an increase in demand for key services and it is clear that the demand for health and social care is likely to increase. People are living longer and in Perth and Kinross the aged 75+ population is expected to increase from 2017 to 2039 by 81%¹ Perth and Kinross also has a larger than average elderly population compared to Scotland. The average

¹ Source: NRS 2014 Sub-National Population Projections

age of those aged 65+ receiving care at home services, in Perth and Kinross, is 86.

From April 2017 to September 2017 the average care package required has increased by 8.4% (7.6 hours per week to 8.3 hours). This demonstrates the increasing complexity of the individuals who now require care and support at home.

4.2 Geographical

Perth and Kinross has a diverse mix of urban and rural communities. The geographical distribution of the population brings challenges for the delivery of services to rural and remote communities.

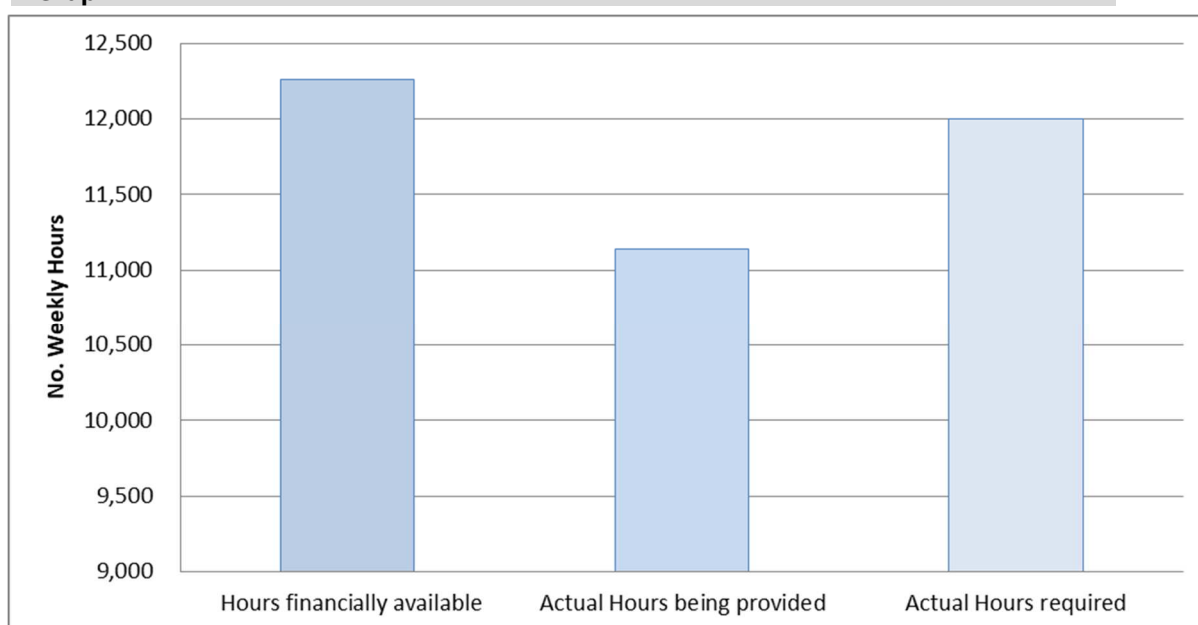
4.3 Legislative Framework

In 2013 new legislation² was introduced which changed the way social care was delivered. The majority of Care at Home services in Perth and Kinross are delivered by the independent sector. There are now a range of options for people to choose from and these do not all fall within the scope of the contract that we have with providers. We are seeing more people employ their own personal assistants and that has led to the development of an alternative market.

4.4 Financial Position

Over the past three years to 2017/18, through our budget setting, we have been required to invest £2.6m in Care at Home Capacity to respond to the increase in demand. For 2017/18 the Graph 1 below shows that there is more than sufficient budget to meet demand.

Graph 1



² <http://www.selfdirectedsupportscotland.org.uk/>

4.5 Recruitment and Retention

Independent Care Providers have for some time faced difficulty in recruiting and retaining staff. This is recognised nationally, however Perth & Kinross have an additional local market issue:-

- Within our population we have an above average proportion of over 65's. Therefore in areas with high numbers of Older People there is less of a working age population available, particularly within parts of South and North Perthshire.
- The population of Perth & Kinross is spread across a large rural/very rural geographic area. In some areas, such as Highland Perthshire, there is a limited provider market for Care at Home Services because of the difficulty of delivering care in a very rural area.
- Perth & Kinross also has a high proportion of low skilled manual employment opportunities (catering / tourism / retail / hospitality), and the care profession has experienced difficulties in competing within this market.
- Competition within the wider care sector is also an issue. The sector competes with recruitment for care and support roles in the third sector and the residential care and nursing home market.
- There is new demand for Personal Assistants funded by Direct Payments (Option 1 Self Directed Support).
- The national recruitment campaign for Early Years Practitioners will have an impact on recruitment to other wider care roles.

4.6 Unplanned Admissions

Our ability to reduce delayed discharges is wholly linked to maintaining or where possible the level of unplanned admissions to hospitals. The more unplanned admissions we have, the more people we have needing support in the community after their hospital stay and therefore the more people we have being delayed in hospital waiting for that care.

Recent data to June 2017 demonstrates that both the overall volume and admissions by age group continue to be similar to 2016/17 levels. This is set out at Appendix 1.

5. What are we doing to improve?

The Partnership has an agreed programme of work to increase Care at Home capacity and appropriately manage demand:-

5.1 Redesign of the Internal Care at Home Model

This was approved by the IJB in June 2017. This team is designed to increase overall capacity by 450 hours per week. Their main focus will be to reduce delayed discharge within hospitals and reduce those awaiting care at home within the community. This model of service delivery is due to commence in February 2018 within Perth City and be fully implemented in the North and South Localities commencing March 2018.

5.2 Implementation of new Care at Home Contract

A new Care at Home contract was completed at the end of August this year to expand capacity to meet current and future demand. This brought new care providers into Perth and Kinross with an excellent track record. This new Care at Home contract was a key supporting strategy to reduce delayed discharge due to waiting for a package of care. The new contract has additional incentives for staff to improve recruitment to the sector. The first of these is an expectation that care providers will pay the Living Wage. The second element is that the new Care at Home contract cements fair working practices for the workforce with an expectation that providers will pay for travel time. In addition, a new hourly rate has been approved for an area experiencing significant recruitment challenges due to rurality and high employment. There was an expectation that there would be a period of hiatus while hundreds of hours of care packages were transferred from one care provider to another over this summer. This has meant that it was never expected that there would have been an immediate improvement in performance during this period.

5.3 Supporting our Providers to recruit and retain staff in the Care Sector

The introduction of the Living Wage and Fair Working Practices across the sector also appears to have had an impact on recruitment by the Providers. Further, to support the challenges being faced by providers, a “Why should I care?” campaign has been launched to support recruitment across the sector. The campaign has had some success and a working group has been established to look at further ways to improve recruitment and retention in the care sector. This group led by providers will determine sustainable methods for recruitment and retention. This is a medium to long term strategy to improve the recruitment opportunities for the Care Sector.

5.4 Demand Management

Increasing the supply of care at home is one way of addressing the delay. However, there are a number of other areas within the care pathway that are being reviewed and improved to ensure the demand is at its most appropriate level.

- i. Although materially unchanged from last year, the number of unplanned admissions can be improved downwards. A front door model is being scoped and designed to ensure only appropriate admissions are made into the hospital. This should lead to a reduction in the numbers of people leaving the hospital with packages of care.
- ii. The new and revised Indicator of Relevant Need (IORN) scoring tool is now being used effectively in other Partnerships. Perth & Kinross HSCP are planning to scope this tool to manage the level of assessed need. This could create additional capacity within the Care at Home sector. An improvement of current inpatient pathway processes using the new Discharge Hub. The Discharge Hub team should ensure that the

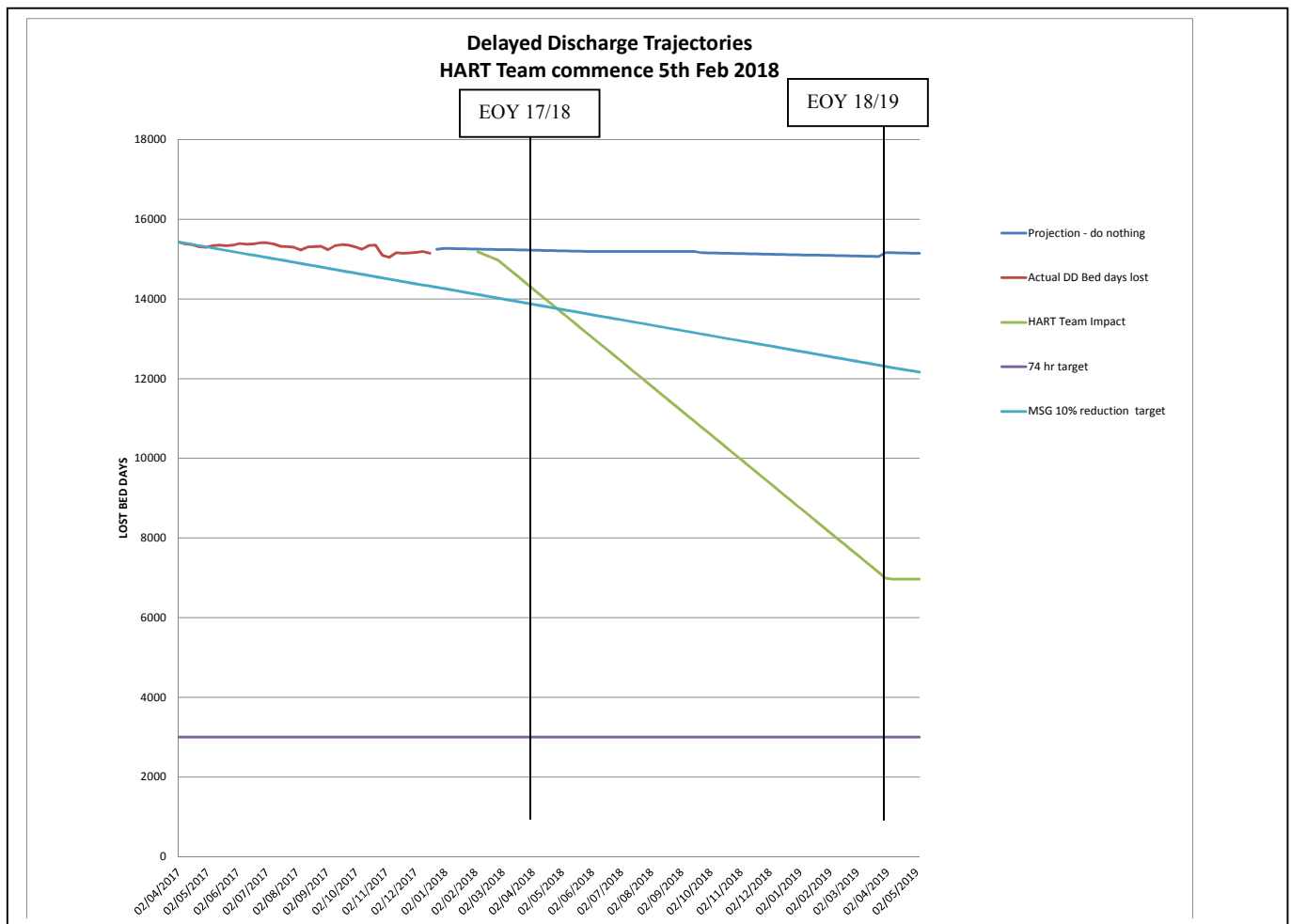
- planned discharge date is achieved and people with existing care packages are returned to the community without delay.
- iii. The Partnership is progressing the implementation of Single Handed Care. This investment includes additional equipment, training and the recruitment of an Occupational Therapist to review all existing packages that require two carers. This is a time limited investment to reduce the demand on care at home and thereby increase capacity to move more people quickly out of delayed discharge.
 - iv. The use of Technology Enabled Care (TEC) as a compulsory part of the assessment process will enable a more accurate assessment of need. Once fully in place and implemented, the use of TEC will be a critical tool in ensuring the appropriate level of need is assessed and may reduce the number of hours of care required.

6. Developing a trajectory for improvement to deliver 2017/18 target

The improvement actions set out above are expected to have an impact on reducing the level of OBD lost over the remaining 6 months of the year. Work has been undertaken to consider each improvement action and its likely impact on either increasing supply or reducing demand. At this stage the trajectory has been based on the improvements relating to supply. The improvements focussing on demand require further analysis in order to include them within the trajectory.

Through improvements to supply and specifically the implementation of the new Internal Care at Home Team (HART Team), the anticipated lost OBD at the end of 2017/18 is forecast to be 14,484 compared to the 13,886 target. The full benefit of this additional investment in capacity is expected to be delivered in 2018/19 with a planned significant reduction to 7000 OBD. The planned trajectory to end of 2018/19 is set out in Graph 2 below:

GRAPH 2



The delivery of this trajectory is reliant on no material increase in the level of demand over current planned levels. The work we have done to forecast demand over the next three years for budget setting purposes provides some reassurance that our current demand levels are likely to meet future need. We are also hugely reliant on the ability of our Independent Care at Home providers being able to maintain capacity at planned levels across our localities through successful ongoing recruitment and retention.

7. Monitoring of monthly performance

The Partnership has embedded a robust mechanism to provide monthly performance data on the level of lost OBD to delayed discharge. This will be used along with a more detailed performance framework to review performance at partnership level and at locality level.

As part of its wider 'Transforming Governance' Improvement Plan, the Partnership has established a Performance Scrutiny Board which will provide a formal monthly opportunity to review performance against the trajectory for improvement.

8. Opportunity cost and scope for redesign of services

The IJB's Strategic Commissioning sets out the intention to shift the balance of care from hospital to community based settings with a parallel disinvestment from hospital beds and re-investment in community based services.

Table 3 below sets out that based on the delayed discharge position for the 6 months to 30th September 2017, 38 beds are open for those that do not need to be in hospital.

Table 3

	Occupied Bed Days Lost to 30th Sept 2017	Bed Number Equivalent	Indicative Full Year Opportunity Cost
Tay / Stroke PRI	1,129	6	£483,000
Other PRI	1,507	8	£645,000
Murray Royal Hospital (POA)	1,751	10	£750,000
Community Hospitals	1,835	10	£785,000
Other Tayside	739	4	£316,000
Total	6,961	38	£2,979,000

Reductions in the level of delayed discharge will be critical in enabling the IJB to deliver the core aims of the Strategic Commissioning Plan and information on delayed discharges along with a basket of other key indicators will be key to developing our future vision for Older Peoples Services across Perth & Kinross.

9. Conclusion

The Partnership is committed to reducing the level of delayed discharges.

A trajectory for improvement has been developed and monthly progress will be considered by the Partnership's Performance Board and thereafter by the Audit & Performance Committee.

Author(s)

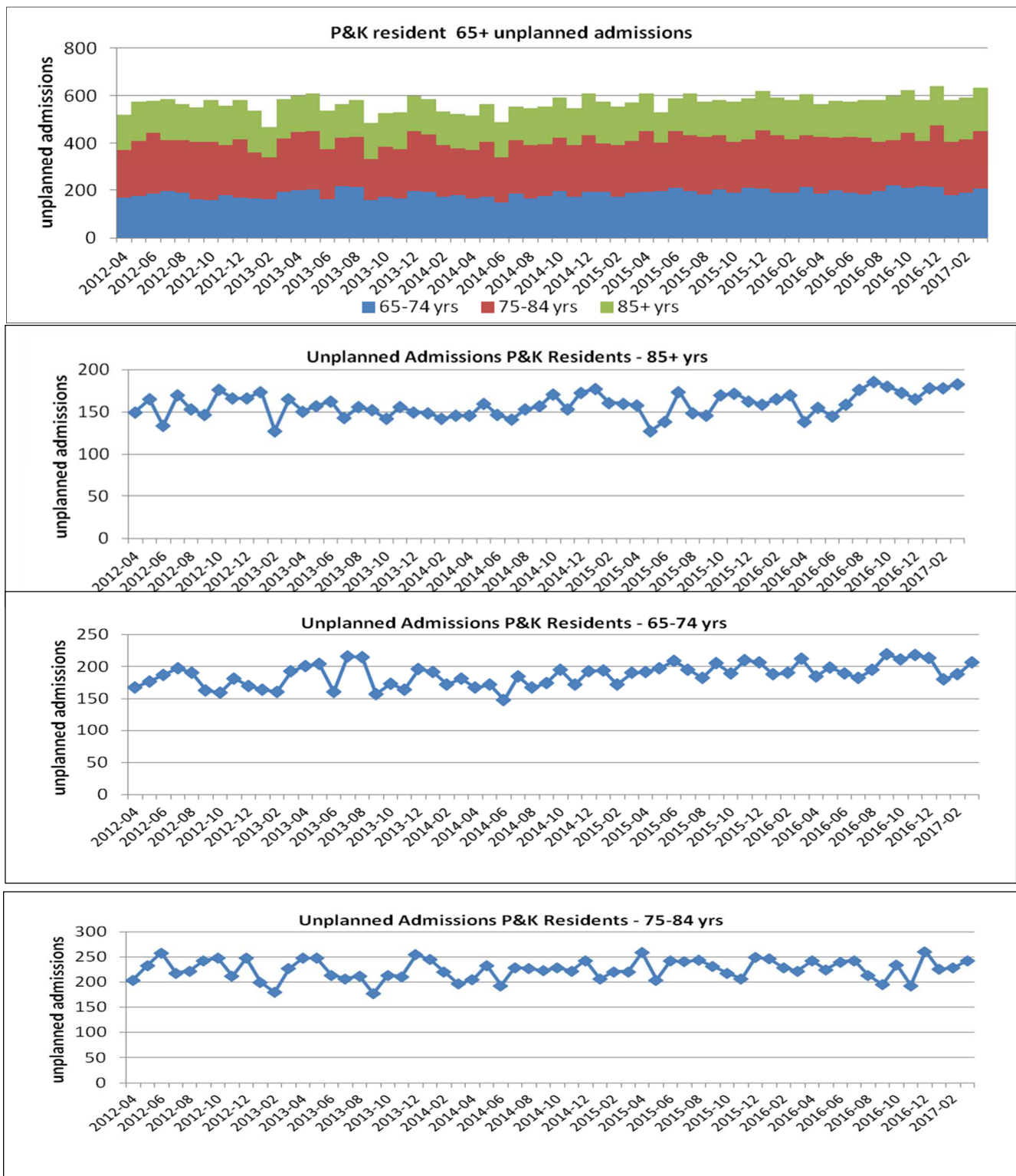
Name	Designation	Contact Details
Rob Packham	Chief Officer	robertpackham@nhs.net

APPENDICES

Appendix 1 – Unplanned admissions comparison of age group volumes for financial year 2016/2017 and 2017/18 (EOY projected)

Unplanned Admissions P&K residents by age group comparison of 2016/17 v 2017/18 EOY Projection – Data from Track Care.

The graphs below demonstrate that there is no significant changes in the level of unplanned admissions or changes in the numbers within the different age bands. The median value of Length Of Stay has no significant changes over the same period (the median value is the typical value as opposed to the average which can be greatly increased due to the influence of high value outliers)





PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

6 March 2018

UNDERSTANDING PROGRESS UNDER INTEGRATION

Report by Chief Officer

PURPOSE OF THE REPORT

The purpose of this report is to provide the Audit & Performance Committee with an understanding of the Partnership's performance in relation to 3 of the high level national indicators agreed by the Ministerial Strategic Group for Health & Community Care (MSG) for Integration Authorities.

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:-

- Notes the progress and forecast position for 2017/18 in relation to the following indicators:
 - Number of unplanned admissions for all ages excluding Psychiatry
 - Number of unplanned hospital bed days for all ages excluding Psychiatry
 - Number of delayed discharge (total, non complex and complex
- Supports the actions being taken forward to drive improvement

2. BACKGROUND AND SITUATION

The MSG agreed in February 2017 to proposals to provide quarterly updates on key indicators across health and social care to allow the tracking of progress under integration. As part of this agreement, Chief Officers from across Integration Partnerships agreed to share local improvement objectives for each of the high level indicators for 2017/18. An initial test submission was made at end of February 2017. The submission included draft projections to March 2019, and described the improvement objectives to support proposed targets.

Partnership's agreed to provide progress on six high level measures / indicators for integration on a quarterly basis:

- Unplanned admissions
- Unplanned admission occupied bed days
- Accident & Emergency performance (attendances to A&E and admissions from A&E)
- Delayed Discharges
- End of life care
- The balance of spend (in development)

In December 2017 the MSG requested the first progress report from the Partnership and provided the attached framework for completion (appendix 1).

The Partnership is proposing to initially focus on 3 of the measures to allow for a detailed exploration and analysis of the data. The Partnership will then be in a position to provide regular quarterly reporting of these 3 measures to the Audit and Performance Committee. Once this regular reporting has been embedded, the Partnership will undertake detailed analysis of the remaining measures.

Author(s)

Name	Designation	Contact Details
Robert Packham	Chief Officer	robertpackham@nhs.net

Appendix 1 – Table

MSG Improvement Objectives – summary of objectives for Adults & Older People

Perth & Kinross H&SCP	Unplanned admissions	Unplanned bed days	Delayed discharge bed days (All Non Complex and Complex)
Baseline	<p>Baseline year 2015/16 there was a total of 14,866 unplanned admissions.</p> <p><u>2016/17 Change</u> In 2016/17 there was a total of 15,122 unplanned admissions. A 1.8% increase compared to the baseline year. However see objective below which takes into account projected annual population growth.</p>	<p>Baseline year 2015/16 unplanned bed days was 116,661.</p> <p><u>2016/17 Change</u> in 2016/17 there were a total of 111,319 unplanned bed days. A reduction of 4.6% compared to the baseline year.</p>	<p>2015/16 there was a total of 19,871 bed days lost to delays.</p> <p><u>2016/17 Change</u> There was a total of 19,176 bed days lost to delays. A reduction of 3.5% from 2015/16.</p> <p>The Partnership will use 2016/17 as the baseline year for future monitoring as the strategies for improvement will not be fully in place until 2018/19.</p>
Objective	The number of unplanned admissions will be maintained at 2015/16 levels (14,886) to 2018/19, which takes account of the projected annual population increases.	By March 2019 to reduce the number of unplanned bed days by 10% from 2015/16 figures (Target 104,994).	By March 2019 To reduce the Delayed Discharge bed days by 10% using 2016/17 as the baseline year (Target 17,258).
How will it be achieved	<p><i>The transformation redesigns that will support the Partnership to meet this objective:</i></p> <ul style="list-style-type: none"> - Assess to Admit – March 2018 - ECS – being reviewed in line with Integrated Care Teams 	<p><i>The transformation redesigns that will support this measure are:</i></p> <ul style="list-style-type: none"> -Discharge Hub - Redesign of Community Hospitals -Reshaping Care at Home including Discharge to assess (under design) 	<p><i>The transformation redesigns that are currently being implemented to support the Partnership to reduce the total number of delayed discharge bed days are:</i></p> <p>Reshaping Care at Home including Discharge to assess – will be completed in</p>

Perth & Kinross H&SCP	Unplanned admissions	Unplanned bed days	Delayed discharge bed days (All Non Complex and Complex)
	<ul style="list-style-type: none"> -Front of House – April 2018 -Integrated Care Teams – Sept 2018 - Improvement programme working collaboratively with GP Practices and Clusters –Sept 2018 Enhancement of Care Home Liaison Service – April 2018 -Re-admission rate review - TBC 	-Inpatient Pathways eg redesign of medical	<p>phases during the year with Initial phase being implemented by March 2018</p> <ul style="list-style-type: none"> - Enhancement of Discharge Hub -Exploring Intermediate Care Beds (TBC) <p>See progress for more detailed information.</p>
Progress (updated by ISD)	<p>Based on the April 17 to October 2017 number of unplanned admissions (8,652) it is forecasted that by March 2018, our unplanned admissions will be 15,100.</p> <p>This is broadly in line with maintaining the number of unplanned admissions whilst taking account of the projected annual population growth.</p>	<p>April to Sept 17 update: 49,538 unplanned bed days</p> <p>Forecast to March 18: 102,237 unplanned bed days – a reduction of 12% from 2015/16 baseline.</p> <p>The Partnership intention is to maintain or improve the reduction in unplanned bed days to March 2019. The Partnership will regularly monitor and review during this period.</p>	<p>April to Nov 17 update: 11,861 delayed discharge bed days</p> <p>Forecast to March 18: 18,672 – a reduction of 2.6% reduction from 2016/17 baseline.</p> <p>The Partnership are forecasting to March 2018 a 46% reduction in the number of bed days lost due to complex delays (Code 9), using 2016/17 as the baseline year. This was supported by investing in an additional Mental Health Officer, and improving the funding and guardianship processes.</p> <p>However the Partnership are forecasting to March 18, an increase in bed days lost to delays due to non complex reasons (again using 2016/17 as the baseline year). This is at least partially due to a delay in being able to fully implement the Reshaping Care at Home Programme and the recruitment and retention challenges being experienced for external care at home providers (as</p>

Perth & Kinross H&SCP	Unplanned admissions	Unplanned bed days	Delayed discharge bed days (All Non Complex and Complex)
			highlighted in Notes below).
Notes	<p>The Partnership have based their forecast to March 2018 by using the data available for this financial year, adding November 2016 to March 2017 data and applying a similar reduction / increase for this financial year's available data. This may not take consideration of the potential impact of the extreme Winter period pressures the Partnership has experienced this year.</p>	<p>The Partnership have based their forecast to March 2018 by using the data available for this financial year, adding October 2016 to March 2017 data and applying a similar reduction / increase for this financial year's available data. This may not take consideration of the potential impact of the extreme Winter period pressures the Partnership has experienced this year.</p> <p>For 2018/19 the Partnership will also need to consider any potential impact of the major redesign taking place in Acute services (Reshaping Surgical Services, Orthopaedics) and Inpatient Mental Health Services. Overall performance is also heavily reliant on planned requirement for Care at Home capacity being delivered successfully by external providers and in and in particular on care providers being able to recruit and retain sufficient staff.</p>	<p>The Partnership have based their forecast to March 2018 by using the data available for this financial year, adding December 2016 to March 2017 data and applying a similar reduction / increase for this financial year's available data. This may not take consideration of the potential impact of the extreme Winter period pressures the Partnership has experienced this year.</p> <p>For 2018/19 the Partnership will also need to consider any potential impact of the major redesign taking place in Acute services (Reshaping Surgical Services, Orthopaedics) and Inpatient Mental Health Services. Overall performance is also heavily reliant on planned requirement for Care at Home capacity being delivered successfully by external providers and in and in particular on care providers being able to recruit and retain sufficient staff.</p>

