PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

20/06/2022

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in **the Council Chamber** on **Monday, 27 June 2022** at **10:30**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Jacquie Pepper
Chief Officer – Health and Social Care Partnership

Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website as soon as possible following the meeting.

Voting Members
Councillor Michelle Frampton, Perth and Kinross Council
Councillor David Illingworth, Perth and Kinross Council
Councillor Sheila McCole, Perth and Kinross Council
Councillor Colin Stewart, Perth and Kinross Council (Vice-Chair)
Bob Benson, Tayside NHS Board (Chair)
Beth Hamilton, Tayside NHS Board
Donald McPherson, Tayside NHS Board
Vacancy, Tayside NHS Board

Non-Voting Members
Jacquie Pepper, Chief Officer- Health and Social Care Partnership/Chief Social Work Officer, Perth and Kinross Council
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board
Sarah Dickie, NHS Tayside
Dr Sally Peterson, NHS Tayside
Dr Lee Robertson, NHS Tayside

Stakeholder Members
Sandra Auld, Service User Public Partner
Bernie Campbell, Carer Public Partner
Lyndsay Glover, Staff Representative, NHS Tayside
Stuart Hope, Staff Representative, Perth and Kinross Council
Ian McCartney, Service User Public Partner
Maureen Summers, Carer Public Partner
Sandy Watts, Third Sector Forum

Perth and Kinross Integration Joint Board

Monday, 27 June 2022

AGENDA

1	**WELCOME AND APOLOGIES/SUBSTITUTES**	
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 MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 30 MARCH 2022 FOR APPROVAL** (copy herewith)	**5 - 10**
4	**ACTION POINTS UPDATE** (copy herewith G/22/97)	**11 - 12**
5	**MATTERS ARISING**	
6	**MEMBERSHIP UPDATE** Verbal Update by Clerk to Board	
7	**DELIVERING ON STRATEGIC OBJECTIVES**	
7.1	**PKHSCP 3-YEAR WORKFORCE PLAN 2022-25** Joint Report by Head of Finance & Corporate Services/Interim Head of Adult Social Work and Social Care (copy herewith G/22/98)	**13 - 72**
7.2	**UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES IN PERTH AND KINROSS AND THE IMPLEMENTATION OF MAT STANDARDS** Report by Claire Mailer, Alcohol and Drug Partnership (ADP) Chair (copy herewith G/22/99)	**73 - 98**
7.3	**P&K HSCP STRATEGIC PLANNING GROUP BRIEFING NOTE - 17 MAY 2022** Report by Interim Head of ASWSC (Commissioning) (copy herewith G/22/100)	**99 - 102**

8 FINANCE & GOVERNANCE

8.1 UNAUDITED ANNUAL ACCOUNTS 2020/21 **103 - 148**
Report by Head of Finance and Corporate Services (copy herewith G/22/101)

8.2 INTERNAL AUDIT ANNUAL REPORT 2021/22 **149 - 152**
Report by Chief Internal Auditor (copy herewith G/22/102)

8.3 ANNUAL GOVERNANCE STATEMENT **153 - 168**
Report by Head of Finance and Corporate Services (copy herewith G/22/103)

8.4 IJB MEMBERS CODE OF CONDUCT **169 - 190**
Report by Clerk to Board (copy herewith G/22/104)

9 FOR INFORMATION

9.1 REVISION OF PERTH AND KINROSS INTEGRATION SCHEME **191 - 254**
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21 August 2022
26 October 2022
14 December 2022
15 February 2023
29 March 2023

FUTURE IJB DEVELOPMENT SESSIONS 2022/23
14 September 2022
16 November 2022 (Budget)
25 January 2023

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Wednesday 30 March 2022 at 2.00pm.

Present:

Voting Members:
Councillor E Drysdale, Perth and Kinross Council (Vice-Chair)
Councillor J Duff, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Mr B Benson, Tayside NHS Board (Chair)
Mr D McPherson, Tayside NHS Board (substituting for Mr R Erskine)
Ms P Kilpatrick, Tayside NHS Board
Ms B Hamilton, Tayside NHS Board

Non-Voting Members
Ms J Pepper, Interim Chief Officer / Director – Integrated Health & Social Care, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Head of Finance and Corporate Services, Perth and Kinross Health and Social Care Partnership
Ms S Dickie, NHS Tayside

Stakeholder Members
Ms M Summers, Carer Public Partner
Ms B Campbell, Carer Public Partner
Ms S Auld, Service User Public Partner
Ms S Watts, Third Sector Representative
Ms L Blair, Scottish Care
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms L Glover, Staff Representative, NHS Tayside
Mr I McCartney, Service User Public Partner

In Attendance:
S Hendry, Adam Taylor, K Molley, M Pasternak (all Perth and Kinross Council); Z Robertson, K Ogilvy, E Devine, C Jolly, D Mitchell, Amanda Taylor, G Dickson, A McManus, P Jerrard and V Aitken, (all Perth and Kinross Health and Social Care Partnership); and V Davis and D Huband (both NHS Tayside).

Apologies Dr S Peterson, NHS Tayside
Dr L Robertson, NHS Tayside
Ms B Campbell, Carer Public Partner

1. WELCOME AND APOLOGIES

B Benson welcomed all those present to the meeting and apologies were noted as above.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made in terms of the Perth and Kinross Integration Joint Board Code of Conduct.

3. MINUTES

3.1 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 16 FEBRUARY 2022

The minute of the meeting of the Perth and Kinross Integration Joint Board of 16 February 2022 was submitted and approved as a correct record.

3.2 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 4 MARCH 2022

The minute of the meeting of the Perth and Kinross Integration Joint Board of 4 March 2022 was submitted and approved as a correct record.

3.2 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 7 MARCH 2022

The minute of the meeting of the Perth and Kinross Integration Joint Board of 7 March 2022 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The action points update (G/22/53) was submitted and noted.

5. MATTERS ARISING

Councillor Purves noted the outstanding actions in relation to mental health and enquired if mental health could again be considered to be a standing item on the IJB agenda and for an update on the Director of Mental Health position in NHS Tayside and of any progress in that regard. J Pepper advised that there will be a period of consultation on the revised draft integration scheme and there will be an opportunity for IJB members to then consider the level of reporting after that. The Executive Lead for Inpatient Mental Health continues to be Executive Nurse Director, NHS Tayside.

S Auld asked if there was a formal protocol in place for material issues that may concern the IJB to be communicated to members. J Pepper advised that this will be examined and if gaps exist then this will be remedied. Existing processes are in place from the partner bodies but the different governance arrangements in relation to operational and strategic planning responsibilities for the IJB need to be considered in any IJB communication protocol.

6. DELIVERING ON STRATEGIC OBJECTIVES

6.1 OLDER PEOPLE STRATEGIC DELIVERY PLAN

There was submitted a report by the Head of Health (G/22/54) providing the IJB with an updated version of the Older Peoples Strategic Delivery Plan for the period 2022-25.

E Devine advised that this is the second Older Peoples Strategic Delivery Plan and its production has taken into consideration the experience of living through the pandemic and aims to support older people to live healthy and active lives. The plan also takes into account significant learning from the previous plan, feedback from IJB development sessions, engagement from EMT and IJB members and other key stakeholders, increasing demographic demands and guidance from the Scottish Government on new pathways of care and new policies.

B Hamilton welcomed the production of the plan as part of the IJB's suite of strategic direction and enquired how consultation will be reported back to the Board. E Devine advised that progress on the plan will be reported back in 12 months time and this will also include progress on the engagement plan.

D McPherson queried the assumption of a £1m contribution from NHS Tayside in year 3 which is based on the success of this program in shifting the balance of care and if NHS Tayside has committed to this and if the measures of success are clear for this contribution to be made. J Smith advised that, as shown in the budget paper on today's agenda, years 2 and 3 are indicative assumptions which have been shared in full with NHS Tayside colleagues. Much wider discussions are ongoing in relation to Large Hospital Set Aside budget and shifting the balance of care as well as the performance measures to be used to measure the success of the plan so that progress can be jointly monitored and that an informed appropriate agreement can be reached for future years.

P Kilpatrick welcomed the report but was concerned not to see more focus on causes of death in older people such as coronary heart disease, stroke, cancer, respiratory disease and diabetes as well as alcoholism, depression and loneliness. She also asked that the performance framework be expanded. E Devine advised that a refreshed strategic needs assessment, undertaken in conjunction with Public Health and this will inform future strategic plan development. At this stage the focus of this Older People plan has been, by necessity, on stabilising the system, expanding capacity and accelerating investment in community services to prevent admission to hospital in line with Scottish Government funding priorities.

Resolved:

(i) The Older People Strategic Delivery Plan as detailed in Report G/22/54, be approved.

(ii) The progress achieved to date from the delivery of the first Older People Strategic Delivery Plan 2019-22 be noted.

(iii) An update report be brought back to the Board in 12 months.

6.2 CARE AT HOME RESILIENCY

There was submitted a report by the Acting Head of Service Adult Social Work and Social Care (Commissioning) (G/22/55) providing the IJB with proposals which seek to explore and address levels of unmet need which continue to exist within our

local Care at Home provision. The report acknowledges the specific significant challenges experienced over the last 2 years providing Care at Home services along with the difficulties rurality and changing demographics present and sets out a new approach to delivering the model of care for Care at Home.

Resolved:

(i) The contents of the report be noted.
(ii) The developments set out in the report be approved.

6.3 PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP - STRATEGIC PLANNING GROUP

There was a verbal update by the Interim Head of Adult Social Work and Social Care (Commissioning) on the Strategic Planning Group meeting held on 22 March 2022. The IJB heard that the group received presentations on both of the papers on the agenda today connected with items 6.1 and 6.2 above. A broad range of feedback was received from the Strategic Planning Group which was used to influence the content of both of the papers above.

Resolved:

The verbal update be noted

7. FINANCE

7.1 3-YEAR BUDGET

There was submitted a report by the Head of Finance and Corporate Resources (G/22/56) seeking approval from the IJB of the 2022/23 Revenue Budget and the indicative revenue budgets for 2023/24 and 2024/25.

J Smith advised the IJB that an investment of £27m is proposed in 2022/23 alone across Older Peoples Services, Community Mental Health Services, Learning Disability and Autism Services as well as significant investment in Carers Support and Alcohol and Drug Services. The Board heard that a balanced position is set out in 2022/23 and is fully aligned to the agreed budget contributions from both of the IJB's Partners. The achievement of this balance is based on the Board's approval of the use of £1m of IJB unearmarked reserves, predominantly to bridge the prescribing overspend whilst further work is done to refresh efficiency measures here in the next 12 months. Further work will be required in years 2 and 3 to offset funding gaps which will involve the consideration of further potential efficiency savings, further income and discussions on shifting the balance of care and the large hospital set aside budget. Discussions are also ongoing with NHS Tayside with regards to an appropriate level of financial support from the 3 Tayside IJBs for the inpatient mental health financial position in 2022/23.

Resolved:

(i) Approves the Revenue Budget for 2022/23;
(ii) Notes the indicative budgets for 2023/24 and 2024/25;
(iii) Approves the use of unearmarked reserves for 2022/23;
(iv) Request that the Interim Chief Officer issues the necessary Directions to NHS

Tayside (NHST) and Perth & Kinross Council (PKC);

(v) The original recommendation "Endorse the principles set out to support the Inpatient Mental Health Financial Position from 2022/23." be replaced with: "The IJB noted the professional advice from the Chief Financial Officer of Perth and Kinross IJB as set out in the report on the issue of the Inpatient Mental Health financial position and agreed to have a development session to inform the IJBs own position on this."

8. GOVERNANCE

8.1 MEMBERSHIP UPDATE

There was a verbal report by the Clerk to the Board updating the Board on the membership of voting members of the Board.

Resolved:

(i) It be noted that Pat Kilpatrick would no longer be a NHS voting member on the Perth and Kinross Integration Joint Board and that NHS Tayside were currently looking to fill this vacancy.

(ii) It be noted that Donald McPherson is appointed as a NHS voting member on the Perth and Kinross Integration Joint board.

8.2 MEMBERSHIP AND ROLES ON INTEGRATION JOINT BOARDS

There was a discussion on Integration Joint Board membership and roles.

Resolved:

A meeting to be arranged by the Chair and Chief Officer to scope out next steps.

8.3 AUDIT AND PERFORMANCE COMMITTEE – 7 MARCH 2022

Councillor Purves, Chair of the Audit and Performance Committee, provided the Board with an update from the recent meeting of the Audit and Performance Committee that had taken place on 7 March 2022.

Audit and Performance Committee of the Perth and Kinross Integration Joint Board – 7 March 2022

The Board noted the position.

9. FOR INFORMATION

9.1 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022-23 (G/22/57)

Resolved:

The contents of Report G/22/57 be noted.

10. FUTURE IJB MEETING DATES 2022/23

1 June 2022
27 June 2022
31 August 2022
26 October 2022
14 December 2022
15 February 2023
29 March 2023

Future IJB Development Sessions 2022/23
13 April 2022
15 June 2022
14 September 2022
16 November 2022 (Budget)
25 January 2023

Resolved:
The above meeting dates be noted.

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
27 June 2022

(G/22/97)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
131	09 Dec 2020	7.2	Mental Health & Wellbeing Strategy	The Tayside MH Strategy 'Living Life Well' - Financial Framework to be provided.	Director of Finance NHS Tayside/ COs/CFOs	Ongoing	Work on this continues across Tayside with the NHST director of Finance in discussions with the 3 HSCP CFOs and COs
134	16 Feb 2022	5	Matters Arising	Professor Stonebridge to be invited to future IJB meeting to provide Members with an update on breast oncology and radiotherapy services.	Chief Officer	30 Mar 2022	Complete. As the action was not within the scope of the IJB's responsibilities, a Tayside breast cancer service update has been provided to IJB members for information.
135	16 Feb 2022	5.	Matters Arising	Update on Primary Care Services premises to be brought to future IJB meeting.	Chief Officer	30 Mar 2022	Complete. This has been included in the forward planner with dates to be confirmed.
136	16 Feb 2022	8.3	Update on Pitlochry Community Hospital Inpatient Unit	Formal letter to be sent communicating detail of additional recommendation to Chief Executives of NHS Tayside and Perth and Kinross Council.	IJB Chair	30 Mar 2022	Complete. Detail of the additional recommendation from PKIJB to identify key worker housing for healthcare staff has been communicated to NHS Tayside at their Board meeting of 28th April 2022. The Executive Director of Communities for Perth and Kinross Council has also been advised. Formal letters to both CEs have also been issued.

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
27 June 2022

(G/22/97)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
137	30 Mar 2022	5.	Matters Arising	Review of mechanisms for ongoing IJB Member communication to ensure effectiveness.	Chief Officer	31 Aug 2022	Ongoing
138	30 Mar 2022	7.1	3 Year Budget	A development session to be held with IJB members around the Inpatient Mental Health overspend and roles and responsibilities.	Chief Officer	31 Aug 2022	Ongoing
139	30 Mar 2022	8.2	Membership and roles on Integration Joint Boards	Chair and CO to meet to agree appropriate next steps in relation to Public Partner representatives around the voting status of public partners and how this can be raised at national level.	Chief Officer	31 Aug 2022	Ongoing

PERTH & KINROSS INTEGRATION JOINT BOARD

27 JUNE 2022

PKHSCP 3-YEAR WORKFORCE PLAN 2022-2025

Head of Finance & Corporate Services/Interim Head of Adult Social Work & Social Care
(Report No. G/22/98)

PURPOSE OF REPORT

The purpose of this report is to seek the IJBs approval to the PKHSCP 3 Year Workforce Plan 2022-2025.

1. RECOMMENDATION(S)

The Integration Joint Board is asked to:

1.1. Approve the PKHSCP 3 Year Workforce Plan 2022-2025;
1.2. Request that the Chief Officer submit the plan to the Scottish Government by 31 July 2022;
1.3. Agree that high level progress updates will be provided to the IJB every 6 months
1.4. Note the proposal to appoint a programme manager to support implementation, working with a range of partners to secure delivery and ongoing monitoring and review;

2. BACKGROUND

Delivering on the commitments contained within the PKIJB Strategic Commissioning Plan relies on having a workforce of the right size, with the right skills in the right place. This is becoming increasingly challenging. As identified in the IJB's Strategic Risk Register, we are already experiencing and foresee ongoing recruitment challenges within our Health and Social Care sector. There is a need for growth in some service areas to respond to a growing older population and increasing demand for services and there is also a corresponding necessity to meet changing needs and demands through new models of care and different ways of working. The data set out in the 3-year Workforce Plan clearly shows that we have an ageing workforce and in

Perth & Kinross a reducing working age population along with significant difficulties in recruiting to key roles in health and social care. This, compounded by rurality, impact of the Covid 19 Pandemic and a fatigued workforce, has led to considerable challenges in delivering services and recruiting suitable, able, skilled and experienced staff.

As well as posing challenges, the pandemic also brought a pace and scale of innovation never before experienced as staff across health and social care embraced new technologies, service innovations and ways of working.

The aim of the 3 Year Workforce Plan is to understand our current workforce, the key challenges being faced and to set out the actions we need to take to sustain and build on the rapid innovation over the last 2 years to meet our future goals and aspirations.

The plan covers the entire Partnership workforce including people employed by our statutory bodies (NHS Tayside and Perth & Kinross Council) those working in GP Practice, people working in the Third and Independent sectors as well as the important volunteer workforce and unpaid carers.

3. CURRENT POSITION

The plan sets out Partnership-wide strategic actions as well as actions required at staff group level. The plan has been developed in conjunction with professional and HR leads from both partners. The plan is structured in a way that ensures any person working in health and social care can see what it means for them.

At the heart of the plan is our commitment to provide staff with a working environment that provides strong and compassionate leadership, promotes wellbeing and supports them to grow and develop their skills and knowledge. Financial resource and the size of the wider workforce available to Perth & Kinross are finite. While the plan examines workforce requirements by profession, it also emphasises the importance of collaborative leadership and maintaining the right culture. This is fundamental to the pillars of attract and retain and to the delivery of high quality services.

The plan is fully compliant with Scottish Government Workforce Planning Guidance and is to be submitted to the Scottish Government by 31 July 2022 to support their formal consideration of the scale of the workforce challenge and the actions required at national level.

The need for dedicated workforce planning expertise across all HSCPs and IJBs is recognised in the Scottish Government National Health & Care Workforce Strategy. The appointment of a dedicated programme manager will provide additional capacity to support the implementation and ongoing development of the plan.

The plan contains a range of actions all of which are considered essential however a level of prioritisation will be undertaken by the Executive Management Team.

4. FINANCIAL IMPLICATIONS

A review is underway of the strategic and operational actions set out in the plan to determine where it may be necessary to provide investment in the short term to increase the sustainability of the workforce for the longer term.

5. RISKS

The IJBs Strategic Risk Register identifies insufficient workforce as a high red risk. The development of a robust 3 Year Workforce Plan is the key improvement action required to mitigate this.

6. CONCLUSION

Our people are our greatest asset in health and social care. Most people come to work because they care and have a strong sense of purpose and want to improve the lives of others. This 3 Year Workforce Plan focuses on supporting and nurturing our current staff as well as attracting new staff to PKHSCP. It is fundamental to closing the gap between demand and capacity and to deliver real and tangible change at the scale required to meet the specific challenges for Perth and Kinross. The IJB is asked to approve the plan and support the governance and reporting arrangements which are proposed to give a high priority to successful implementation.

Author(s)

Name	Designation	Contact Details
Jane Smith	Head of Finance & Corporate Services	Jane.smith@nhs.scot
Kenny Ogilvy	Interim Head of Adult Social Work & Social Care	KOgilivie@pkc.gov.uk

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	**Yes / None**
HSCP Strategic Commissioning Plan	**Yes**
Transformation Programme	**Yes**
Resource Implications	
Financial	**Yes**
Workforce	**Yes**
Assessments	
Equality Impact Assessment	**Yes**
Risk	**Yes**
Other assessments (enter here from para 3.3)	
Consultation	
External	**Yes**
Internal	**Yes**
Legal & Governance	
Legal	**None**
Clinical/Care/Professional Governance	**Yes**
Corporate Governance	**None**
Directions	**Yes**
Communication	
Communications Plan	**Yes**

1. Strategic Implications

1.1 Strategic Commissioning Plan

The development of the 3 Year Workforce Plan 2022: 2025 has been underpinned by the IJB Strategic Plans for Older People, Learning Disabilities/Autism, Community Mental Health & Wellbeing and the Primary Care Improvement Plan.

2. Resource Implications

2.1 Financial

The report sets out that there will be an assessment undertaken against all of the actions within the plan to identify where short term investment may be required to deliver long term, workforce sustainability.

2.2 Workforce

The report sets out the workforce challenges over the next 3 years and the plans to be implemented to maximize workforce sustainability.

3. Assessments

3.1 Equability Impact Assessments

Our Workforce Plan has been prepared using an equalities approach to ensure that we can provide appropriate support to people in our current workforce and also attract people to work in health and social care who might not otherwise consider a career in this sector. The following have been assessed as relevant with positive outcomes expected following implementation:

- Developing non-registered support roles to allow people to gain entry level positions
- Developing career pathways to give people opportunities to grow, evolve and remain with the partnership as their career develops
- Considering flexible working options for current and potential staff to attract more people into the sector
- Embrace the opportunities that arise from hybrid working to attract more people into our roles
- Developing young workforce initiatives to make working in health and social care an attractive career option for young people
- Considering options to attract people who may consider returning after retirement
- Developing options for staff to work flexibly as they approach retirement or seek new opportunities to avoid losing them from the profession
- Develop working patterns that attract and retain staff with childcare responsibilities, considering availability of local childcare
- Supporting people leaving the armed forces to take up jobs in health and social care
- Ensuring competitive rates for pay for social carers employed in the Third and Independent sector
- Reviewing our removal and relocation policy to attract more people to come and work in Perth & Kinross
- Considering ways to address accommodation shortages, particularly in rural areas to support staff looking to work in these areas
- Advertising posts on a permanent basis, rather than fixed term, where possible to provide financial stability for staff
- Ensuring menopause policies are widely understood and applied to support staff
- Implementing the Equality and Human Rights Commission June 2022 report recommendations to improve staff experience of ethnic minority workers
- Supporting partners to encourage staff to update their personal details to increase equalities information
- To provide equity for all staff, work with partners to address the gender pay gap in Perth and Kinross

These actions support equality and fairness for our workforce, ensuring that all current and potential staff are treated with dignity and respect; ensuring that we are receptive to those with unique characteristics and are support and include them.

3.2 Risk

The IJBs Strategic Risk Register identifies insufficient workforce as a high red risk. The development of a robust 3 Year Workforce Plan is the key improvement action required to mitigate this.

4. Consultation – Patient/Service User first priority

4.1 External

The Strategic Delivery Plans that underpin the 3 Year Workforce Plan 2022: 2025 has been considered in full by the Patient Service User representatives on relevant strategy groups and by the IJB Strategic Planning Group.

A full update on the development of the 3 Year Workforce Plan 2022:2025 was provided to the IJB Board in June 2022.

4.2 Internal

The PKHSCP Executive Management Team along with the PKHSCP Partnership Forum have provided oversight of the development of the 3 Year Workforce Plan. The plan sets out the wide range of stakeholders involved in the development of the plan.

5 Directions

Directions require to be issued to NHS Tayside and Perth & Kinross Council in respect of the 3 Year Workforce Plan.

6. Communication

A plan has been developed to ensure effective communication with staff and other stakeholders.

7. Appendices

Appendix 1 PKHSCP 3 Year Workforce Plan 2022:2025

DRAFT

Perth & Kinross Health & Social Care Partnership

3-Year Workforce Plan 2022-2025

Executive Summary

This three-year Workforce Plan for the Perth & Kinross Health and Social Care Partnership (PKHSCP) analyses the current workforce, forecasts future workforce requirements, identifies gaps and actions required to address these gaps and ensure the organisation has the right number of people with the right skills and knowledge to support the people of Perth & Kinross and enable PKHSCP to achieve its objectives. We acknowledge that even before the pandemic struck in early 2020, the health and social care sector was facing extreme challenges in relation to attracting and retaining people into the caring professions and especially in our more rural communities.

We also acknowledge that it is the hands and hearts of health and social care staff who hold our communities together, it was their dedication, humanity and presence that helped care for our most vulnerable and isolated people during the pandemic and kept them safe. Our staff deserve a working environment that provides them with strong leadership, promotes their wellbeing and supports them to grow and develop their capabilities. Our Plan covers staff employed directly by Perth & Kinross Council, NHS Tayside, workers employed by Independent and Third Sector organisations commissioned by PKHSCP, Personal Assistants, volunteers and unpaid carers.

Perth & Kinross faces particular challenges due to demographics and geography. We have a higher proportion of older people than the national average and this will increase significantly in coming years. Perth & Kinross has an urban centre and a large rural and remote rural hinterland. This poses a considerable challenge in relation to staff recruitment, deployment and delivery of services.

The Plan also takes account of the impact of the pandemic and the changes in working practices this has necessitated such as the rapid increase in the use of digital technology to deliver services. The wider skills and knowledge the future workforce will require are also considered.

Financial resource and the size of the wider workforce available to Perth & Kinross are finite. While the plan examines workforce requirements by profession it also emphasises the importance of leadership and a commitment to better staff wellbeing as well as the strategic direction being taken by PKHSCP and the key drivers of early intervention and prevention, integration, locality working and optimising the use of digital technology.

Ensuring Perth & Kinross is an attractive place to work, by offering attractive terms and conditions, clear career pathways, a culture of compassion and learning in which developmental opportunities, skilled supervision, and support for wellbeing, is central to our plan.

This plan shows current staffing levels by profession, predicts future requirements taking demographics and the age profile of the current workforce into account and identifies any gaps. The professions identified as having the highest level of risk relating to workforce capacity are Social Care, Nursing, Allied Health Professionals and Medical Staffing.

We want everyone in the Health and Social Care workforce to have the best experience at work - focusing on values-based recruitment, compassionate leadership and increasing the diversity and inclusivity of all our roles in the workforce. Our actions will address the specific challenges for each profession and include generic actions across the whole workforce. These are summarised in an action plan and are grouped using the Five Pillars of Workforce Planning (Plan, Attract, Train, Employ, and Nurture).

While these local actions will help mitigate the risk identified, it is important to note that action at national level will also be required.

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Introduction

Our Workforce Plan supports the delivery of Perth & Kinross Integration Joint Board's (PKIJB) Strategic Commissioning Plan, and details how we will ensure we have the right workforce in the right place with the right support to care for the people of Perth & Kinross.

The aim is to understand our current workforce challenges and to set out the scale of the work required to meet our goals and aspirations. We have identified actions that we will take locally, and in partnership across Tayside as well as those actions that are required at national level to address workforce challenges.

This workforce plan covers the entire health and social care workforce including those employed by our statutory partners (NHS Tayside and Perth & Kinross Council), those working in GP Practices and Public Dental Services and those within the services provided by the Third and Independent Sectors. We also consider our volunteer workforce and unpaid carers.

We are currently experiencing, and foresee ongoing, recruitment issues within our Health and Social Care sector. We have an ageing population in Perth and Kinross where the proportion of older people is increasing, and the proportion of younger people is decreasing. This, compounded by the impact of the Covid 19 Pandemic has led to extreme difficulties in recruiting skilled, and experienced staff within multiple areas of our delivery.

There is no denying that the Covid 19 pandemic has placed additional pressures and stress on the Health and Social Care workforce. They have experienced sustained and high levels of demand and constant changes to work practices to adapt to the challenges of a global pandemic. The pandemic has also brought a pace and scale of innovation never experienced before. Changes in how we delivered services were accelerated within very tight timescales; we embraced a more lean, light, and agile approach to governance and regulation, and we adopted a wealth of new technologies, service innovations and ways of working that were rolled out across a range of different settings. There has been a departure from the usual ways of working and a shift towards doing things differently, be that how we organise health and social care services, the tools we use to deliver them, or how people access care and support.

The experience of Covid has brought into sharp focus the importance of our core value of compassion. Our greatest asset is our people who give inspiring support for the health, happiness and wellbeing of our citizens and communities. We recognise the importance of collective, compassionate leadership for nurturing the workforce and enabling innovation and high-quality care. We understand the importance of an inspiring vision, positive inclusion and participation, enthusiasm for team working and cross-boundary working and support for autonomy and innovation.

Our Workforce Plan therefore acknowledges the need to embed changes, empower staff and modernise how we work. This will be achieved by the implementation and commitment to the actions within this plan.

A glossary is provided at Appendix 3

APPROACH

We have used the Chartered Institute of Personnel and Development planning process as shown below.

We gathered information on our current staffing levels and on existing gaps. We considered growth in demand and age profile to model the estimated workforce gap over the next three years. Professional leads led the development of the plan for each staff group using this very broad data modelling, engaging widely with their teams to understand the current challenges and future plans. This work built on the PKHSCP 1 year Workforce Plan endorsed by the IJB in June 2021 and submitted to Scottish Government. We have taken on board the positive feedback received from the Scottish Government in the development of our medium-term plan.

We have ensured a strong alignment with our strategies for Older People, Community Mental Health & Wellbeing, Substance Use, Carers, and Learning Disabilities and Autism which set out the need for change to support existing services and put in place new models of care which will respond to current and anticipated increased demand. We have also ensured close alignment with the 3 Year Financial Plan 2022-2025 which sets out an investment programme of £46m over 3 years, of which the majority relates to increased pay costs and increased staffing.

We have prepared this plan in partnership with key stakeholders:

Stakeholder	**Method of Engagement**
Service Leads	For each service area, portfolio leads have contributed directly to the development of the plan.
Professional Leads	The Lead Nurse, Lead AHP, Chief Social Work Officer, Head of Health, Head of Adult Social Work and Social Care and the Associate Medical Director have all contributed directly to the development of the plan.
GP Lead for the HSCP	The GP Lead has contributed directly to the development of the GP Workforce Plan
Independent Sector	PKHSCP Independent Sector Lead was consulted at the development stage.

Finance Lead	The Chief Financial Officer has jointly provided overall leadership to the development of the Workforce Plan with the Head of Adult Social Work and Social Care and therefore has ensured strong links to financial sustainability.
Staff side/Partnership	Staff Side/Partnership have been consulted with throughout the development process and formally via the PKHSCP Partnership Forum.
HR Leads/ Workforce Planning Leads	HR/Workforce Planning Leads have been consulted throughout the development process and formally though the PKHSCP Executive Management Team.
IJB Members	The IJB will be asked to formally consider and endorse the plan at its June 2022 meeting.

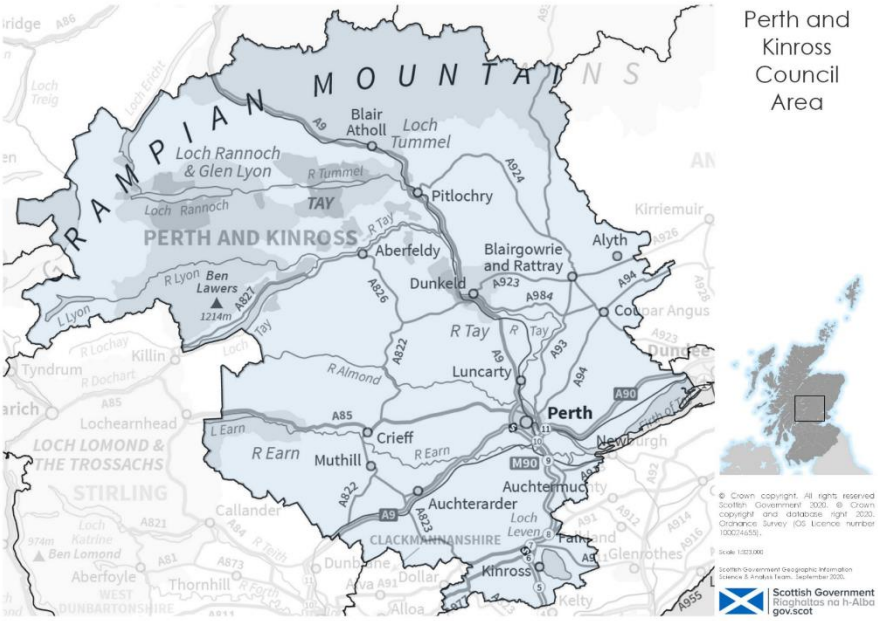
The Scottish Government published the National Health and Social Care Workforce Strategy in early March 2022. The strategy sets out a national framework to achieve the vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. A key next step set out in the Strategy is the submission to Scottish Government of 3 Year Workforce Plans by NHS Boards and HSCPs that can help inform essential national actions and direction. The Scottish Government also issued DL 2022(09) on 1 April 2022 which asks us to align our proposed plans to Five Pillars of Workforce planning outlined in the national strategy (Plan, Attract, Train, Employ, Nurture). We have aligned our actions to these pillars.

Understanding the organisation and its environment

PKIJB is a legal entity responsible for the strategic planning and commissioning of a wide range of adult health and social care services across Perth and Kinross. These services are delegated by NHS Tayside and Perth & Kinross Council (PKC) to the IJB. PKHSCP has responsibility for the integrated delivery of these services.

ENVIRONMENT

Perth and Kinross has a diverse mix of urban and rural communities and has a population of 151,290 (2018 NRS) living across the areas 5,268 square kilometres. The geographical distribution of the population is important as it brings challenges for the delivery of services to rural and remote communities.



Some key demographics

- There are 35,199 people aged 65+, 23.3% of the population.
- Perth &Kinross population is projected to increase by just 1% in the next 10 years, however the 0-14, 15-29, 45-59 age categories will reduce while 30-44, 60-74 and 75+ are set to increase.
- Over the last 10 years, Perth & Kinross has experienced a 25% increase in the number of people aged 75+ and this is projected to increase by a further 31% in the next 10 years. This is significantly higher than the Scottish average.
- The Scottish Government Urban Classification ranks Perth & Kinross as 8th most rural Local Authority areas across Scotland. Rurality drives a more extreme workforce recruitment challenge in our rural areas further increasing the challenge to deliver existing or redesigned models of care.
- Perth & Kinross has a higher rate of employment compared to much of the rest of Scotland, with a large tourism and hospitality sector that attracts people who might otherwise consider a career in care.

Table 1

Perth and Kinross adult population by age group

Age Group	2018 Population	2020 Population	2023 Projected Population	2024 Projected Population	2025 Projected Population	2028 Projected Population	% Change 2018 - 2028
0-14	22,807	22,652	22,238	21,911	21,654	20,705	-9%
15-29	23,988	23,765	22,642	22,486	22,395	22,132	-8%
30-44	25,396	25,607	26,654	26,812	26,794	26,477	4%
45-59	33,623	33,052	31,400	30,840	30,249	29,093	-13%
60-74	29,214	30,025	30,816	31,270	31,790	33,094	13%
75 & over	16,262	17,026	18,942	19,482	19,958	21,278	31%
Total	**151,290**	**152,127**	**152,692**	**152,801**	**152,840**	**152,779**	**1.0%**

(Source: Mid-Year Estimates (MYE) NRS (National Records of Scotland) 2018-based population projections)

As can be seen in the table above our over 75+-year-old population is projected to increase by 31% by 2028 and the 60–74-year-olds by 13%. This is significantly higher than the Scottish average. This

will place considerable pressure on health and social care services. This is coupled with a projected reduction in working age population. It is therefore important that this plan is underpinned by a detailed examination of the current challenges. As well as local actions, work is required nationally to promote careers in health and social care and attracting more people into the sector. This will however take time and substantial funding.

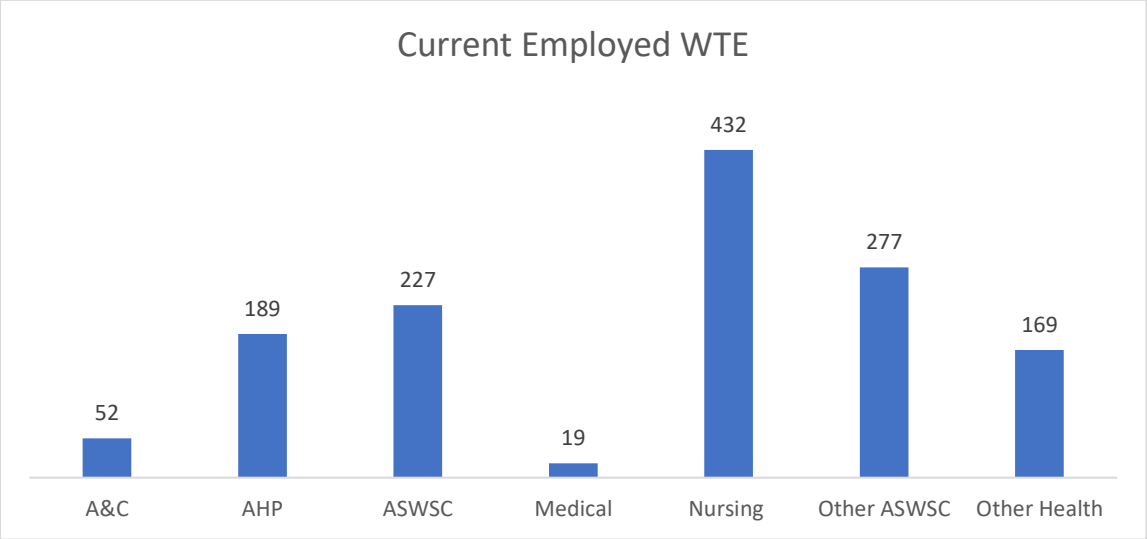
CURRENT WORKFORCE PROFILE

Our workforce can be broadly split across 3 equally important areas. We have 1,747 staff employed by NHS Tayside and PKC. We have approximately 2,800 staff employed by our Third and Independent Sector partners. Perth and Kinross also has 23 independent General Practitioner (GP) practices which are integral to the delivery of health and social care in the community.

Staff employed by NHS Tayside & Perth & Kinross Council

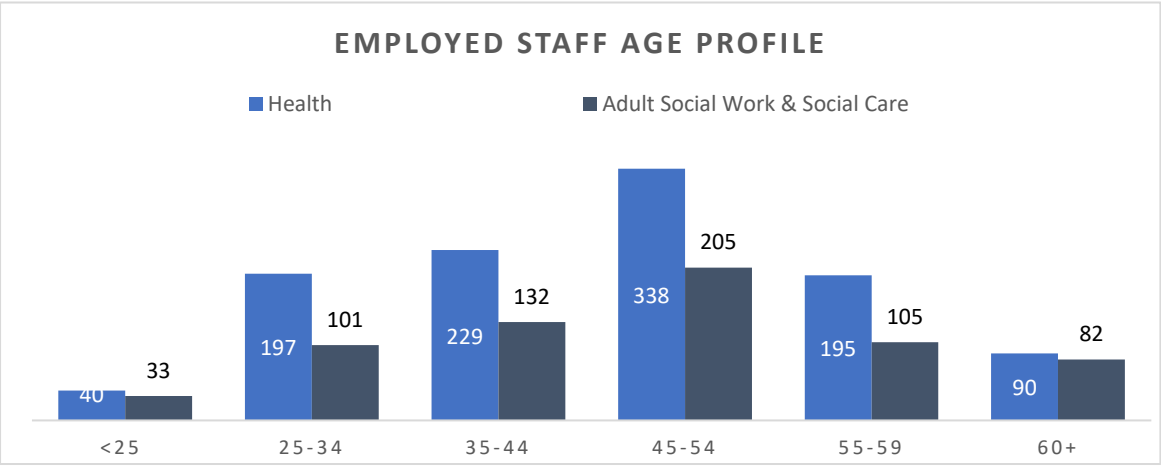
Table 2 below sets out the split across professional groupings of the 1,747 as whole time equivalent members of staff employed in Perth and Kinross to deliver PKHSCP services.

Table 2



(Source: NHST / PKC HR teams)

Table 3 below shows the age profile of our directly employed workforce by headcount.



Overall, 58% of our staff are over 45 and 27% over 55. With almost 1/3 of our staff in older age groups, our focus for the next 3 years is both in attracting new entrants into our professions as well as looking at the ways in which we can retain staff with all of their experience for as long as possible.

(Source: NHST / PKC HR teams)

As can be seen below our directly employed workforce is predominantly female (88%) and 48% work on a part time basis.

Table 4 Gender Split by Headcount Headcount

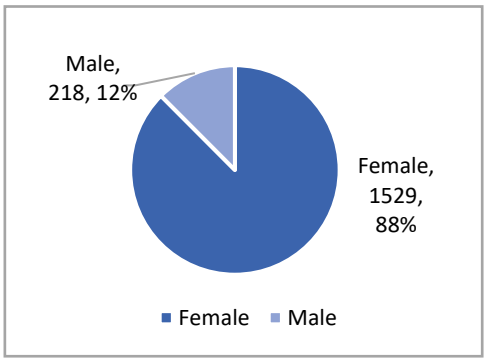
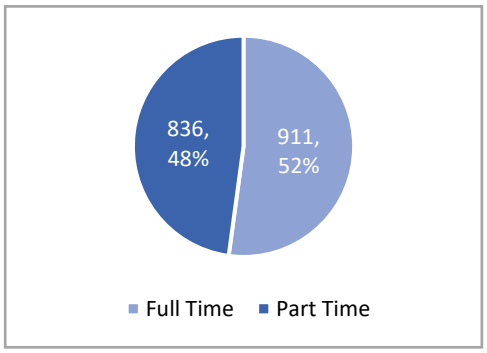


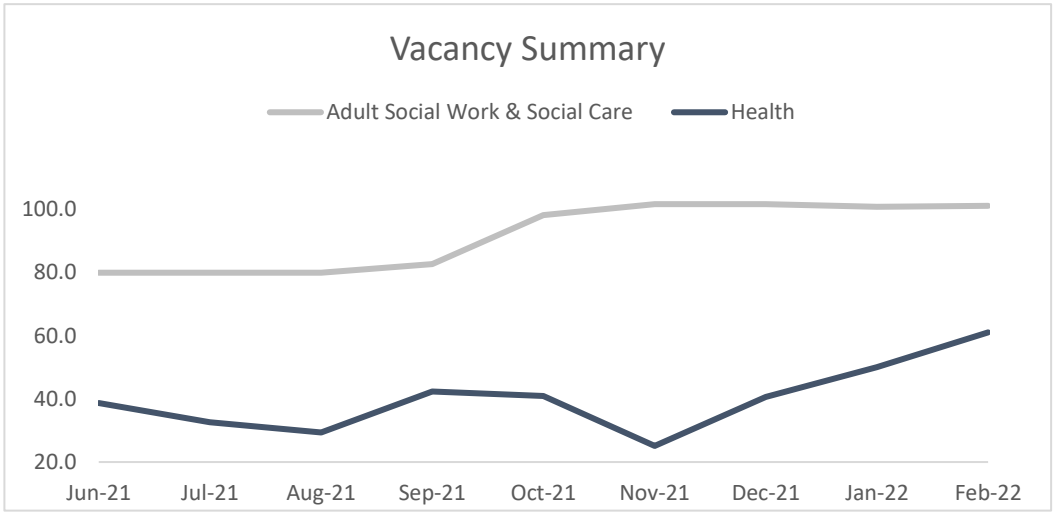
Table 5 Part Time/Full Time by



(Source: NHST / PKC HR teams)

Table 6

The table below shows the rising level of vacancies across directly employed staff groups.



(Source: NHST / PKC HR teams)

There has been a rise in vacancies across health services since November 2021 reflecting difficulties in recruiting to existing hard to fill posts but also investment in new posts not yet filled. For Adult Social Work and Social Care there has been a sustained increase in the level of vacancies since September 2021 although this has now levelled off. Again, this has been driven by difficulties in recruiting to hard to fill posts and new posts not yet filled. The high level of vacancies for a number of staff groups below reflect national shortages.

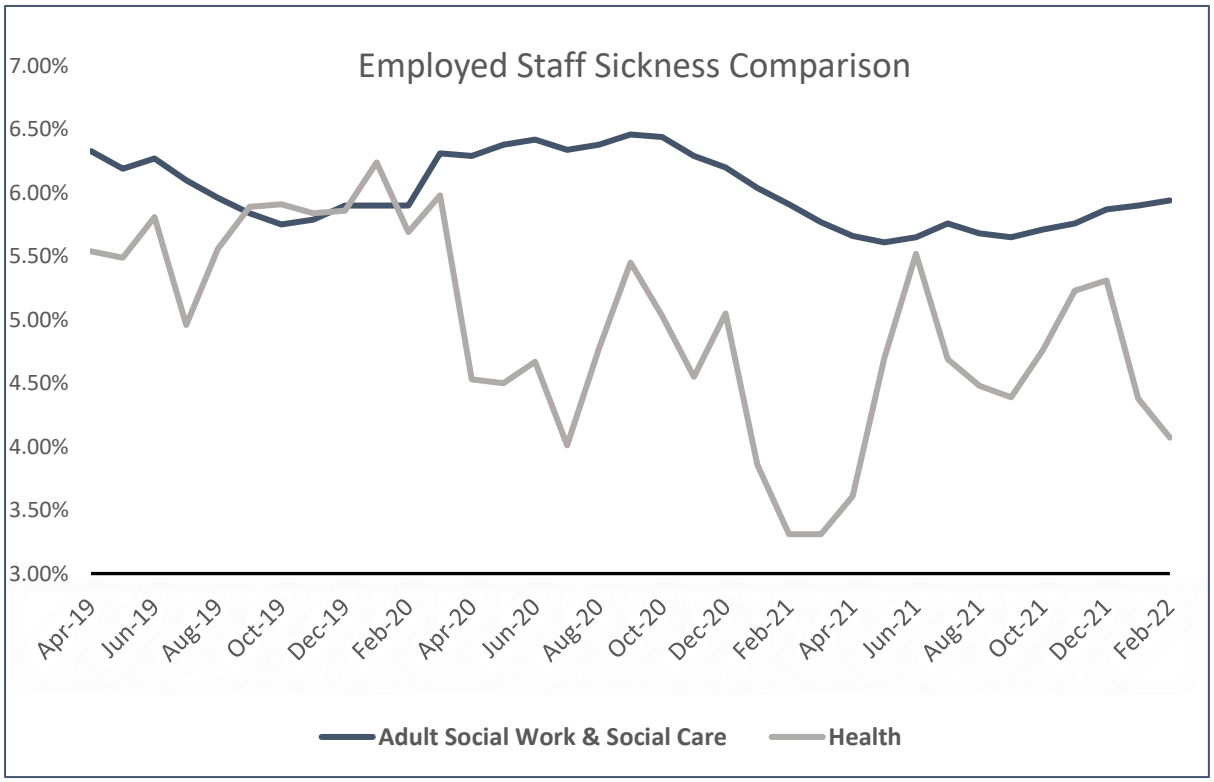
Table 7 Vacancies across directly employed staff groups are set out below.

HSCP	Current WTE	Budgeted WTE	Current WTE Vacancies	
AHP	189	190	0	0%
ASWSC Other	145	149	5	3%
Contracts & Commissioning	35	37	2	5%
Corporate Services	45	53	8	17%
Dental	110	128	18	17%
Integrated Management	6	6	0	0%
Medical	19	19	0	0%
MH / LD Nursing	164	190	26	16%
OP Nursing	269	285	16	6%
Prison Healthcare	59	73	14	23%
Social Care	227	258	30	13%
Social Work Para Professionals	45	49	4	8%
Social Work Qualified	53	54	2	3%
Total	**1365**	**1489**	**124**	**9%**

(Source: NHST / PKC HR team & HSCP Finance Team, July 2021)

SICKNESS ABSENCE

Table 8 % Sickness Absence for Employed Staff



(Source: NHST / PKC HR teams)

Table 8 shows the percentage of absence from April 2019 - February 2022 for Health and Adult Social Work and Social Care staff directly employed by NHS Tayside and PKC respectively. These figures are excluding Covid related sickness absence as partner organisations are unable to provide that information. The average percentage absence for Health is 4.94% and 6.01% for Adult Social

Work & Care. The known national sickness absence level for the Third and Independent sector sits at 16% which is significantly higher.

Sickness and other absence combined with high levels of vacancies is having an ongoing and sustained impact on a number of services across the health and social care partnership.

Numerous actions have been taken to try to reduce the level of staff sickness including:

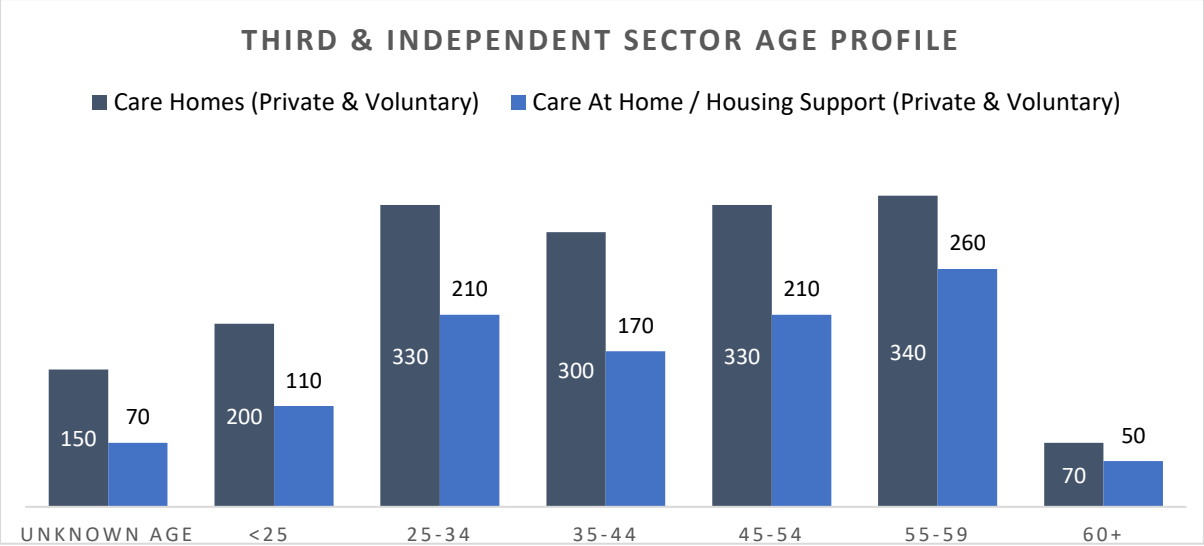
- Ensuring staff have access to regular formal and informal supervision
- Access to Occupational Health as required
- Access to counselling support
- Access to physiotherapy support
- Flexible working, where appropriate, to help work life balance
- Regular monitoring of absence statistics to identify trends and 'hotspots' to identify areas for further action

Processes are in place for services to escalate any issues and risks relating to staff absences that they are unable to address themselves.

Staff employed by the Third & Independent Sectors

We have established from The Scottish Social Services Council (SSSC) National Data that our Third and Independent Sectors employ approximately 2,800 WTE to support Adult Social Work and Social Care Services across Perth & Kinross. Table 9 below provides the age profile across Care Homes and Care at Home.

Table 9



(Source: The Scottish Social Services Council 2020 Annual Report published data website https://data.sssc.uk.com)

LEVEL OF CURRENT OPERATIONAL RISK

The current workforce challenges, including increasing vacancies and sickness absence, present significant risks to the delivery of services. The PKHSCP Care and Professional Governance Forum

has reported that between August 2021 and February 2022, contingency actions had to be taken in Community Hospitals (Nursing Staff), Community Mental Health Services (Medical Staff), Psychiatry of Old Age Inpatient Beds (Nursing Staff), and Care at Home (internal and externally commissioned social care staff) to mitigate risks caused by workforce shortages.

Future Workforce Needs

DEMOGRAPHIC GROWTH AND AGEING WORKFORCE

High level modelling has provided an estimate of the potential scale of the workforce gap emerging over the next 3 years due to growth in demand for services and impending staff retirals. In the high-level analysis, it is assumed that leavers are offset by our current ability to recruit. Table 10 below shows the anticipated gap in workforce across staffing groups. Staffing numbers have been projected to respond to the increase in demand that can be expected due to the ageing population (National Records for Scotland predictions for the increase in the over 75 population). For Mental Health Services, no such proxy for anticipated increased demand is available from Public Health Scotland and therefore the same proxy has been used for all services.

Table 10

HSCP	Current Budgeted Establishment	Predicted further gap - incease in demand for services due to demographic growth (over 75 2020: 2025)	Predicted further gap - anticipated retirals (2022:2025)	Potential scale of PKHSCP recruitment required over 3 years	
Allied Health Professionals	190	33	57	90	**47%**
ASWSC Other	149	26	48	74	**50%**
Contracts & Commissioning	37	6	12	18	**50%**
Corporate Services	53	9	21	30	**57%**
Dental	128	22	51	73	**57%**
Integrated Management & Leadership	6	1	2	3	**47%**
Medical	19	3	6	9	**47%**
MH / LD Nursing	190	33	75	108	**57%**
OP Nursing	285	49	97	146	**51%**
Prisoner Healthcare	73	13	31	44	**60%**
Social Care	258	45	99	143	**56%**
Social Work Para Professionals	49	8	17	25	**52%**
Social Work Qualified	54	9	17	27	**49%**
Total	**1489**	**257**	**533**	**791**	

(Source: NHST / PKC HR Teams & HSCP Finance Team)

STRATEGIC DIRECTION

Our vision as a Health and Social Care Partnership is to work together to support people living in Perth & Kinross to lead healthy and active lives and to live as independently as possible with choice and control over their care and support. Our aim is to improve their wellbeing and outcomes, to intervene early and to work with the Third and Independent sectors and communities to prevent longer-term issues arising.

The Covid-19 pandemic has had a major and sustained impact on the delivery of our services. The focus of our service teams has been on the preservation of life and the provision of care to those

most in need. However, during Covid Response and Remobilisation we have accelerated new models of care and creative workforce solutions.

During 2021/22 the IJB approved 3 Year Strategic Plans 2022:2025 for Older Peoples Services, Community Mental Health Services and Learning Disability/Autism Services. They take into consideration the impacts of the increase in the older people population, increased demand and learning from the Covid-19 pandemic, as well as the opportunities brought by new technology and innovative ways of working. These Strategic Delivery Plans contain several initiatives which will transform services. All of these have implications for the workforce such as creation of new posts and new ways of working. These include:

- The Complex Care Transformation Programme - which includes developing a multidisciplinary team to support people with autism and/or a learning disability. New posts such as an Assistant Psychologist and Support Workers are included in this. The whole team will work across traditional professional boundaries
- Locality Integrated Care Service – which will provide seamless, multidisciplinary support to older people in their own communities
- Integrated services for people with severe and enduring mental health issues and people with mild to moderate issues. This will incorporate the relatively new Social Prescriber posts which provide a link for people between statutory and community-based supports
- Integrated substance use service which includes implementation of a multi-agency assessment clinic and a new specialist Substance Use Occupational Therapy (OT) post
- Integrated Hospital Discharge team

Our Strategic Delivery Plans are fully aligned to the NHS Scotland Recovery Plan and with the Scottish Government aspirations for the development of a National Care Service, including the considerable challenges facing our social care services in responding to increasing demand. They are also cognisant of the ambitions within the National Digital Health and Care Strategy and of the expectations within the 2018 GMS Contract.

The need to grow and upskill our workforce at the same time as transforming how we further work to improve quality and increase capacity are consistent themes. We need to transform by expanding existing roles, developing new roles and building the skills of our workforce to continue to achieve safe, integrated, high quality and affordable health and social care services for people residing in Perth & Kinross.

We will develop our workforce to embed a human rights approach to assessment, treatment, care, and support. Our relentless focus will be on integration, locality working, co-production, prevention, early intervention and tackling inequalities.

To improve staff retention, succession planning, and recruitment we will equip the workforce with adaptable skills and enable staff to practice at the higher end of their remit. This will enable staff to retain core skills and exercise flexibility to respond to a wider range of needs and circumstances.

We will ensure that our approach to learning and development is integrated and supports professional development and improves career pathways.

Table 11 details the increase in staff planned as part of our approved 3-year strategic direction.

This table shows that 142 posts will be added to PKHSCP establishment. This is lower than the figure in Table 11 which shows the predicted gap in posts, estimated at 245 WTE to meet demand increases. Future financial settlements are uncertain. This highlights the importance of maximising effectiveness and efficiency of resources by transforming services and optimising the use of digital technology.

HSCP 3 Year Strategic Delivery Plan Workforce			
HSCP	**Older People Strategic Delivery Plan**	**Community Mental Health Strategic Delivery Plan**	**Learning Disabilities & Autism Strategic Delivery Plan**
Nursing	27	14	
AHP	4		
Social Care	83	5	9
Total	114	19	9

(Source: HSCP Finance Team)

In parallel to redesign of services, PKHSCP will require to oversee implementation of the Health & Care (Staffing) (Scotland) Act 2019. This legislation is not yet enacted however there be a legal duty for HSCPs/NHS Boards to be appropriately staffed in order to provide safe, high quality care which improves outcomes for service users and puts patient safety at the fore. A considerable level of preparation will need to be undertaken to support professional groups to carry out comprehensive workload and workforce planning so they will have the right people, with the right skills, in the right place at the right time to meet the obligations of the Act.

FINANCIAL CONTEXT

The PKIJB 3 Year Budget 2022-2025 is underpinned by Strategic Delivery Plans across our key programmes of care. The Strategic Delivery Plans set out how services will be transformed to meet current and future anticipated demand. The following table summarises the approved level of investment.

Table 12

Health & Social Care	**Investment 2022/23 £m**	**Investment 2023/24 £m**	**Investment 2024/25 £m**	**Total Investment £m**
Unavoidable Pay/Price Pressures	10.3	5.1	5.3	20.7
Older People Services	8.2	0.7	1.7	10.6
Support	2.2	-	-	2.2
Prescribing	2.0	0.2	0.2	2.4
Learning Disabilities & Autism Support	1.9	1.1	1.0	4.0
Mental Health Services	1.0	-	0.1	1.1
Alcohol & Drug Partnership	0.7	-	-	0.7
Prison Healthcare	0.6	-	-	0.6
Primary Care	0.2	3.2	-	3.4
Asylum Support	0.1	-	-	0.1
Total Investment	**27.2**	**10.3**	**8.3**	**45.7**

Investment of £45.7m is planned over the 3-year period and recruitment is already well underway to a range of existing and new roles. This amount of investment will enable us to substantially increase workforce capacity and provide an opportunity, where appropriate, to transform service

delivery models. Success in achieving expected outcomes relies fully on our ability to recruit to a significant increase in posts across staff groups.

The number of whole time equivalent posts associated with this investment is noted in Table 11 above. To achieve this, it will be necessary to work closely with NHS Tayside and PKC to maximise recruitment and retention, ensure access to appropriate training and professional development opportunities and to support workers' wellbeing.

The ongoing operational response to Covid continues to have implications for our workforce. The costs deemed to be Covid related are not included in the budget and are being met by specific Scottish Government Covid Funding. In 2022/23, additional clinical and non-clinical staffing continues to be required to support both community and inpatient services. This includes additional staff hours and fixed term posts to ensure the stability of services and to meet a backlog of demand, increased unmet need and increased frailty of service users. The Scottish Government Provider Sustainability Fund currently supports additional staff costs incurred by providers in their ongoing response to Covid-19. In line with the latest guidance, these costs will be met from Scottish Government Covid Funding. As we move from operational response to 'business as usual', careful consideration will be required of further investment in staffing necessary to maintain safe services and, importantly, staff wellbeing, training, and development.

Supporting Workforce Sustainability: National Actions

There have been important national actions identified by our professional leads as essential in supporting local workforce sustainability:-

National Action Required	Pillar	Included in Scottish Government National Strategy
Support the expansion of available workforce data to improve the robustness of local planning	Plan	Yes
Ensure HSCPs are supported to embed dedicated expert workforce planning capacity	Plan	Yes
Maximise international recruitment opportunities	Attract	Yes
Consider the creation of a Management Graduate Training Scheme for HSCPs across Scotland	Attract/Train	No
Deliver a sustained and long- term national recruitment, training and development approach to attract people into Health & Social care roles	Attract/Train/Employ	Yes
Specifically identify routes for making health & social care roles attractive to young people	Attract/Train/Employ	Yes

Maximise the influence and role of Professional Bodies	Attract/Train/Nurture	No
Expand the NHS Scotland Physiotherapy Funded Places Scheme	Attract/Employ	No
Support the development of specific measures that support recruitment and retention in remote and rural areas	Attract/Employ/Nurture	Yes
Ensure that pay, incentives and terms & conditions are as competitive as possible	Attract/Employ/Nurture	Yes
Increase training places across all parts of the workforce including Nursing, AHP's, Dental Services, GPs, Social Work	Train	Yes
Consider the creation of a Podiatrist Graduate Training programme in the North of Scotland	Train	No
Support the development of a Trauma Informed workforce through the Expert advisory group and implementation of 'Transforming Psychological Trauma'	Nurture	Yes

The Scottish Government National Workforce Strategy for Health and Social Care in Scotland was published in Spring 2022. It is aimed at Health and Social Care employers across the statutory, Third and Independent sectors. It provides an overarching framework of planned activity at a national level, in turn supporting local partners and partnerships to plan and deliver the workforce needed. There is very strong alignment between our need for national action and the commitments set out in the strategy and each HSCP/Health Board 3 Year Workforce Plan will be used by Scottish Government to develop an aggregated national picture of workforce demand and supply requirements, inform national approaches on new models of care and supporting recruitment, training and retention.

Supporting Workforce Sustainability across the Partnership

We have identified partnership wide actions that will support recruitment, retention, training, development, and wellbeing across all staff groups. These are set out below:

Action	Pillar	Action: Local/Regional
With support from partners, improve available workforce data for planning and monitoring purposes	Plan	Local/Regional

Consider the appointment of a dedicated partnership workforce strategy lead to support workforce planning and to develop and implement workforce solutions	Plan	Local
Develop and implement a Joint Working Agreement to enable integration of services	Plan	Local
Using workforce tools and performance information, monitor and review demand and capacity	Plan	Local
With partners, understand the emerging workforce implications of the new National Care Service as the scope and operating model are determined	Plan	Local/Regional
To increase focus on sustainable workforce solutions, all PKHSCP strategic plans/business cases will include a standard section on workforce implications that sets out the impact on staffing of planned changes and the steps that will be taken to ATTRACT, EMPLOY, TRAIN, NURTURE staff to support sustainable delivery	Plan	Local
Support professions to undertake the necessary preparation to introduce real time staffing data collection and workforce tools that will be required to support implementation of the Health & Care (Staffing) (Scotland) Act 2019 when enacted	Plan	Local
Work with partners to provide robust age profile data to support effective planning and to enable a supplementary update to be provided to the Scottish Government in relation to the emerging workforce gap over the planning period	Plan	Local
Proactive succession planning with staff being nurtured to grow in readiness for career development. We will create career pathways and work with schools, colleges and universities to attract candidates to hard to fill roles	Attract	Local
Promote Perth and Kinross as an employer of choice through agile, flexible and modern recruitment practices that includes positive experiences of service users and staff in recruitment campaigns	Attract	Local
Advertise posts permanently instead of fixed term, wherever possible, as we are not attracting applicants for short term employment	Attract	Local
Review the removal and relocation policy to attract suitably qualified candidates for hard to fill roles	Attract	Local
Use national and international recruitment campaigns to bridge skills gaps and create a more diverse workforce that promotes diverse ideas and perspectives	Attract	Local
Engage closely with developing the young workforce initiatives such as participating in school work experience week/university open days	Attract	Local
Review options to attract staff who may be considering returning after retirement	Attract	Local
Work with partners to increase housing options for staff working and living in hard to recruit to rural areas in Perth and Kinross	Attract	Local
Collaborative and reciprocal arrangements with Local Higher Education Institutions to promote working in Perth & Kinross	Attract	Local
Ensure the valuable contribution of armed forces leavers within the local workforce is recognised, ensuring we are an employer of choice for those wishing to transfer skills or develop new skills in health and social care	Attract	Regional

Work with PKC over the period of their 5-year transformation programme to provide opportunities for staff to retrain and develop new skills to transfer to roles in health and social care	Attract	Local
Work with PKC, schools, colleges, higher education and Third/Independent Sector partners in a training academy approach to address supply	Attract	Local
Advocate at national level for specific measures to attract key roles into remote and rural areas	Attract	Local
Explore new models of employment/student apprenticeships	Attract	Regional
Work with partners to provide support to people in Perth & Kinross who have been long term unemployed back to work in health & social care roles	Attract	Local
Work creatively with Community Planning Partners and local employability partnerships to identify creative solutions to support recruitment and retention of health & social care staff	Employ	Local
Support partners to encourage staff to update their personal details to increase equalities information	Employ	Local
To provide equity for all staff, work with partners to address the gender pay gap in Perth & Kinross	Employ	Local
Provide/promote training and qualifications for advanced professional practice roles	Train	Local
Build and develop future leaders through leadership programmes, secondment opportunities and reciprocal learning arrangements	Train	Local
Building on the Allied Health Professions approach to promote responsive and flexible workforce, consider the roll out of rotational roles across other staff groups	Train	Local
Consider the training and support required for managers to ensure pro-active vacancy management	Train	Local
Create an agile, efficient, and modern recruitment experience that supports managers to attract, recruit and retain the right talent through utilisation of digital technologies, promotion of employer benefits and through employer branding ensuring that PKHSCP is an employer of choice	Nurture	Local
Create a Partnership wide framework to improve flexibility across the Partnership, ensuring we have the right people in the right place with the right skills at the right time	Nurture	Local
Ensure all staff operate in a working environment that enables them to adhere to Professional and Clinical guidance	Nurture	Local
Provide trained staff protected time to complete relevant clinical and leadership functions of their roles and increase healthcare workers to fill the gaps	Nurture	Local
Celebrate achievements and contributions for existing staff and services, not just new initiatives	Nurture	Local
Developing a Trauma Informed workforce supported through the Expert advisory group and implementation of 'Transforming Psychological Trauma: A knowledge and skills Framework for the Scottish workforce', and the Scottish Psychological training plan and Trauma informed Toolkit	Nurture	Local

Ensure menopause policies of PKC and NHS Tayside are widely understood and used across the workforce to support staff	Nurture	Local
Consider the flexible working options that can be offered to both existing and new staff to support recruitment and retention	Nurture	Local/Regional
Implement the Equality and Human Rights Commission Report 9 June 2022 recommendations to improve staff experience of ethnic minority workers	Nurture	Local
Introduce a systematic approach to understand the reasons why people change or leave roles to improve retention	Nurture	Local

These essential actions will be achieved in partnership with PKC and NHS Tayside whose own workforce plans aim to support workforce sustainability across all employed staff including those managed by the 3 HSCPs.

PKC's Workforce Plan 2021-23 will be critical in supporting progress with our workforce actions in relation to social work and social care staff in particular. The PKC plan has three guiding themes:

Building in Agility – During the pandemic it has been, and will continue to be, critical to have the ability to move resources to areas with the greatest need, often at short notice, and utilise the many skills and talents across the organisation to make a meaningful difference. Flexible and remote working is here to stay and PKHSCP will be fully engaged in PKC's plans to build agility.

Evolving Our Talent – Knowing our people and their skills, experience, values and aspirations will enable us to retain, develop and mobilise our talent across the organisation. This will also help to identify any skills gaps so that we can focus on developing our own staff or recruiting to these areas and creating a pipeline of future talent.

Refreshing Our Employment Offer – The pandemic has raised awareness of the critical role that health and social care staff play in everyday life. Inspiring a future generation of health and social care professionals will be a cornerstone of the 3 Year Workforce Plan.

PKC set out that how we work, where we work and who we work with will continue to change so attracting and retaining an agile, resilient workforce with the right values, behaviours, skills, and experience is critical. To help us get there they set out a commitment to make smarter use of resources and technology; co-design services with staff and service users; recognise that everyone has something to offer; and put people at the heart of everything we do.

PKC commit to ensuring that across the organisation and including within PKHSCP, a talented and skilled workforce is in place, that is motivated and engaged to respond to and meet the pace and scale of the challenge that is yet to come, whilst delivering the needs of the citizens of Perth and Kinross.

We will work in partnership with PKC to deliver on their objectives which will in turn support the ambitions set out in the PKHSCP 3 Year Plan.

NHS Tayside is working to develop its 3-year Workforce Plan in line with the Scottish Government guidance. This is being done in partnership with the 3 IJBs in Tayside. Many of NHS Tayside plans to support recruitment, retention, learning, development, and wellbeing will directly support the aims of the PKHSCP 3 Year Workforce Plan.

Fair work

Scotland's vision is that by 2025, people in Scotland will have a world-leading working life where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and for society. All employers are encouraged to take account of the fair work framework when developing working practices. There are five elements to fair work:

- Security
- Respect
- Opportunity
- Fulfilment
- Effective voice

When designing roles or making decisions about the workforce, employers should consider each of these elements.

PKHSCP is embedding the framework. Examples include:

- Regular Partnership Forums which the Chief Officer co-chairs with Trade Union representatives
- Permanent contracts are offered to workers instead of fixed term wherever possible
- Dignity At Work policies are in place
- Career paths are in place for the various professions
- Staff have regular formal and informal supervision with line managers
- Regular team meetings
- Competitive terms and conditions are on offer including the decision to increase the hourly pay for Independent and Third sector carers to a significantly higher rate than the national recommendation

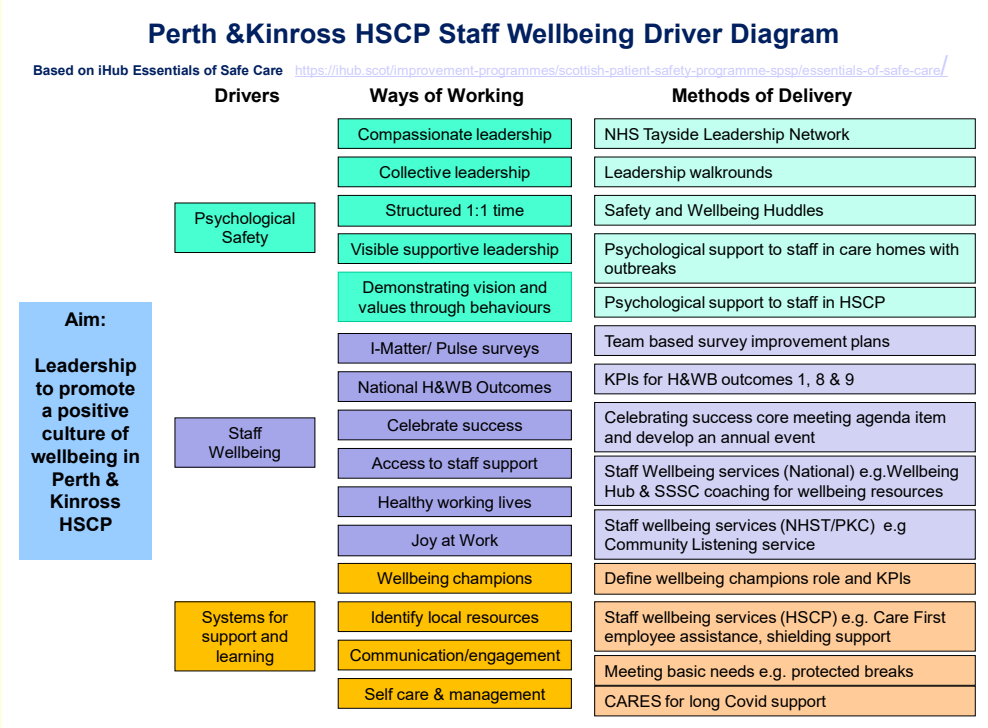
Staff Wellbeing

Staff wellbeing is a top priority for the PKHSCP. There is a wealth of evidence that supports the link between staff wellbeing and the quality of care and experience for people who rely on health and care services. We recognise that psychological safety, autonomy and choice, and health and wellbeing are fundamental needs of our staff. This plan sets out the enormous challenges for health and social care over the next 3 years and compassionate leadership will be critical to addressing them. International research into high quality care demonstrates that a culture which places staff engagement at its heart is the best predictor of staff wellbeing and quality in care outcomes.

Over the past 2 years we have consulted and worked with staff to develop our 'wellbeing offer.' This combines a values-based approach, emphasising compassion and kindness and creating an environment where our people feel cared for at work with practical supports to help people enhance their wellbeing. Support includes psychological services virtual and face to face, spiritual care services and the creation of Wellbeing Champions. 30 day passes to local gyms and leisure centres are also available to staff free of charge.

PKHSCP has processes in place to provide all workers with access to regular supervision from their line managers, both formal and informal, where they can raise any concerns regarding their work or workload issues, or personal health and wellbeing needs in a psychologically safe space.

The diagram below summarises our approach:



The actions we have identified to support wellbeing of our staff are as follows:

Action	Pillar	Action: Local / Regional
We will take forward leadership development and commit to the fundamental components of compassionate leadership in our staff engagement including: • attending - through active listening and communication; • understanding - through engagement and discovery; • empathising through - connection, trust and emotional support; and • helping - through intelligent and thoughtful action	Nurture	Local
Promote the wellbeing framework and continue to adopt a people first approach to wellbeing, empowering staff to be proactive in managing their own health and wellbeing	Nurture	Local
Encourage employees to take on the role of wellbeing champion to promote health and wellbeing across the Partnership	Nurture	Local
Employ specific resources to enable a targeted approach to health and wellbeing to promote the wellbeing resources available and to work with managers to reduce sickness absence levels	Nurture	Local

Skills & Knowledge

We aim to develop learning culture across PKHSCP that invigorates people, helps them feel valued and ensure they have the necessary skills and knowledge to fulfil their roles. We recognise that it is people who deliver change, and it is through their talents and ambitions that real improvements in services and outcomes will be made.

Achieving this will involve embracing the Health and Social Care Standards where "Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care" (West 2021). It will also require engagement with the Perth and Kinross Offer and attention to how the vision and components of 'the Offer' will be taken forward across PKHSCP.

Covid has created an opportunity for us to consider creativity in relation to how we develop roles to support skill sets to meet the needs of our community; this includes working locally and nationally with partners, Universities, Professional bodies, Third Sector and Independent Sector, communities, unpaid carers and other learning agencies to enable a diverse learning space.

To achieve the above we will:

Action	Pillar	Action: Local / Regional
Understand and evaluate learning requirements to identify areas for growth	Plan	Local
Provide the requisite learning and development for new roles	Plan	Local
Provide and encourage learning and development for new ways of working across the partnership	Plan	Local
Embed collective and compassionate leadership at all levels and ensure access to learning and development to develop leadership	Train	Local
Grow our commitment to support wellbeing and engagement using learning and development	Nurture	Local
Work with partners, including Schools, Universities, Professional bodies, SQA, to enhance our learning offer and create learning spaces fit for the purpose of the learner and stage of development	Nurture	Local
Enabling workforce development through team working and development, reflective practice, supervision, yearly appraisal and development discussion. Engage fully with the Perth and Kinross Offer employee experience programme.	Nurture	Local

We are currently maximising our collaborative space locally in Perth & Kinross and beyond to explore our resources, support development and create learning experiences that enable people to realise their potential. As we move forward, we will continue to listen and observe, ask for feedback

and evaluate the learning environment. This will influence how we work together as a learning partnership where we nurture and compassionately create a culture that enables us all to flourish and ensure high quality health and social care services and supports are available to people who require them.

Digital Working & Technology

The move towards increased use of Digital Technology to support the delivery of health and social care services has been underway for many years. Pace has increased with growth in the development of new technology. Whilst the Covid pandemic has increased the pace significantly, there are still significant gaps.

The closure of many offices and the requirement to work from home where possible, meant systems such as Microsoft Teams that enable virtual meetings had to be rapidly adopted to ensure business continuity. As we emerge from the pandemic, a hybrid model of working, which will include virtual meetings, will be adopted by significant numbers of staff.

Virtual meetings are also increasingly being used for people to attend appointments for consultations, assessments etc with professionals. The use of video consultation is now embedded throughout the partnership using 'NearMe.'

Many health and social care services, such as social care, still need to be provided face to face. Digital is also supporting delivery of these services. For example, in Perth and Kinross the HART (reablement service) uses 'TotalMobile'. This technology has enabled paper forms to be replaced by digital forms on phones; reablement assistants also receive client visit schedules and supporting information directly to their mobile phones. This has significantly increased the efficiency of the service.

The implementation of Microsoft Teams, Office 365, and our web-based Electronic Document Management systems has afforded interconnectivity in systems long since desired within organisations and the uptake in virtual meetings has revolutionised the way the partnership works. This digital virtual environment has seen innovation in the delivery of shared services and resources such as the development of a digital library of photographs used in Occupational Therapy and Clinical Health assessments.

The recent procurement of Mosaic, a customer-led social care case management software, embraces remote working and shared data through integration with existing systems and gives ownership of data back to citizens. This approach is being mirrored in the procurement of the National Shared Alarm Receiving Centre with an aim of further promoting citizen-led digital solutions that will enhance offerings while reducing the administrative burden. MOSAIC, however, offers additional functionality using customer and provider portals. Customer portals enable service users to access, update, and amend their own data, select the services they want from a marketplace, where they want them, and when they want them, and further enable service users to self-refer to social work. Provider portals will enable the streamlining of invoicing and payment processes from all Third party service providers thereby reducing the administrative burden of processing and validating these payments.

There are several digital improvement programmes underway. These include:

A range of telehealth devices available to support people to manage their conditions. 'ConnectMe', delivered by 'InHealth Care', has recently been released across Tayside. This replaces and increases the offering already available through the blood pressure monitoring programme currently supported by 'Florence', further easing staffing pressures by automating simple monitoring activities.

The use of mobile applications such as the COPD Respiratory App which gives access to a library of data at the fingertips of people on their condition and the Brain in Hand App delivering immediate support with access to coping strategies or remote professional assistance have proven successful. This has prompted further investigation into this area of supporting remote or self-help solutions minimising the possibility of an escalation in the person's condition.

Internet of Things (IoT) - IOT is a network of physical objects called "things" that are embedded with software, electronics, network, and sensors that allows these objects to collect and exchange data. IoT-based technology offers advanced levels of services, introduces increased prevention and better targeting of services to support people to lead safer healthier lives. Types of IoT include remote health monitoring tools and sensors to monitor movement, ambient room temperature, and humidity providing a picture of activities within a room.

Corporate IT are developing an organisational roadmap for IoT; this will raise collective organisational awareness of all future IoT use cases including those required by the Partnership to better inform planning / business case support for a platform for IoT.

The potential for remote assessment tools such as Just Checking, and Doris is being scoped. These assessment tools will allow packages of care to be tailored to the individual using digital technologies.

Combining off-the-shelf Digital/TEC devices providing video connectivity in support of existing alarm units is being investigated to deliver an overnight responder service within Perth City. This is designed to remove/reduce reliance on a physical presence where possible and replace with a digital support to enable independent living within the community.

There is an increasing requirement for staff to be digitally literate. This ranges from using basic systems to interpreting and understanding data. To ensure this PKHSCP will continue to invest in the upskilling of staff and provide support to the public to ensure we continue to take full advantage of digital developments and innovation. Examples of this include the formation of the PKC Digital Participation group and partnerships participation in the national Digital Champions programme.

Action	Pillar	Action: Local / Regional
Conduct a needs analysis through engagement with staff, service users, and their families to identify opportunities for Digital/TEC to enhance service delivery and training requirements	Plan	Regional

Staff Groups

A ADULT SOCIAL WORK & SOCIAL CARE

Adult Social Work and Social Care includes a number of services from Adult Social Work Teams which include Locality Teams, the Access Intake Team, Mental Health Officer Team, Hospital Discharge Team and I-DART Substance use Team, to the HART reablement services, Residential Care Homes, Supported Living Team, TEC/Telecare Team and Day Care/Opportunities.

There are currently 470 WTE Adult Social Work and Social Care (ASWSC) posts employed by PKC in PKHSCP. 659 people are employed, 56% of whom are full time, 44% part time. 83% of the

workforce is female, 17% male. 92% of workers are on a permanent contract. Over half of the workforce is aged over 50 years.

ASWSC covers a wide range of jobs ranging from Modern Apprentices to Service Managers. Over 70% of the posts earn below £33,000 per annum. For the purpose of this plan the posts have been split into four groups:

- Social Work Qualified – qualified Social Worker and Mental Health Officer posts only. These posts carry out a range of statutory duties including assessment and care management, Adult Support and Protection and intervening to support people using mental health legislation. Social Workers require additional training and relevant experience before they can engage in Adult Support and Protection or work as Mental Health Officers
- Social Work Para-professional – all non-qualified, assessing social work posts responsible for providing assessment and care management support for people with less complex needs and lower levels of risk than people supported by qualified social workers
- Social Care – front line social care posts in the reablement team, day care and residential homes. These posts support people with personal and social care
- ASWSC other – a wide range of posts such as Modern Apprentices that provide support to managers

Table 13 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group.

Table 13

Workforce	Current WTE	Budgeted WTE	Current WTE Vacancies
Social Work - Qualified	53	54	1
Social Work – Para Professional	45	49	4
Social Care	227	258	31
ASWSC Other	145	149	4
Contracts & Commissioning	35	36	2
Total	**505**	**546**	**42**

The current key challenge is recruitment and retention of Social Care staff. As the table above shows there are currently 30 WTE vacancies. These posts are vital to the provision of front-line support with intimate, daily living activities, including personal care, for vulnerable people. Failure to have an adequate Social Care workforce represents a significant risk.

As the majority of Care at Home (CAH) is provided by the Independent Sector in Perth and Kinross, these figures and following actions should be looked at in conjunction with the section on Commissioned Services below.

As stated above, Perth and Kinross has a higher-than-average number of older people than the rest of Scotland and the number of over 75s will increase significantly in coming years. There are also an increasing number of babies born with Profound and Multiple Learning Disabilities surviving into adulthood and increasing numbers of people with mental health and/or substance use issues. All of these will result in increasing demands on the Adult Social Work and Social Care workforce. To try and address this there has recently been investment in front line posts with funding approved for 9 WTE permanent social worker posts and 6 WTE permanent social work assistant posts.

Over the next three years we estimate that there will be a substantial gap in workforce specifically within Social Care roles (143 WTE), but also around 50 WTE across qualified and para-professional staff. This is reflected nationally, and actions are required to promote Social Care as an attractive career to improve recruitment and retention. This includes ensuring hourly pay rates are attractive and there are clear career pathways.

There is also a significant gap predicted for qualified social workers. As well as recruiting social workers, there is also a requirement to have sufficient workers with the training and experience to carry out all of the statutory functions. Therefore, as well as making Perth and Kinross an attractive place to work, we also need to ensure there are sufficient opportunities for workers to gain the necessary experience and training to engage in Adult Support and Protection and supporting people through the application of mental health legislation.

Providing placements for people undertaking the professional Social Work qualification will also aid recruitment as many students apply for jobs in areas they have undertaken a placement. There is currently a shortage of Practice Educators in Perth & Kinross, so action need to be taken to address this to ensure there are sufficient opportunities for students to access placements in the area.

It is proposed that a specialist team to support people with autism and/or a learning disability who have complex needs will be developed and this will include Social Workers and Social Care workers. Bespoke training will be developed to ensure workers in this new team have the necessary knowledge and skills.

Historically there have been larger numbers of applicants for para-professional posts than qualified posts so this is likely to be less of an issue in coming years. However, it is still important to have clear career pathways and training opportunities to continue to attract and retain people. Offering the opportunity to study for a professional Social Work qualification combines offering a career pathway and helps address any issues filling Social Worker posts in the future.

Due to the range of posts included in the 'ASWSC – other' group it is not possible to develop specific actions for each role individually. General actions to improve recruitment and retention by making Perth and Kinross an attractive place to work will reduce the risk. A number of these posts are managerial so the risk relating to them can be mitigated by ensuring there are robust succession planning and career development processes in place.

<u>Commissioned Services from Third and Independent Sectors</u>

Our commissioned services are responsible for a large proportion of service delivery and represent a rich and varied level of provision essential to achieving PKHSCPs objectives. Commissioned services are instrumental at stepping in at an early stage and intervening prior to a person reaching crisis stage. They are often successful in preventing people from requiring statutory services.

We have an extensive range of Service Level Agreements with Third and Independent Sector organisations providing a wide array of services for every service user group including day care services; helping people to navigate services; support (advice, information, buddying); advocacy, providing opportunities for people to lead active and health lives; provide social opportunities; non health related practical support (repairs, shopping, transport); providing a voice for particular groups or communities; providing specialist knowledge of a particular condition. We currently fund 25 different organisations who work across all service user groups.

Most of the Care at Home, Care Home and Supported Living provision in Perth & Kinross is provided by the Third and Independent Sectors.

- Care Homes

There are 41 Commissioned Care Homes in Perth and Kinross with a mixture of small independent homes and large care home chains, providing care and support to older people, people with a mental health condition and those with a physical and or a learning disability.

Demand for Care Home placements has decreased in Perth & Kinross in recent years. This is probably due to a combination of improved services to support people to remain in their own homes and the effects of the pandemic.

Care homes have been under-sustained and have suffered considerable levels of stress as the workforce has had to rapidly upskill and continue to adapt to changing policy and instruction both locally and nationally on a regular basis.

Care Home staffing for social care tends not to be a significant issue but we are experiencing a shortage of nurses wanting to work in the Care Home sector. This is a national issue and not specific to Perth and Kinross alone. Nursing staff and the clinical skills they bring will be increasingly needed within Care Homes as the care home population ages and increases in complexity.

- Care at Home

Care at Home is facing ever increasing demands due to the unique demographics of Perth and Kinross and the geography of the area. We currently commission a total of 16 external Care at Home providers who provide support across all localities. External Care at Home Options 2 and 3 currently employs in the region of 457 staff.

Personal Assistants can be employed directly by people using money obtained under Option 1, Self Directed Support.

Recruitment and retention within Care at Home is an ongoing challenge, especially in the rural parts of Perth & Kinross. Lack of Care at Home provision has a significant impact on people and the wider health and social care system and results in admissions to hospitals and care homes and increased numbers of people delayed in hospital.

- Supported Living

Supported Living Projects support a diverse range of individuals, including people with a learning disability, autism spectrum condition, mental health condition or forensic need to live as independently as possible within the community. Recruitment is a challenge and in particular for those providers who work with our more complex individuals.

Action	Pillar	Action: Local / Regional
Review model of CAH provision for rural areas in Perth and Kinross and amend to improve recruitment and retention	Attract	Local
Review opportunities to enhance our benefits package to improve recruitment & retention in social care	Attract	Local
Promoting Social Care as a rewarding career	Attract	Local
Use digital marketing techniques to increase response to vacancies	Attract	Local

Implement a learn to work in Adult Care programme	Attract	Local
Develop recruitment and retention pathways into care e.g., work placements for students and shadowing programmes, developing the young workforce through secondary schools, Perth College UHI and Youth Services, offer more work placements through foundation apprenticeships and work experience	Attract	Local
Develop and roll out local recruitment campaigns in line with national campaigns	Attract	Regional
Monitor hourly rates for social carers employed in the Independent and Third sectors across Scotland and take any necessary actions to ensure Perth & Kinross rates remain competitive	Attract	Local
Develop proposal for a rolling programme for para professionals to undergo training for professional Social Work qualification	Train	Local
Further develop career pathways for social carers	Nurture	Local

B NURSING

For the purpose of this Workforce Plan 'Nursing' is considered in relation to Older People's services which provides nursing support primarily for older people and people with physical disabilities and/or long-term conditions and Mental Health nursing which supports people with mental health issues, learning disabilities and substance use issues.

OLDER PEOPLES NURSING

Nursing is one of the largest professions in the PKHSCP workforce and plays an integral role in delivering a range of services. The nursing teams are part of a wider integrated multi-disciplinary team. There are currently 269 WTE nursing posts which includes a wide range of registered and non-registered posts, both inpatient and community based.

Community nursing: provides clinical care and person-centred care to people in their own home or a care home setting. As well as providing direct care and advanced clinical assessment to people, the teams have a health promotion role and deliver expert end of life care for patients who wish to remain at home. Strategic developments to support the shift in the balance of care from institutions to the community such as the Locality Integrated Care Service and Hospital at Home, will further increase the requirement for community nursing posts.

Inpatient Nurses – provides clinical care and person-centred care to people in the inpatient areas. Our inpatient areas are within our four community hospitals across Perth & Kinross Medicine for the Elderly (MFE) and the Stroke Unit on the PRI site. Our inpatient areas deliver rehabilitation and end of life care for those patients not fit enough at this stage in their journey to return home.

Community Care & Treatment Nurses – provides person-centred, clinical care to Primary care patients within seven hubs across Perth & Kinross and some in-reach into GP practices. The three locality clinical teams provide wound care, leg ulcer assessment and treatment, aural care, phlebotomy and Chronic Disease Monitoring. Our teams are continuing to develop and are encompassing the care devolved to the NHS from GP practices as part of the new Scottish General Medical Services contract that was agreed in January 2018.

Specialist Nurses: Are trained to an advanced level to provide expert clinical assessment, treatment and education for the most complex patients with a specific condition. In Perth & Kinross we have a Parkinsons Nurse Specialist and a Specialist Community Respiratory Service.

Enhanced Care Home Nurses – provides effective leadership, influencing and contributing to the strategic direction, development and delivery of modern health care services adopting a proactive approach to service, practice and role development whilst maintaining professional nursing practice to ensure the delivery of high standards of patient/resident care under the Nursing Directorate.

The current budgeted nursing establishment for these areas is 285 WTE.

Table 14 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group.

Table 14

Workforce	Current WTE	Budgeted WTE	Current WTE Vacancies
Community Nursing - Lead	1	2	1
Community Nursing - Trained	107	104	-3
Community Nursing - Untrained	24	26	2
Community Hospitals - Trained	51	58	8
Community Hospitals - Untrained	35	33	-2
Intermediate Care - Trained	5	5	0
Intermediate Care - Untrained	1	1	0
Medicine For Elderly - Trained	28	37	10
Medicine For Elderly - Untrained	18	18	-1
Total	**269**	**285**	**16**

Recruiting to nursing posts, especially registered posts, is extremely challenging across all nursing services, particularly in inpatient areas. The table above shows there are currently 15 WTE vacancies. Most of these are for registered posts and equates to 8.6% of the workforce. It is also challenging to recruit in rural Perthshire.

With this is mind, PKHSCP has invested in growing new talent and developing roles. Looking at workforce redesign and seeking new ways of working for existing staff by developing their current skills by enhancing and developing their skills further as well as supporting and building resilience and confidence in the staff group. Examples of this working well within Perth and Kinross are Advanced Practice roles within the partnership. These roles have been pivotal in growing and developing our current workforce, not only by filling gaps but also by providing experienced staff a rewarding clinically facing career pathway.

As part of the continuing drive to provide safe, accessible and high- quality care in addition to Advanced Practice roles, Perth and Kinross will see the emergence of new medical associate professionals as part of the multi-professional team to help grow and develop our current workforce.

International recruitment provides another opportunity to help support our current workforce challenges. As we strive to form a diverse workforce from across the world, we will promote factors that will attract staff to come and work in Perth and Kinross. All international recruitment will be in

line with the Scottish Code of Practice for health and social care Personnel and ensure we do not recruit from Countries with their own qualified healthcare staffing shortages.

It has not just been registrant workforce development that we have reviewed, we have additionally looked at our Band 2-4 clinical roles aimed at transforming the nursing and care workforce. These roles will be developed so that the staff members are trained to deliver high quality, hands- on care, which is specific to the professional group to which they belong and will be an essential part of the teams.

Health & Care Staffing Act is the first piece of legislation in the UK to set out requirements for safe staffing across both health and care services and most clinical professions. It gained Royal Assent on 6 June 2019 but due to the pandemic the implementation for the Act has been delayed. Effective implementation will provide assurance that staffing is appropriate to support high quality care.

One Community Hospital became non-operational for more than 6 months due to a shortage of registered staff. Many inpatient wards are heavily reliant on Bank and Agency staff. This affects continuity of care for people and does not provide best value. However, pressure is also being felt in community teams due to the level of complexity, and increasing demand including end of life care.

The pressure on nursing posts will increase significantly in future years. Nearly 50 extra posts will be required to meet increased demand due to demographics and nearly 100 posts will need to be filled due to people retiring. Over 100 of these posts will be for registered nurses.

The national nursing and midwifery workload and workforce planning tools have been used to quantify optimum staffing levels and skill mix. They also highlight significant pressures within all services with particular gaps in the Band 5 workforce. The workforce tools are showing on a national level that a reduced amount of student nurses are qualifying due to the pandemic. Some Higher Education facilities are now starting to take two intakes of students per year to increase the number of nurses qualifying going forward. The tools also highlight the gaps left with nurses retiring and also being promoted into Advanced Nurse Practitioner (ANP) roles and other specialist nursing roles.

Action	Pillar	Action: Local / Regional
Develop alternative non-registered nursing support roles that are diverse and flexible (e.g. Activity Workers)	Attract	Local
Develop a career pathway from support workers roles to newly qualified practitioners to advanced practice and consultant roles	Attract	Local
Evaluate the role of Clinical Educators in the development of educational frameworks to meet staff needs	Train	Local
Develop a training programme for specialist posts	Train	Local
Improve the Job Descriptions for Band 3 and 4 posts to ensure clear understanding of respective roles and responsibilities	Nurture	Local
Implement national workforce tools for Community Nursing under professional leadership of the Lead Nurse	Nurture	Local

Mental Health, Substance Use and Learning Disability Nursing

Adult Community Mental Health Teams (CMHT)
The Adult CMHTs across Perth and Kinross are based within 3 localities - North, South and Perth City. They are a community based, multi-disciplinary mental health service which provides assessment and evidence-based treatment for individuals under the age of 65 with suspected or diagnosed moderate to severe mental illness/mental disorder who for reasons of complexity, severity or lack of treatment response require specialist secondary care input.

Older People's Community Mental Health Teams
The Older Peoples CMHTs are similarly based across the 3 localities of North, South and Perth City. The Older Peoples CMHT supports people over the age of 65 with severe and enduring mental health needs, also for those under 65 with an early onset Dementia. The teams provide Assessment, Diagnosis, Treatment, Education and create Individualised care planning.

Older Peoples Mental Health Inpatient areas
In Perth and Kinross, we have 3 Older Peoples Mental Health in-patient areas. Two of these areas are for the care and treatment of individuals with organic illnesses (such as Dementia). The other inpatient area is for the care and treatment of those individuals with functional Mental Health illnesses (such as depression and Schizophrenia). All areas provide care and treatment for people who can no longer be supported at home and need to be admitted to hospital due to severe mental health problems.

Learning Disability Community Team
The Community Learning Disability service aims to provide specialist health care, advice and treatment to adults (over the age of 16) with a learning disability through a multidisciplinary team. This also includes advice and support for families/carers. It supports other health and social care agencies to provide mainstream services to people with learning disabilities that will enable health improvement and reduce barriers when accessing services. The service strives to improve both the physical and mental health of people with learning disabilities by providing efficient and effective health care based on individual needs.

Integrated Drug and Alcohol Recovery Team - I-DART
The Perth and Kinross Integrated Drug and Alcohol Recovery (I –DART) provides recovery orientated treatment for individuals experiencing serious problems with drugs and alcohol in Perth and Kinross. The multi-disciplinary team, comprising nurses, social workers, doctors, psychologists, pharmacists, and support workers, provides drug and alcohol assessment and treatment. The main focus of the service is to provide community treatment in various locations across Perth and Kinross, complemented by the inpatient facility at the Kinclaven Unit, Murray Royal Hospital which provides residential drugs and alcohol detoxification.

All these areas have faced significant demand in recent years mainly due to demographics, inequality and the Covid pandemic and this is predicted to continue to increase in future years.

The current budgeted nursing establishment for these areas is 190 WTE.

Table 15 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group.

Table 15

Workforce	Current WTE	Budgeted WTE	Current WTE Vacancies
Community LD - Registered	9	9	0
Community LD – Non-registered	1	4	3

Community Adult MH - Registered	31	35	4
Community Adult MH – Non-registered	8	7	-1
Substance Misuse - Registered	10	12	2
Substance Misuse- Non-registered	3	3	0
Older Peoples Psychiatry - Registered	58	68	10
Older Peoples Psychiatry – Non-registered	43	52	9
Total	**163**	**190**	**27**

As is being seen on a national scale, our main issue is the recruitment and retention of nurses, particularly Registered nurses. Nursing recruitment has been problematic for several years across Scotland and continues to be so. Universities have increased their allocation of nursing students considerably, however this will only be of benefit in the next 2-3 years once students are qualified.

There is also the ongoing issue of retaining qualified staff who may choose to move to other parts of the UK. Across the whole of the NHS System, the workforce is ageing, and this is also causing difficulties due to the high numbers of staff retiring or leaving the profession due to the stressful impact of Covid.

As the table above shows there are currently 27 WTE vacancies across the four services within Perth and Kinross. These posts are vital to the delivery of healthcare provision especially given the complexity of many of our service users. There is a significant risk to our communities if these posts are unable to be filled, especially given the skills required to undertake some of the procedures required in the delivery of healthcare. Locally we are seeing increased difficulty with recruiting Registered Mental Health nursing staff as well as staff leaving the service. This is due to a variety of reasons, including:

- NHS Tayside reputation in regard to Mental Health due to concerns raised in the Strang Inquiry
- Recent temporary contingency arrangements having to be introduced due to lack of medical staff
- High expectations of the general population leading to increased aggression and complaints towards staff
- Impact of the Covid pandemic and high levels of stress associated with this. It is worth noting front line nurses had to continue face to face support as virtual working would not have met the requirement of patients
- Increased waiting lists needing to be addressed due to impact of Covid and historical issues of recruiting and low staffing levels
- Impact on Mental Health services due to changes in the GP contract. Many GPs are now defaulting all Mental Health related issues to Community services, whereas they would have been seen within primary care previously
- An acute shortage of Advanced Nurse Practitioners. These posts require supervision through medical staff of which there is a chronic shortage

It is anticipated that there will be a shortfall in nursing posts of around 110 WTE over the next three years, taking into account predicted demographic growth and retirals, with the biggest shortfall in Older People's Psychiatry. The gap for registered nursing posts presents the greatest risk as this is our largest cohort of staff and there are clear functions that registered nurses can only undertake, eg

administration of medication. When posts are vacant, we, as a matter of course, advertise posts nationally, although this is not proving particularly effective due to the national shortage of registered nurses.

Demographics will have the greatest impact on demands on Older People's Mental Health Teams. Increases in children with Profound and Multiple Learning Disabilities surviving into adulthood will and increase in life expectancy for people with a learning disability will increase demand on the Learning Disability Nurses and the ongoing effects of the pandemic and cost of living crisis will increase demands on Adult Mental Health and Substance Use nurses.

All registered nurses are encouraged to work to the top of their grade responsibilities and any additional support or training is provided to enable this.

General actions to improve recruitment and retention by making Perth and Kinross an attractive place to work will reduce the risk. Succession planning and career/role development may mitigate some of these risks. It is worth noting that significant amounts of funding have been made available over the last two years. However, the workforce is not available to recruit, and many new posts are being filled by existing staff in other parts of the service, therefore recycling the same staff.

The Older People's, Autism and Learning Disability, Mental Health and Wellbeing and Substance Use Strategic Delivery Plans all rely heavily on nursing to deliver their objectives. Ensuring there is adequate nursing capacity is a key priority for PKHSCP and represents a significant area of risk.

Action	Pillar	Action: Local / Regional
By reviewing our statutory responsibilities with Third Sector organisations we will aim to provide a whole system Mental Health service. This will provide an opportunity to explore alternative roles and ways of working which will allow mutual development and creativity across the service	Attract	Local
We will review our current resources and identify gaps in relation to complex care reviews and anticipatory care planning. This will allow the Nursing workforce to meet the full expectations of their scope of practice and be key Influencers in Care and treatment options making the role attractive and innovative	Attract	Local
The design of a Primary Care Mental Health Service in partnership with local General Practice and Scottish Government will create opportunities to recruit, retain and develop our Nursing workforce within an integrated care model	Attract	Local

C MEDICAL

Psychiatry of Old Age (POA) / Medicine for Elderly Medical Staffing (MFE)

PKHSCP holds delegated responsibility for its POA and MFE inpatient and community services. The POA service works across 3 localities as well as 3 inpatient mental health wards with a total bed complement of 38 beds (24 organic and 14 functional beds). The MFE service works across the

medical floor in PRI as well as supporting the two MFE wards. PKHSCP is currently rolling out the MFE model into community hospitals and community services. The total number MFE/community hospital beds is 70 and 18 Stroke beds.

Current Workforce

Table 16 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group within the partnership

Table 16

Workforce		Current WTE	Budgeted WTE	Current WTE Vacancies
Medicine For Elderly	Consultants	5	5	0
Medicine For Elderly	Speciality Doctor	2	2	0
Psychiatry Of Old Age	Consultants	4	4	0
Psychiatry Of Old Age	Speciality Doctor	1	1	0
Medical Training Non Psychiatry	Clinical Fellow	1	1	0
Management	General Practitioner	1	1	0
OP Mental Health	Consultants	3	3	0
OP Mental Health	Locum Consultants	2	2	0
Total		**19**	**19**	**0**

There is recognition that we are going through a prolonged phase of significant shortages within the Consultant Psychiatric workforce both locally and nationally, and although Older Peoples Mental Health services have not struggled to the same degree as Adult Services, there is the expectation that this will continue to impact upon services. The service is already utilising Locum Consultant Psychiatrists to ensure adequate provision.

According to the BMA report 'Consultant workforce shortages and solutions: Now and in the future' 2020, The Royal College of Psychiatrists anticipates there will only be an additional 200 consultant psychiatrists entering the workforce by 2023/24, which is far below the NHS Long Term Plan requirement of 1,041.

A transformational plan across the whole of the Older Peoples Mental Health service will be developed later this year. This will map out the future needs of the service as well as examine how we can start to use other disciplines in an advanced role. This will enable us to become less reliant upon the medical workforce as well as provide role development and alternative care models.

Action	Pillar	Action: Local / Regional
As part of the development of a transformational plan across Older Peoples Mental Health consider using other disciplines in advanced roles	Plan	Local
Consider the opportunity for recruitment of Mental Health & MFE Advanced Nurse Practitioners	Plan	Local

Undertake workforce planning for POA/MFE Medical staffing in line with increasing demographics	Plan	Local
Continue to develop a hybrid POA/MFE Medical model including Clinical Fellows, GP Specialists, and Advanced Clinical Practitioners	Plan	Local
Consider the provision of sabbatical leave to staff. This could be offered as an incentive to make the location and role more attractive	Attract	Regional
Consider how to increase the opportunity for Medical staff to undertake leadership, improvement, research and training	Attract	Regional

D PRISON HEALTHCARE

Prison Healthcare deliver a holistic service for people who are in prison custody across Tayside. There are two prisons in Perth & Kinross; HMP Perth and HMP Castle Huntly, who have a combined population of around 1000. This is a transient population. The service has a number of distinct teams, some of whom who work across both prisons.

Table 17 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each group.

Table 17

Prison Healthcare	Current WTE	Budgeted WTE	Current WTE vacancies
Admin & Clerical	8	8	0
Dental	0	2	2
Management	2	3	1
Medical	2	2	1
Mental Health	5	7	2
Nursing	15	17	1
Pharmacy	9	11	2
Case Worker	5	7	3
Substance Misuse	13	17	3
Total	**59**	**73**	**14**

Prison Healthcare continues to experience challenges in recruiting and retaining staff. In particular, there is a turnover of nursing staff within the service. This is likely due to the custodial environment and focus on medication administration. There are a lot of controlled drugs prescribed which must be supervised, over which the service has no control.

The recruitment difficulties are resulting in high use of GP locums and nursing bank and agency staff. Due to the custodial environment, bank and agency staff require additional training to be able to fulfil their role independently, otherwise they must be chaperoned by a trained member of staff.

The Partnership is exploring opportunities to identify combined speciality GP posts that may, as part of their roles, be able to support elements of the clinical work at HMP.

Should the service be unable to recruit to vacant posts, there will be an inequity in the delivery of care to people in prisons. As medicine administration is critical, this will become a priority with the risk that non-essential services cannot be delivered. The prison population has disproportionately high numbers of people with substance use and mental health problems as well as complex physical/pain presentations. There is a recognised need for the specialist teams across pharmacy, substance use, mental health and general nursing to work with the medical team.

Action	Pillar	Action: Local / Regional
Complete workforce planning and identify skills gaps to create roles that are fit for purpose	Plan	Local
Redesign of the management/leadership team across Justice Healthcare to build in resilience	Plan	Local
Review role of Healthcare Support Workers to support work within the prison healthcare setting	Attract	Regional

E PUBLIC DENTAL SERVICES

The Public Dental Service (PDS) is a Tayside wide Primary Care service, hosted by PKHSCP. Staff work across Tayside with an allocated base in Broxden (Perth), Kings Cross (Dundee) or Springfield (Arbroath) or The Crescent, Dundee. The role of the Public Dental Service is to:

- Promote oral health
- Monitor the oral health of the population of Tayside
- Provide dental care for patients from priority groups
- Provide dental care for those unable to access care in a general practice setting and referred patients

Referrals to the service have increased year on year moving from 2,805 in 2016 to 3,417 in 2019. Most treatment is provided under General Dental Service terms and conditions. In general, people are only registered with the PDS if they have special care needs that preclude their receiving appropriate care in independent practice. The Out of Hourse Service is administered by the Public Dental Service.

The Public Dental Service is provided by independent practitioners and salaried Primary and Secondary Care dental staff. Independent practitioners are self-employed and contract with the NHS to provide a range of services for individuals under General Dental Services (GDS) terms and conditions who register with their practice for continuing care.

Table 18 below shows the current workforce and level of vacancies.

Table 18

Workforce	Current WTE	Budgeted WTE	Current WTE Vacancies
Assistant Clinical Director	1	1	0
Clinical Director	1	1	0
Dental Nurses	43	50	7

Hygienist Therapists	6	7	1
Dental Officer	12	17	5
Dental Core Trainee	1	1	0
Dental Technician	2	3	1
Trainee Dental Nurses	5	5	0
Oral Health Improvement	16	20	4
Prison Healthcare Staff	0	0	0
Senior Dental Officer	7	7	0
Speciality Registrar	1	1	0
Sterile Services	5	5	0
Admin & Clerical	10	11	1
Total	**110**	**128**	**18**

Across Scotland, there is a shortage of dentists and people are struggling to obtain registration. Brexit has had a significant effect on recruitment and retention and Covid has temporarily reduced the number of dentists entering the workforce in 2020/2021. However, NHS Tayside PDS is almost unique in Scotland in having no difficulty recruiting to date. It is felt that this is due to the location, access to a dental hospital as well as the team being renowned as a great team to work in. The only limiting factor is the recruitment process and the notice time that dentists have to give before moving into new posts. To date, PKHSCP has been highly supportive and prompt with respect to recruitment.

In 2020 and 2021, all NHS dental provision was subject to national lockdown regulations. From March to June 2020, the Public Dental Service was tasked with setting up and running Urgent Dental Care Centres (UDCC). The Tayside UDCCs treated more emergencies than any other Board area across Scotland and this was made possible by the support of Dundee Dental Hospital and independent practitioners from across the area who contributed sessions to the UDCCs alongside PDS staff.

Independent practice has remobilised incrementally, in line with central guidance, and supported by centrally provided PPE. PDS has been instrumental in ensuring access to PPE for all practices, supported by NHST Procurement. Independent practice is now running at about half its pre-pandemic capacity and there are significant challenges in recruiting and retaining dentists across the UK. A changed model of funding from 1st April should see an increase in activity but there is a significant backlog and demand for routine care will continue to outstrip demand for some time.

Within PDS, staff morale remains high but absence levels are unprecedented, over and above absence due directly to Covid. Having worked throughout the pandemic, including all of the lockdowns, with no respite, staff are exhausted. This is exacerbated by the inability to resolve critical equpiment issues such as ventilation. Delays in providing adequate ventilation has had multiple impacts on staff, both physical and emotional.

When undertaking Aerosol Generating Procedures, staff must wear additional PPE, including a gown and fitted FFP3 mask. Where ventilation is inadequate, the fallow time is extended and the PPE must be worn for longer. This is physically and mentally draining. The lack of provision of a safe environment that complies with current room specifications has a detrimental effect on morale. Staff are unable to provide timely care to their core patients as fallow time reduces the number of patients who can be seen and increases waiting times.

Future expansion of the workforce is entirely dependent on the decisions made at Scottish Government level with regard to the role and remit of PDS. Additional demands placed on PDS by

the Scottish Government are likely to come with additional funding. Mass removal of patients from NHS lists is the most significant concern and this has happened in some of the larger Board areas. In the event that access becomes an issue, the Chief Dental Officer has indicated that there will be potential to acquire premises and set up access centres as happened at the turn of the century. The limiting factor will be the absolute shortage of dentists across Scotland. PDS in Tayside is uniquely fortunate in the ability to recruit but it would be at the expense of other Board areas or independent practice. Scottish Government is aware and is investigating means to increase the pool of dentists available.

The actions we have identified to support recruitment, retention, training and wellbeing of the staff within the Tayside PDS are as follows:

Action	Pillar	Action: Local / Regional
Use TURAS to undertake annual appraisals to recognise staff commitment and demonstrate that we value our people	Nurture	Local

F ALLIED HEALTH PROFESSIONALS (AHP)

PKHSCP have Physiotherapy and Occupational Therapy (including Social Work Occupational Therapy) as delegated services and host Podiatry services on behalf of Tayside. There are specific comments in relation to Podiatry to reflect this Tayside provision.

Colleagues operating within these professional groups deliver services across the whole of Perth & Kinross delivery areas and, in the case of Podiatry this extends across the entirety of Tayside. Most staff deliver services as part of multi-disciplinary teams – the majority from a specialist role perspective via enhanced learning and development of particular skillsets, specific to the dedicated areas of service delivery

AHP services are comprised of registered professional staff and unregistered Health Care Support Workers (HCSW). Our current skill mix is one quarter of the workforce are unregistered HCSW (40 employees) and three quarters are Registered Professionals (170 employees). Most of our staff group fall into Agenda for Change Bandings 6 and 7 grades, demonstrating that most of our workforce are clinical specialists.

Throughout the Covid-19 pandemic AHPs in Tayside have been applying a model of mutual support and staff deployment across professions and all services have been reporting their status, enabling the population of an AHP Heat Map.

Table 19 below shows the current number of WTE posts, number of WTE budgeted posts, and number of WTE vacancies for each profession.

Table 19

HSCP	Current WTE	Budgeted WTE	Current WTE Vacancies
AHP Other	24	23	-3
OT	63	58	-4

Podiatry	55	61	6
Physiotherapy	47	48	1
Total	**189**	**190**	**0**

Physiotherapy:

Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. Physiotherapy is a science-based profession and takes a "whole person" approach to health and wellbeing, which includes the persons general lifestyle. (Chartered Society of Physiotherapy Definition)

There are increasing challenges recruiting to physiotherapy vacancies. Band 5 posts are the hardest to recruit to. Band 5 physiotherapy posts are important as they are rotational roles designed to enhance clinical skills, knowledge and experience and are essential for service delivery and succession planning.

Occupational Therapy:

Occupational Therapists enable service users to participate in activities of daily living by modifying the occupation or environment to better support their occupational engagement. Occupational Therapists are dual trained in physical and mental health and so can consider the totality of individuals' needs. They are skilled in the prevention of ill health, assessment of individual abilities and work tasks in relation to specific jobs and skill requirements

There is a national shortage of occupational therapists, and they are on the National Occupation Shortage list. It is becoming increasingly challenging to recruit to OT vacancies in Perth and Kinross, especially if they are not permanent posts. As with Physiotherapy, Band 5 Occupational Therapist posts are the most challenging to recruit to.

Podiatry:

NHS Podiatrists provide a comprehensive foot health service for conditions affecting the foot and lower limb. By undertaking early interventions to identify and mitigate the impact of future foot health demands, podiatry plays a key role in the prevention of lower limb problems through assessment, diagnosis, treatment, and foot health education to patients with a lower limb condition or systemic condition that affects the lower limb (Podiatry definition).

Podiatry in Tayside has an aging workforce with 51% of qualified staff aged 45+years old; 35% aged 50+ years old, of which five staff members also have significant leadership roles. Tayside Podiatry has experienced poor response to adverts in the past. At present, Tayside Podiatry has approximately 6 vacant posts some of which have been vacant for two years or more and response to job adverts continues to be poor, with recent Band 5 and 6 posts receiving **no** applicants. This has had a significant impact on our capacity to accommodate patients and either provide intervention in line with the assessed needs of patients already on the caseload; or appoint any new referrals other than those requiring urgent podiatry input.

In each of the next three years we project that there will be a shortfall in workforce of around 30 WTE per annum across all specialisms. Podiatry has a significant higher shortfall in year 1, around 16 WTE. With OT anticipated to have a large shortfall in year 3.

There is increasing demand for AHPs due to the redesign of pathways to focus on early intervention and maximising individuals' levels of independence. Examples include the development of the Locality Integrated Care LiNCS, Hospital at Home and First Contact Physiotherapy. To support these new initiatives there has been investment of around 11 WTE in each of OTs and Physiotherapists over the period 2020-2023.

Challenges

- It is nationally acknowledged and experienced locally of a lack of "immediate availability of an AHP workforce" in all professions but more specifically in OT and physiotherapy and skill levels available in the wider workforce pool
- Redesigning workforce bandings to attract applicants especially in remote and rural areas which can impact on career progression and rotation of Band 5 roles
- The pandemic impact has increased waiting times burden and continues to present added pressures for effective and timely service provision, and staff wellbeing. Waiting times are currently being addressed through remobilisation funding
- Clinical Skill level of emerging AHP students due to the impact of covid restrictions on practical practice-based learning
- No real time staffing tools or templates available, therefore limited formal evidence or data surrounding staffing
- Physiotherapists may attract special class status (SCS) and could retire at the age of 55 years, if applicable. (Superannuation Scheme conditions apply)
- Recruitment to Band 5 posts across all three AHP disciplines remains a challenge
- Recruitment and retention of Podiatrists in the NHS has been highlighted as a national issue across all Health Board areas in Scotland. This is supported by data to demonstrate a steady decline in the number of podiatrists working within NHS Scotland: December 2011 this was recorded as 694 WTE podiatrists; compared with only 592 WTE by December 2020 (Turas data Intelligence)
- AHPs need to build on our existing partnerships with Third and Independent sectors and other avenues of supports, with the registered professionals supporting transference of skillsets and models of working eg Community Footcare, Live Active Leisure

Action	Pillar	Action: Local / Regional
Evaluate impact of AHP Clinical Educator role to determine any further role development	Plan	Local
Develop First Contact Practitioner models for OT and Podiatry	Plan	Local
In support of the Health & Care (Staffing)(Scotland) Act 2019 learn from Test of Change activity being undertaken in P&K	Plan	Local
To support consideration of 7 day working for AHPs undertake necessary workforce modelling	Plan	Local
Promote practice base learning AHP placements in all services where these are not currently supported	Plan	Local

Undertake detailed analysis and review to identify and consider workforce capacity, productivity, skill mix and unmet need	Plan	Local
Promote and support AHP bank function	Plan	Regional
To support consideration of the emerging AHP Rehabilitation Framework, undertake necessary workforce modelling	Plan	Local
Develop AHP roles to support Long Covid/Chronic Fatigue presentations	Plan	Local
Develop Advance Practice AHP roles and AHP Consultant roles e.g. Dementia/Frailty/Urgent Care/Mental Health/Learning Disabilities etc	Attract	Local
Ensure there is an attractive career structure for AHPs	Attract	Local
Develop alternative non-registered AHP roles that are diverse and flexible for example Band 5 support workers	Attract	Local
Continue to progress OT Integration	Train	Local
Increase Practice based learning agreements with Higher Educational Institutions contracts	Train	Regional
To support the potential creation of a Podiatry led Community Vascular Service, undertake the necessary workforce planning	Employ	Regional

G GENERAL PRACTICE

The workforce within General Practice can broadly be split into three groups.

Practice Medical Staff

As of 1st December 2021, there were 149 GPs working in Perth & Kinross practices (GP Partners 123, Salaried GPs 25, GP Retainer 1) across 24 practices. GP Partners make up the majority of the GP workforce. GP partners will often be required to work well in excess of their sessional practice commitment to ensure the running of the business and the service they provide. GP Partners also carry a number of significant risks, responsibilities and liabilities as business owners and independent contractors that other NHS workers do not have to face. This can include issues relating to employment of staff, premises and other business liabilities. Potential new GP Partners are reluctant to take on these risks, and this can have an impact on a practice's ability to recruit new GP Partners. Increasingly GPs are opting to take up salaried/employed posts in preference to joining GP Partnerships. Salaried GPs and GP retainers are often offered a degree of protection from unnecessary workload demands due to their employee status and contracts. However, many will recognise the pressure on the current service and will go above and beyond their contracted hours of work to support patients and their colleagues.

GP Locums support practices to deliver their General Medical Services contract. Availability is currently very limited with practices relying on existing GPs to provide additional clinical sessions where essential cover is required. This is becoming increasingly more difficult as most GPs that work part-time, do so for reasons that make them unavailable to undertake additional sessions. Examples would include the need to provide care for family or undertaking additional work as part of a portfolio of GP roles such as leadership, training, appraisal, quality improvement or GP with Special Interest posts.

There are currently 12 GP Practices in Perth & Kinross who are accredited GP Training practice, hosting GP Trainees as they work towards becoming a fully qualified GP. The amount of clinical work that a GP Trainee can deliver for a practice will be variable based on their stage of training, satisfactory progression through the training period and the percentage whole time equivalent they are working. There is an increasing trend of GP Trainees requesting less than full time working however we know that upon completion of training, many newly qualified GPs will stay in the area if their training experience has been positive, and they have been well supported. Having a high concentration of good quality training practices within Perth & Kinross has certainly helped us maintain a better position than some other areas in terms of post-qualification retention.

In June 2021 to inform workforce planning, PKHSCP asked practices to complete a survey focusing on issues affecting GP sustainability. This survey provided some key information around the GP workforce within Perth & Kinross which is summarised below:

- There are at least 23 GP Partners over the age of 55 years (20%)
- There are at least 16 GP Partners who are planning to retire within the next 2 years (13%)
- In the event of GP absence, 46% of Practices would not be able to provide more than 3 additional sessions per week from their existing complement of GPs
- The majority of practices deliver over 75% of their weekly clinical sessions through GP Partners alone
- 13 Practices have experienced difficulties recruiting GPs in the last two years. This appears to have affected rural practices significantly more than those practices working within Perth City
- At the time of the survey, there were 7 Practices (30%) with one of more vacant GP posts

The results of this survey show the stark reality facing the GP Practice medical workforce. There is a national shortage of GPs and despite pledges by the Scottish Government to increase GP numbers, there has been very little movement in this. Identifying solutions to the GP recruitment and retention crisis facing General Practice is crucial to ensuring the sustainability of General Practice within Perth & Kinross.

Practice Nursing Staff

Nursing teams within GP practices have evolved over the years and moved away from the traditional treatment room and chronic disease monitoring roles to multi-skilled nursing teams. This may consist of Practice Nurses, Health Care Assistants, Phlebotomists, Advanced Nurse Practitioners. There is currently no available data regarding the nursing workforce and scope of practice within individual practices. With the roll out of Community Care and Treatment Services (CCATS) and the transfer of work away from practice nursing teams, there is some anxiety from nursing colleagues regarding how this will affect them. In addition, the Practice Nursing roles can be quite isolating, particularly in some of the smaller practices. We have also seen an increase in Advanced Nurse Practitioner roles within some GP practices. Consideration therefore needs to be given to how we support the Practice Nursing teams through the transition of the new GP contract implementation and develop the workforce to meet the needs of patients and GP practices as we move into a new era of Primary Care.

Practice Administrative/Management Staff

The administrative and management group of the Primary Care workforce will include receptionists, administrative staff, office managers and practice managers. How a GP practice chooses to run its practice and therefore the balance of skills and numbers of staff is largely up to the individual practice. Similar to other workforce groups within General Practice, roles are changing as we move

towards full implementation of the new GP contract and a need to maximise efficiencies within the GP practice teams.

Current Challenges Affecting General Practice Workforce

General Practice is going through significant change. Adapting to all these changes is challenging to do when working in an environment of workload excess and workforce deficit. The added pressure of the Covid-19 pandemic on General Practice, in terms of clinical workload, vaccination roll-out and workforce isolations, has made this more difficult.

Workforce planning for General Practice must focus on how we provide GP practices and the wider Primary Care team with that stability to allow them to plan for the future. This will include support to help develop the anticipated change in roles of the GP practice workforce, taking into consideration the shift in the balance of care towards local communities, whilst also focusing on recruitment, retention and staff wellbeing.
The actions we have identified to support recruitment, retention, training and wellbeing of the General Practice team are as follows:

Action	Pillar	Action: Local / Regional
Educate staff and patients on how to access the most appropriate care in the right place, with the right person, at the right time. Change the narrative and perception regarding the role of the GP as the first contact for any health-related problem. This should include better promotion of the roles of the wider multidisciplinary team	Plan	Regional
Complete implementation of the Primary Care Improvement Plan providing GP practices with access to healthcare professionals and services to support GP practices in the delivery of healthcare	Plan	Local
Conduct 6 monthly GP Sustainability Survey to provide key information for early identification of potential workforce problems. For our January 2022 survey we have asked practices to provide some information on their Nursing and Administrative/Management teams	Plan	Local
Continue to work with neighbouring HSCPs and NHS Tayside Primary Care services on issues surrounding GP practice sustainability and cross-boundary issues as these issues can often affect workload, recruitment and retention	Plan	Regional
Review and develop options for GPs to work flexibly as they approach retirement or seek new opportunities, to avoid losing them from the profession	Attract	Regional
Funding has been identified and recruitment is underway for a Primary Care Resilience Team to support GP practices that may experience issues. When not responding to crisis situations within GP practices, the resilience team will be working in a proactive approach to support practices	Employ	Local

H CARERS

Unpaid carers play an essential role in supporting vulnerable people in Perth and Kinross; they are equal partners working alongside the partnership. They provide care and support to family members, friends and neighbours. The people they care for may be affected by disability, physical or mental ill health, frailty or substance use. They range in age from young children to older people. Over 2,000 people have self-identified as carers in Perth and Kinross for support services. It is critical that we ensure appropriate supports are in place to enable them to continue in their caring role for as long as they are able and willing to do so.

Sustained investment over the last four years has allowed us to create a number of posts to support carers and meet our statutory obligations. Posts within the partnership include:

- Locality Support Workers
- Social Care Officers
- Palliative Carer Support Worker
- Carers Support Worker – SCOPE (2022/23)
- Various support roles such as clerical officer, project officer etc

Funding is also provided to several Third Sector organisations, such as Crossroads, Support in Mind Scotland, to provide support to carers. PKAVS utilise some of this funding for a number of posts. These include:

- Telephone Befriending Support Workers
- Hospital Link Worker
- Carers Development Worker
- Young Adult Carer Support Worker
- Rural Carer Support Worker

Our investment in a balance of full and part-time staff enables agility in service provision. We have seen no barriers to recruitment as candidates have found the roles to be an attractive career. We continue to roll out a programme of Carers Act training to partnership teams, ensuring that a wide range of staff are in place to be carers champions, aware of the challenges carers face and equipped to support them.

Demand for carer services grows each year. Between 2019 and 2022 total referrals to PKAVS and PKC have increased by 40%. We will be influenced by the findings of our strategy consultation later this year as we refresh our current Joint Carers Strategy. We will prepare for the projected increase in the number of people living with Dementia and the consequent increase in the number of carers supporting them.

I VOLUNTEERS

Volunteering is a hugely valuable resource, as evidenced during the pandemic. We want to ensure that those who want to or those that haven't considered volunteering before are able to do so in a way that suits them and their availability. Volunteers have traditionally been sourced from our retired population, and although this has again been hugely impactful, we would like to diversify this group more so, this will enable us to work with an even wider range of individuals and match volunteers to individuals in terms of interests and commonality.

To achieve this, we have invested in a Volunteer App (Volunteero). This app provides what it termed missions for volunteers to select, it categorises missions into work that is very informal into more formalised mechanisms of support. The app will allow us to monitor activity and where there are persistent areas of unmet need, allowing us to target other support mechanisms specific to these identified requirements.

Alongside this development we have invested in two Volunteer posts, the first of which is a Volunteer Coordinator post who will oversee the implementation and ongoing use of the app and who will coordinate alongside our Third Sector partner Royal Voluntary Service, the continued roll out of well-established NHS volunteering opportunities. The second post is a Community Circles Coordinator who will be responsible for coordinating Community Circles. Community Circles help people to be happier, healthier and more connected with the support of those around them.

Volunteering is beneficial not only to the recipient but to the volunteer themselves; the volunteering is highly rewarding and can contribute to improved mental health and wellbeing but can also offer work experience opportunities and promote the concept of working within the health and social care sector.

J CORPORATE SERVICES

Delivering safe services relies on effective corporate support across a range of functions. NHS Tayside and PKC are responsible for providing corporate support to PKHSCP. In some areas, staff have been aligned to PKHSCP and this has provided the basis for the development of integrated corporate support functions that ensure best value use of resources, reduction in duplication and the development of the 'PKHSCP way'.

It has been essential, in many areas, to build integrated capacity on top of aligned support. PKHSCP has taken pro-active steps to increase capacity. Our 2022/23 Budget ensures that across leadership, service management, planning, performance, business improvement and finance, we are building the capacity to support the transformation and redesign programme that lies ahead. This will be achieved both through increased efficiency and redesign of existing resources but also in additional investment in new posts.

PKHSCP continues to rely on separate support from both partners. We continue to review opportunities for more integrated support including areas such as workforce planning, capital planning and communications.

The Corporate Team's move to home working during the pandemic was extremely successful and the level of productivity increased. Hybrid working will provide the opportunity to ensure productivity gains are not lost whilst gaining from increased 'connection'. Turnover of staff is low in most corporate teams.

In line with the significant transformation of services which lies ahead, we have recognised the need to build increased integrated capacity across finance, commissioning, performance, planning and business improvement. The necessary investment is set out in the 2022/23 Budget and recruitment has commenced, ensuring resilient corporate support to front line services over the next 3 years.

The actions we have identified to support recruitment, retention, training and wellbeing of the corporate services team are as follows:

Action	Pillar	Action: Local / Regional
Review approach to Induction to embrace opportunities that arise from hybrid working	Nurture	Local

Monitoring & Evaluation Actions

We have set out above the actions to support workforce sustainability across Perth & Kinross relating to the various professions and across the Partnership. Appendix 1 is an action plan detailing the high level actions we will take to address workforce issues across the Partnership. Each action is aligned to one of the 5 Pillars set out by the Scottish Government in the National Workforce Strategy (Plan, Attract, Train, Employ, and Nurture). Appendix 2 is a summary detailing the actions by staff group that will further support wider strategic actions.

Delivery of local actions in the plan will be overseen by the PKHSCP Executive Management Team and through the Local PKHSCP Partnership Forum. In line with Scottish Government guidance, the plan will be reviewed and updated annually.

PKHSCP 3 YEAR WORKFORCE PLAN PARTNERSHIP WIDE ACTION PLAN 30 JUNE 2022

	Action	Action: Local / Regional/ National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
PLAN	With support from partners, improve available workforce data for planning and monitoring purposes	Local/Regional	Short	Partnership	Head of Finance & Corporate Services	31/03/23
	Consider the appointment of a dedicated partnership workforce strategy lead to support workforce planning and to develop and implement workforce solutions	Local	Short	Partnership	Head of Finance & Corporate Services	31/03/23
	Develop and implement a Joint Working Agreement to enable integration of services	Local	Short	Partnership	Chief Officer	31/03/24
	Using workforce tools and performance information monitor and review demand capacity	Local	Short	Partnership	Heads of Service	31/03/24
	With partners, understand the emerging workforce implications of the new National Care Service as the scope and operating model are determined	Local/Regional	Medium	Partnership	Chief Officer	31/03/25
	To increase focus on sustainable workforce solutions, all PKHSCP strategic plans/business cases will include a standard section on workforce implications that sets out the impact on staffing of planned changes and the steps that will be taken to ATTRACT, EMPLOY, TRAIN, NURTURE staff to support sustainable delivery.	Local	Short	Partnership	Chief Officer	30/06/22
	Support professions to undertake the necessary preparation to introduce real time staffing data collection and workforce tools that will be required to support implementation of the Health & Care (Staffing) (Scotland) Act 2019 when enacted	Local	Short	Partnership	Professional Leads	31/03/24
	Work with partners to provide robust age profile data to support effective planning and to enable a supplementary update to be provided to the Scottish Government in relation to the emerging workforce gap over the planning period	Local	Short	Partnership	Head of Finance & Corporate Services	31/12/22
	Conduct a needs analysis through engagement with staff, service users, and their families to identify opportunities for Digital/TEC to enhance service delivery and training requirements	Regional	Short	TEC	Head of Adult Social Work & Social Care	31/03/24
ATTRACT	Proactive succession planning with staff being nurtured to grow in readiness for career development. We will create career pathways and work with schools, colleges and universities to attract candidates to hard to fill roles	Local	Short	Partnership	Heads of Service	31/03/24
	Promote Perth and Kinross as an employer of choice through agile, flexible and modern recruitment practices that includes positive experiences of service users and staff in recruitment campaigns	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
	Advertise posts permanently instead of fixed term, wherever possible as we are not attracting applicants for short term employment	Local	Short	Partnership	Heads of Service	30/06/22
	Review the removal and relocation policy to attract suitably qualified candidates for hard to fill roles	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
	Use National and international recruitment campaigns to bridge skills gaps and create a more diverse workforce that promotes diverse ideas and perspectives	Local	Short	Partnership	Chief Officer	31/03/24
	Engage closely with developing the young workforce initiatives such as participating in school work experience week/university open days	Local	Short	Partnership	Heads of Service	31/03/23
	Review options to attract staff who may be considering returning after retirement	Local	Short	Partnership	Head of Health/Head of ASWSC	31/03/23
	Work with partners to increase housing options for staff working and living in hard to recruit to rural areas in Perth & Kinross	Local	Short	Partnership	Chief Officer	31/03/24
	Collaborative and reciprocal arrangements with Local Higher Education Institutions to promote working in Perth & Kinross	Local	Short	Partnership	Chief Officer	31/03/24
	Ensure the valuable contribution of armed forces leavers within the local workforce is recognised, ensuring we are an employer of choice for those wishing to transfer skills or develop new skills in health and social care	Regional	Short	Partnership	Associate Nurse Director	31/03/23
	Work with PKC over the period of their 5-year transformation programme to provide opportunities for staff to retrain and develop new skills to transfer to roles in health and social care	Local	Medium	Partnership	Chief Officer	31/03/25

PKHSCP 3 YEAR WORKFORCE PLAN PARTNERSHIP WIDE ACTION PLAN 30 JUNE 2022

	Action	Action: Local / Regional/ National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
	Work with PKC, schools, colleges, higher education and Third/Independent Sector partners in a training academy approach to address supply	Local	Short	Partnership	Chief Officer	31/02/23
	Advocate at national level for specific measures to attract key roles into remote and rural areas	Local	Medium	Partnership	Chief Officer	31/03/25
	Explore new models of employment/student apprenticeships	Regional	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
	Work with partners to provide support to people in Perth & Kinross who have been long term unemployed back to work in health & social care roles	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
EMPLOY	Work creatively with Community Planning Partners and local employability partnerships to identify creative solutions to support recruitment and retention of health & social care staff	Local	Medium	Partnership	Chief Officer	31/03/25
	Support partners to encourage staff to update their personal details to increase equalities information	Local	Short	Partnership	Chief Officer	31/03/24
	To provide equity for all staff, work with partners to address the gender pay gap in Perth & Kinross	Local	Medium	Partnership	Chief Officer	31/03/25
TRAIN	Provide/promote training and qualifications for advanced professional practice roles	Local	Short	Partnership	Lead Nurse	31/03/23
	Build and develop future leaders through leadership programmes, secondment opportunities and reciprocal learning arrangements	Local	Short	Partnership	Chief Officer	31/03/24
	Building on the Allied Health Professions approach to promote responsive and flexible workforce, consider the roll out of rotational roles across other staff groups	Local	Short	Partnership	Lead Nurse	31/03/24
	Consider the training and support required for managers to ensure pro-active vacancy management	Local	Short	Partnership	Heads of Service	31/03/23
NURTURE	Create an agile, efficient, and modern recruitment experience that supports managers to attract, recruit and retain the right talent through utilisation of digital technologies, promotion of employer benefits and through employer branding ensuring that Perth and Kinross is an employer of choice	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/24
	Create a Partnership wide framework to improve flexibility across the Partnership, ensuring we have the right people in the right place with the right skills at the right time	Local	Short	Partnership	Chief Officer	31/03/23
	Ensure all staff operate in a working environment that enables them to adhere to Professional and Clinical guidance	Local	Short	Partnership	Head of Health/Head of ASWSC	31/03/23
	Provide trained staff protected time to complete relevant clinical and leadership functions of their roles and increase healthcare workers to fill the gaps	Local	Short	Partnership	Head of Health/Head of ASWSC	31/03/23
	Celebrate achievements and contributions for existing staff and services, not just new initiatives	Local	Short	Partnership	Chief Officer	31/03/23
	Developing a Trauma Informed workforce supported through the Expert advisory group and implementation of 'Transforming Psychological Trauma: A knowledge and skills Framework for the Scottish workforce', and the Scottish Psychological training plan and Trauma informed Toolkit	Local	Short	Partnership	Heads of Service	31/03/23
	Ensure menopause policies of PKC and NHS Tayside are widely understood and used across the workforce to support staff	Local	Short	Partnership	HR Lead PKC/HR Lead NHST	31/03/23
	Consider the flexible working options that can be offered to both existing and new staff to support recruitment and retention	Local/Regional	Short	Partnership	Heads of Service	31/03/24
	Implement the Equality and Human Rights Commission Report 9 June 2022 recommendations to improve staff experience of ethnic minority workers.	Local	Short	Partnership	Chief Officer	31/03/24
	Introduce a systematic approach to understand the reasons why people change or leave roles to improve retention	Local	Short	Partnership	Chief Officer	31/03/23

PKHSCP 3 YEAR WORKFORCE PLAN PARTNERSHIP WIDE ACTION PLAN 30 JUNE 2022

	Action	Action: Local / Regional/ National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
	We will take forward leadership development and commit to the fundamental components of compassionate leadership in our staff engagement including: - attending - through active listening and communication - understanding - through engagement and discovery - empathising - through connection, trust and emotional support, and - helping - through intelligent and thoughtful action	Local	Short	Wellbeing	Chief Officer	31/03/24
	Promote the wellbeing framework and continue to adopt a people first approach to wellbeing, empowering staff to be proactive in managing their own health and wellbeing.	Local	Short	Wellbeing	Lead AHP	31/03/23
	Encourage employees to take on the role of wellbeing champion to promote health and wellbeing across the Partnership.	Local	Short	Wellbeing	Lead AHP	31/03/23
	Employ specific resources to enable a targeted approach to health and wellbeing to promote the wellbeing resources available and to work with managers to reduce sickness absence levels.	Local	Short	Wellbeing	Lead AHP	31/03/23
	Understand and evaluate learning requirements to identify areas for growth	Local	Short	Skills & Knowledge	Head of ASWSC/Team Leader L&D	31/03/24
	Provide the requisite learning and development for new roles	Local	Short	Skills & Knowledge	Head of ASWSC/Team Leader L&D	31/03/23
	Provide and encourage learning and development for new ways of working across the partnership	Local	Short	Skills & Knowledge	Head of ASWSC/Team Leader L&D	31/03/23
	Embed collective and compassionate leadership at all levels and ensure access to learning and development to develop leadership.	Local	Short	Skills & Knowledge	Heads of Service	31/03/24
	Grow our commitment to support wellbeing and engagement using learning and development	Local	Short	Skills & Knowledge	Head of ASWSC/Team Leader L&D	31/03/24
	Work with partners, including Schools, Universities, Professional bodies, SQA, to enhance our learning offer and create learning spaces fit for the purpose of the learner and stage of development	Local	Short	Partnership	Head of ASWSC/Team Leader L&D	31/03/24
	Enabling workforce development through team working and development, reflective practice, supervision, yearly appraisal and development discussion. Engage fully with the Perth and Kinross Offer employee experience programme	Local	Short	Skills & Knowledge	Heads of Service/Organisational Development	31/03/23

PKHSCP 3 YEAR WORKFORCE PLAN STAFF GROUP ACTION PLAN 30 JUNE 2022

Pillar	Action	Action: Local / Regional / National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
ADULT SOCIAL WORK & SOCIAL CARE						
Attract	Review model of CAH provision for rural areas in Perth and Kinross and amend to improve recruitment and retention	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/10/22
Attract	Review opportunities to enhance our benefits package to improve recruitment & retention in social care	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/23
Attract	Promoting Social Care as a rewarding career	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
Attract	Use digital marketing techniques to increase response to vacancies	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/07/22
Attract	Implement a learn to work in Adult Care programme	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
Attract	Develop recruitment and retention pathways into care EG, work placements for students and shadowing programmes, developing the young workforce through secondary schools, Perth College UHI and Youth Services, offer more work placements through foundation apprenticeships and work experience.	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
Attract	Develop and roll out local recruitment campaigns in line with national campaigns	Regional	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/23
Attract	Monitor hourly rates for social carers employed in the Independent and Third sectors across Scotland and take any necessary actions to ensure Perth & Kinross rates remain competitive	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
Train	Develop proposal for a rolling programme for para professionals to undergo training for professional Social Work qualification	Local	Medium	ASWSC	Head of Adult Social Work & Social Care	31/03/25
Nurture	Further develop career pathways for social carers	Local	Short	ASWSC	Head of Adult Social Work & Social Care	31/03/24
OLDER PEOPLES NURSING						
Attract	Develop alternative non-registered nursing support roles that are diverse and flexible (e.g. Activity Workers)	Local	Short	OP Nursing	Lead Nurse	31/03/24
Attract	Develop a career pathway from support workers roles to newly qualified practitioners to advanced practice and consultant roles	Local	Medium	OP Nursing	Lead Nurse	31/03/26
Train	Develop a training programme for specialist posts	Local	Short	OP Nursing	Lead Nurse	31/03/24
Train	Evaluate the role of Clinical Educators in the development of educational frameworks to meet staff needs	Local	Medium	OP Nursing	Lead Nurse	31/03/25
Nurture	Improve the Job Descriptions for Band 3 and 4 posts to ensure clear understanding of respective roles and responsibilities	Local	Short	OP Nursing	Lead Nurse	31/03/24
Nurture	Implement national workforce tools for Community Nursing under professional leadership of the Lead Nurse	Local	Short	OP Nursing	Lead Nurse	31/03/24
MENTAL HEALTH NURSING						
Plan	Review our statutory responsibilities to maximise opportunities to work with Third Sector organisations	Local	Short	MH Nursing	Lead Nurse	31/03/24
Plan	Review our existing resources and identify gaps in relation to complex care reviews and anticipatory care planning	Local	Short	MH Nursing	Lead Nurse	31/03/23
Plan	Design a Primary Care Mental Health Service in partnership with local General Practice and Scottish Government	Local	Short	MH Nursing	Lead Nurse	31/03/23

PKHSCP 3 YEAR WORKFORCE PLAN STAFF GROUP ACTION PLAN 30 JUNE 2022

Pillar	Action	Action: Local / Regional / National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
MEDICAL						
Plan	As part of the development of a transformational plan across Older Peoples' Mental Health, consider using other disciplines in advanced roles.	Local	Medium	Medical	Associate Medical Director/Head of Health	31/03/25
Plan	Consider the opportunity for recruitment of Mental Health & MFE Advanced Nurse Practitioners	Local	Medium	Medical	Associate Medical Director/Head of Health	31/03/25
Plan	Undertake workforce planning for POA/ MFE Medical staffing in line with increasing demographics	Local	Short	Medical	Associate Medical Director/Head of Health	31/03/24
Plan	Continue to develop a hybrid POA/MFE Medical model including Clinical Fellows, GP Specialists, and Advanced Clinical Practitioners	Local		Medical	Associate Medical Director/Head of Health	31/03/23
Attract	Consider the provision of sabbatical leave to staff. This could be offered as an incentive to make the location and role more attractive.	Regional	Short	Medical	Associate Medical Director/Head of Health	31/03/23
Attract	Consider how to increase the opportunity for Medical staff to undertake leadership, improvement, research and training.	Regional	Short	Medical	Associate Medical Director/Head of Health	31/03/24
PRISON HEALTHCARE						
Plan	Complete workforce planning and identify skills gaps to create roles that are fit for purpose	Local	Short	Prison Healthcare	Head of Health	31/03/24
Plan	Redesign of the management / leadership team across Justice Healthcare to build in resilience	Local	Short	Prison Healthcare	Head of Health	31/03/24
Attract	Review role of Healthcare Support Workers to support work within the prison healthcare setting	Regional	Short	Prison Healthcare	Head of Health	31/03/24
PUBLIC DENTAL SERVICES						
Nurture	Use TURAS to undertake annual appraisals to recognise staff commitment and demonstrate that we value our people	Local	Short	Dental	Dental Lead	31/03/23
ALLIED HEALTH PROFESSIONALS						
Plan	Evaluate impact of AHP Clinical Educator role to determine any further role development	Local	Short	AHP	AHP Lead	31/03/24
Plan	Develop First Contact Practitioner models for OT and Podiatry	Local	Medium	AHP	AHP Lead	31/03/25
Plan	Learn from Test of Change activity being undertaken in P&K in utilising the Scottish Government AHP Professional Judgement Template and also Safety Huddle template	Local	Short	AHP	AHP Lead	31/03/23
Plan	Promote practice base learning AHP placements in all services where these are not currently supported	Local	Short	AHP	AHP Lead	31/03/24
Plan	Undertake detailed analysis and review to identify and consider workforce capacity, productivity, skill mix and unmet need	Local	Short	AHP	AHP Lead	31/03/24
Plan	Promote and support AHP bank function	Regional	Short	AHP	AHP Lead	31/03/23
Plan	Develop AHP roles to support Long Covid / Chronic Fatigue presentations	Local	Short	AHP	AHP Lead	31/03/23
Attract	Develop Advance Practice AHP roles and AHP Consultant roles e.g. Dementia/ Frailty/ Urgent Care/ Mental Health/ Learning Disabilities etc	Local	Medium	AHP	AHP Lead	31/03/25
Attract	Ensure there is an attractive career structure for AHPs	Local	Medium	AHP	AHP Lead	31/03/25
Attract	Develop alternative non registered AHP roles that are diverse and flexible for example Band 5 support workers	Local	Short	AHP	AHP Lead	31/03/24
Train	Continue to progress OT Integration	Local	Short	AHP	AHP Lead	31/03/23
Train	Increase Practice based learning agreements with HEIs contracts	Regional	Medium	AHP	AHP Lead	31/03/25

PKHSCP 3 YEAR WORKFORCE PLAN STAFF GROUP ACTION PLAN 30 JUNE 2022

Pillar	Action	Action: Local / Regional / National	Short / Medium / Long Term	Area	Responsible Officer	Deadline
GENERAL PRACTICE						
Plan	Educate staff and patients on how to access the most appropriate care in the right place, with the right person, at the right time. Change the narrative and perception regarding the role of the GP as the first contact for any health-related problem. This should include better promotion of the roles of the wider multidisciplinary team.	Regional	Short	General Practice	Associate Medical Director/Head of Health	31/03/23
Plan	Complete implementation of the Primary Care Improvement Plan providing GP practices with access to healthcare professionals and services to support GP practices in the delivery of healthcare.	Local	Short	General Practice	Associate Medical Director/Head of Health	31/03/23
Plan	Conduct 6 monthly GP Sustainability Survey to provide key information for early identification of potential workforce problems. For our January 2022 survey we have asked practices to provide some information on their Nursing and Administrative/Management teams.	Local	Short	General Practice	Associate Medical Director/Head of Health	31/06/22
Plan	Continue to work with neighbouring HSCPs and NHS Tayside Primary Care services on issues surrounding GP practice sustainability and cross-boundary issues as these issues can often affect workload, recruitment and retention.	Regional	Medium	General Practice	Associate Medical Director/Head of Health	31/03/25
Attract	Review and develop options for GPs to work flexibly as they approach retirement or seek new opportunities, to avoid losing them from the profession.	Regional	Short	General Practice	Associate Medical Director/Head of Health	31/03/24
Employ	Funding has been identified and recruitment is underway for a Primary Care Resilience Team to support GP practices that may experience issues. When not responding to crisis situations within GP practices, the resilience team will be working in a proactive approach to support practices.	Local	Short	General Practice	Associate Medical Director/Head of Health	31/03/23
CORPORATE SERVICES						
Nurture	Review approach to induction to embrace opportunities that arise from hybrid working	Local	Short	Corporate	Head of Finance & Corporate Services	31/03/24

Glossary of Acronyms

A&C	Administration & Clerical
AHP	Allied Health Professionals
ANP	Advanced Nurse Practitioner
ASWSC	Adult Social Work & Social Care
BMA	British Medical Association
C&CT	Contracts & Commissioning Team
CAH	Care at Home
CCATS	Community Care & Treatment Services
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
EMT	Executive Management Team
FFP	Filtering Face Pieces
GDS	General Dental Service
GMS	General Medical Services
GP	General Practitioner
H&WB	Health & Wellbeing
HART	Home Assessment Recovery Team
HCA	Health Care Assistant
HCSW	Health Care Support Worker
HR	Human Resources
I-DART	Integrated Drug & Alcohol Recovery Team
IMT	Integrated Management Team
LD	Learning Disabilities
LInCS	Locality Integrated Care Service
MFE	Medicine for the Elderly
MH	Mental Health
OP	Older Peoples
OT	Occupational Therapist
PDS	Public Dental Service
PKAVS	Perth & Kinross Association of Voluntary Service
PKC	Perth & Kinross Council
PKHSCP	Perth & Kinross Health & Social Care Partnership
PKIJB	Perth & Kinross Integration Joint Board
POA	Psychiatry of Old Age
PPE	Personal Protective Equipment
PRI	Perth Royal Infirmary
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
TEC	Technology Enabled Care
UDCCs	Urgent Dental Care Centres
WTE	Whole Time Equivalent

PERTH & KINROSS INTEGRATION JOINT BOARD

27 JUNE 2022

UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES IN PERTH & KINROSS AND THE IMPLEMENTATION OF MAT STANDARDS

Report by Clare Mailer, Alcohol and Drug Partnership (ADP) Chair
(Report No. G/22/99)

PURPOSE OF REPORT

To update the IJB on progress in the redesign of substance use services, progress in embedding and implementing the Medication-Assisted Treatment (MAT) Standards and progress in the delivery of the priorities outlined in the Perth and Kinross ADP Strategic Delivery Plan 2020-23.

1. RECOMMENDATION(S)

It is recommended the IJB:

1.1. Notes progress in the redesign of substance use services.
1.2. Notes progress in embedding and implementing the MAT Standards.
1.3. Notes progress in the delivery of priorities in the Perth and Kinross ADP Strategic Delivery Plan 2020-23.
1.4. Requests an update in 6 months' time.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 ADP/IJB roles

The ADP provides strategic leadership across Perth and Kinross for all agencies working within the alcohol and drugs field and other agencies with a significant role to play such as housing and education.

Perth and Kinross ADP receives funding from a number of sources. The main sources are NHS Tayside, Perth and Kinross Council and ringfenced monies from the Scottish Government via NHS Tayside. Details of funding streams and how they have been used are contained in Appendix 1.

The IJB is a legal entity responsible for the strategic planning and commissioning of a wide range of services across Perth and Kinross. The Health and Social Care Partnership (HSCP) has responsibility for the operational delivery of these services. Statutory substance use services are delegated to the HSCP.

Responsibility for reducing substance use mortality and harm is the responsibility of the Perth and Kinross Chief Officer's Group, of which the Chief Officer is a member.

SUBSTANCE USE AND RELATED HARM

2.1.1 HARM FROM DRUGS

Figures for 2020 highlight the scale of the challenge that Scotland is facing concerning drug-related deaths. 2020 saw the highest number of drug-related deaths ever recorded with 1,339 deaths, an increase of 5% from the previous year. Perth and Kinross also recorded its highest number of drug-related deaths with 34 fatalities, an increase of 9 (36%) when compared with 2019 and an increase of 4 (13%) when compared with 2018.

For 2021/22, data for Quarters 1-4 (April 2021 to March 2022) shows that there were 18 suspected drug death notifications. This is a reduction of 11 when compared with the same period in 2020/21 which saw 29 suspected drug death notifications.

Following an initial increase, which was partly the result of recording issues, referrals for drug treatment for Quarters1-3 2021/22 have returned to comparable levels with referrals for 2020/21 for the same period.

This highlights that the increase in drug-related deaths and continued increase in referrals has not been sustained in 2021/22. However, drug harm remains a significant concern for communities in Perth and Kinross.

2.1.2 It should be noted that figures for drug deaths for the first three quarters of 2021/22 are suspected. This is because it takes time for analysis to take place regarding accidental or intentional overdose of substances, which substances (including alcohol) are present in the blood stream, any underlying physical cause of death and whether this is the primary cause or not. Waiting times for analysis were compounded by the Covid pandemic. Anecdotal information is available within areas, but this is not shared nationally, as to do so without proper analysis, would not be helpful. Waiting times for analysis are reducing and it is anticipated that this will result in a timelier release of drug death data.

2.1.3 HARM FROM ALCOHOL

Figures for Scotland for 2020 highlight that the year saw the largest number of alcohol-specific deaths recorded since 2008, with 1,190 deaths. This is an increase of 17% when compared with 2019. In Perth and Kinross, 25 alcohol-related deaths were recorded in 2020. This is an increase of 2 when compared with 2019 and is 5 fewer than the number recorded in 2018. Alcohol-specific death figures are published nationally with data for 2021 available later in the year.

Figures for 2019/20 and 2020/21 highlighted an ongoing increase in the number of new referrals for alcohol treatment. For 2021/22, the number of referrals for Quarters 1-3 is 361. This suggests that the total number for 2021/22 will be similar to the previous year's

total. Therefore, new referrals for alcohol treatment continue to highlight that, as with drug harm, alcohol harm remains a significant issue for communities in Perth and Kinross.

3. REDESIGN OF SUBSTANCE USE SERVICES

Perth and Kinross ADP is continuing to develop and implement a Recovery Oriented System of Care (ROSC) which will enable people affected by substance use and their families, to have access to the support they need on their recovery journey. The planned redesign of services had to be suspended as services responded to the challenges posed by COVID. Following the easing of COVID restrictions, work to develop and implement the ROSC has now resumed.

The ADP is utilising Scottish Government funding which has been made available to reduce drug deaths and harms to support the ROSC in a number of key areas. These include: the integration of substance use services; the expansion of access to residential rehabilitation; implementation of the Whole Family Approach Framework; and to support the involvement of people with lived and living experience in service developments and expand the 'Recovery Community' (a range of peer support groups and activities) across Perth and Kinross.

Additional funding for Medication-Assisted Treatment (MAT) Standards will also be utilised to support the implementation of the Standards. In lieu of confirmation of recurring funding from the Scottish Government, the ADP is underwriting this from its reserves. This will enable MAT Standards implementation work to progress. However, in the longer term, Scottish Government funding will be required to enable the Standards to be implemented and to allow the ADP to utilise its reserves to support other work and respond to ongoing financial pressures.

3.1 INTEGRATION OF SUBSTANCE USE SERVICES

The integration of all community-based substance use services in Perth and Kinross continues to be a key focus of the ADP. The Integrated Drug and Alcohol Recovery Team (IDART) was formed in 2020 with the aim of improving the effectiveness and efficiency of support for people with substance use issues and their families.

Perth and Kinross ADP has supported the formation and development of the new service by providing funding for additional posts. Recruitment to these additional posts is ongoing and to date an occupational therapist, two recovery workers and a social worker with significant mental health experience have been successfully recruited. In addition, recruitment to a number of new nursing posts is either complete or ongoing. It is anticipated that recruitment of a psychology assistant will also shortly be completed.

Delays in recruitment and issues with the retention of substance use staff, especially nursing staff, remains a challenge. These factors, coupled with the time required to induct new members of staff has resulted in a longer time than had originally been anticipated to fully resource the new service. Mitigating actions identified in the HSCP Workforce Plan, increased investment in the team and implementation of the new model of working which will increase levels of job satisfaction, should lead to an improved situation regarding recruitment and retention of staff.

Once the new posts are recruited to, the increased capacity will mean it is possible to reduce waiting times, reduce the caseloads of workers in IDART and implement a new model of delivery which will enable the various professions to operate at the higher end of their remit.

Waiting times have been adversely affected by the lack of staffing resource coupled with COVID and non-COVID related absence. However, following a review of waiting times performance, several operational changes have been implemented, such as the introduction of a 14-day opt-in letter and the reopening of rural facilities. The impact of these changes and the increased staffing resource are expected to improve waiting times performance. This is being closely monitored and further operational changes will be implemented if required.

The service will also be able to offer an expanded range of treatment supports to promote a focus on recovery. These include help for people to stabilise chaotic lifestyles so they can engage with therapeutic interventions, increased access to individual and group psychological therapies and support with integration into local communities including accessing employment and Further Education. This investment will also support the ongoing development of the multi-agency assessment clinic and triage.

The new service has developed a model of integrated working which utilises recovery workers to support service users throughout their recovery journey. This sees service users receiving intensive support from initial contact with IDART through appropriate medical and non-medical treatments such as group psychology sessions, to community integration where they are supported to access a range of community recovery supports, such as recovery cafes and walking groups.

The IDART Service is currently based at Drumhar Health Centre. The service expansion outlined above, coupled with the continued challenges associated with working in a shared space with other services, means that additional accommodation is required for IDART to deliver its full range of functions.

A longer-term plan of accommodating the service in Pullar House has been proposed. The ADP has identified funding to support alternative, interim accommodation over the next three years. Options are currently being explored in Perth City.

3.2 RESIDENTIAL REHABILITATION

A key part of the Scottish Government's National Mission to reduce drug deaths and harms is to improve access to residential rehabilitation for people who want this and for who it is deemed clinically appropriate. The Scottish Government has provided ADPs with ring-fenced funding over the next five years to support this.

A revised process for accessing residential rehabilitation has been implemented in Perth and Kinross. In this revised process, individuals who would like to access residential rehabilitation can either self-refer or be referred by a professional. The referral is then screened by the residential rehabilitation screening group to determine suitability. The screening group includes clinical and non-clinical colleagues from the statutory and third sectors. Support for people when they return to their local community after residential rehabilitation is essential to help reduce the risk of relapse. This process has also been reviewed and now everyone leaving residential rehabilitation has a recovery worker allocated to them to provide ongoing support.

Residential rehabilitation facilities across Scotland are accessible to all, irrespective of locality of residence. To date, there are four service users whose applications for entry to residential rehabilitation have been approved by the screening group.

4. MAT STANDARDS

The Medication Assisted Treatment (MAT) Standards focus on the health and wider social needs of individuals who experience problems with their drug use. The Standards seek to ensure that individuals have choice in their treatment from a wide range of options including the use of medication such as methadone and buprenorphine, together with psychosocial and social support and can access the right support for their situation at any time throughout their recovery journey.

The purpose of the Standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

The introduction of the MAT Standards will help to strengthen the Perth and Kinross ROSC by ensuring that partner organisations work together to offer choice and achieve consistent delivery of safe and accessible treatments.

There are ten MAT Standards. These are:

1. All people accessing services have the option of MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1), routinely delivers evidence-based low intensity psychosocial interventions (tier 2) and supports individuals to grow social networks.
7. All people have the option of MAT shared with primary care.
8. All people have access to independent advocacy and support for housing, welfare, and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma-informed care.

4.1 MAT STANDARDS IMPLEMENTATION - PROGRESS

The Scottish Government has indicated that funding will be made available to ADPs to support the implementation of the MAT Standards. The newly created multiagency Perth and Kinross MAT Standards Implementation Group is working with colleagues from MIST, the Scottish Government's MAT Standards Implementation Support Team to ensure that the Standards are embedded and implemented in accordance with the Scottish Government's timescales. As part of this work, a robust performance framework will be

developed to monitor progress and assess the impact of the implementation of the Standards.

Perth and Kinross ADP remain committed to ensuring that those with lived and living experience of substance use play a key role in shaping substance use services. Therefore, work to implement the MAT Standards will be informed by the views of those with lived and living experience of substance use.

5. ADP STRATEGIC DELIVERY PLAN 2020-23

The Perth and Kinross ADP Strategic Delivery Plan 2020-23 is attached as Appendix 2. The Plan focusses on four priorities which align with the Scottish Government's national substance use strategy. Progress against the Delivery Plan was paused shortly following its inception because of the necessity to respond to the challenges of COVID. Following the resumption of key services, work is now underway to deliver each of the four key priorities progress against the Delivery Plan and progress is reviewed quarterly at ADP Strategy Group meetings.

Examples of some of the pieces of work that are being undertaken for each priority are highlighted below.

5.1 PRIORITY 1 – PREVENTION AND EARLY INTERVENTION

This priority considers how the prevention of the harms associated with substance use requires it to be viewed in relation to other policy areas such as education and social inclusion. Two relevant examples of work ongoing to progress this priority are:

The ADP has co-funded, with the Safer Communities Team, a project run by the Strathmore Centre for Youth Development (SCYD). The project aims to focus on the impact that substance use is having on young people in the Blairgowrie and Rattray area. The project will run in three phases with phase 1 seeking to understand the impact that drugs and alcohol are having on young people in the area; phase 2 will involve strategically planning and implementing a series of projects for young people to tackle the issues identified in phase 1 and phase 3 will train young people as peer mentors and educators.

The Youth Engagement Team (YET) are continuing to work in Partnership with other services such as Police Scotland and the Third Sector including The Lighthouse and Hillcrest Futures to engage with young people out of hours to provide advice and support around a range of issues such as risk-taking behaviours involving substance use. In addition, the team is continuing its drug education work in several schools throughout Perth and Kinross.

5.2 PRIORITY 2 – RECOVERY ORIENTED SYSTEM OF CARE (ROSC)

The second priority seeks to support recovery by ensuring that there are a range of services available to people which are trauma informed and provide compassionate responses, when they need to access them. Three examples of work currently underway to deliver this priority are highlighted below.

Following the easing of COVID restrictions, the network of Recovery Cafes that operated prior to the pandemic have recommenced face-to-face meetings. In addition, a new Recovery Cafe for Perth City is currently being planned and a new Recovery Development

Officer post will shortly be advertised to lead the development of a grassroots recovery community in Perth and Kinross.

The ADP is continuing to fund the provision of specialist advocacy support for people with substance use issues. Independent Advocacy Perth and Kinross (IAPK) provide an advocacy worker who helps people navigate systems and overcome barriers to accessing services and to effectively engage with them.

In 2021/22, IAPK received 25 referrals to work with people with substance use issues and provided support to an average of 18 people per month. Engagement with IAPK has resulted in a variety of positive outcomes for people with substance use issues including improved relationships with professionals, increased confidence in dealing with challenging situations and improved engagement with services. This has been achieved despite working in challenging circumstances because of the continuation of some COVID restrictions in certain settings.

The Perth and Kinross Non-Fatal Overdose Group contains representatives from substance use services across the statutory and third sectors. The Group receives information from the Scottish Ambulance Service, via NHS Tayside Public Health and Police Scotland, via Adult Support and Protection Vulnerable Person Reports regarding all non-fatal overdose incidents they attend. Plans are under development to recruit a Pan-Tayside Non-Fatal Overdose Programme Manager and Project Manager to lead and manage the implementation of the Unintentional Overdose Prevention improvement and development programme.

Since the inception of the Group, 138 incidents have been discussed relating to 80 people. Of those 80 people, 27 have recorded repeat incidents which account for 85 of the 138 incidents. There are three incidents on average each week, with Friday and Saturday as the key days for incidents occurring.

5.3 PRIORITY 3 – GETTING IT RIGHT FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

A key strategic aim of the ADP is to ensure that a whole family/ system approach is embedded across services. A specialist substance use carers support worker, who is part of IDART, works with carers and families to offer a range of supports including harm reduction awareness, therapeutic support and financial advice and support. Carers and family members also engage directly with the ADP via EPICS, who are a group of carers who are caring for or have cared for someone with a substance use issue. EPICS are members of the ADP Adult Delivery Group and meet fortnightly with the ADP to discuss issues of concern.

Two examples of current projects in relation to this priority are described below.

The ADP is funding the post of project worker for the Families Empowering Communities Project in Letham and Crieff. This is a community-led intervention which is taking a unique approach to seek to reduce disadvantage and inequality for families, prevent escalation of issues and improve outcomes for the communities. One outcome is to encourage co-designed solutions and foster better collaborative working by ensuring the views of all community members, including those with lived and living experience of substance use are included.

The work of the project has seen several activities within communities taking place such as the development of a children's club at Letham Primary School following a request from the children, the establishment of 'Letham Together' which has around 20 members with two meetings held to date and a 'Chill and Chat' has been also established in Crieff to promote healthy relationships.

The ADP continue to fund a test of change which has been established to test a different approach to engaging with families. The project works with a small number of families across Perth and Kinross where there are children living in the family home and there are issues with drugs and/or alcohol and for whom there is a need for a service from more than one agency. The families are assessed at home and offered support through the development of a joint plan which encompasses all elements of the family's needs and is shared across participating services, including those from the statutory and third sectors.

An assessment of impact of the project will take place at the end of August to enable additional families to participate. However, to date, several positive outcomes have been achieved including the development of new assessment tools, better engagement with services for families, improved confidence and a sense of empowerment for families, and improved working relationships between services.

5.4 PRIORITY 4 – PUBLIC HEALTH APPROACH TO JUSTICE

The fourth ADP priority seeks to ensure that vulnerable people are diverted from the justice system where this is appropriate and those within the justice system are full supported. Two examples of current work highlight this approach.

The ADP, in conjunction with the Perth and Kinross Community Justice Partnership, is providing support to a two-year test of change which will see the establishment of a Custody Arrest Referral Service (CARS) for Perth and Kinross residents. Specifically, the funding will support the provision of a Custody Arrest Referral Worker who will work exclusively with Perth and Kinross residents who have been arrested and detained in the Dundee Custody Suite. This will provide services in Perth and Kinross with the opportunity to identify individuals in crisis; engage or re-engage individuals with person centred support targeted at addressing unmet need (such as support linked with problematic substance misuse, mental health and/or homelessness) with the intention of minimising escalating offending behaviour and further crises.

The Prisoner Release Delivery Group has recently been established with the aim of ensuring there are clear pathways between prison and community support services, including support with substance use issues. The multiagency group, which includes SPS (Scottish Prison Service), IDART, PKC Housing and Safer Communities Teams, Skills Development Scotland (SDS), PKC Criminal Justice Social Work and the ADP is seeking to build on and enhance the successful pathway model that was developed to manage the early release of prisoners in 2020, in response to the pandemic.

6.0 OTHER AREAS OF DEVELOPMENT

6.1 ALCOHOL

As the continued high level of alcohol-related referrals to services highlights, alcohol continues to have a significant impact on communities throughout Perth and Kinross. As well as the implementation of a community-based alcohol detox service, the following actions have been taken to try and address this:

- The ADP has provided Tayside Council on Alcohol (TCA) with funding to test a model of service delivery which uses a mix of paid staff, volunteers, and student counselling placements to increase scope and capacity within the counselling service. This will see the addition of a new post within its Perth team, to co-ordinate, support and supervise student placements
- Funding has been provided for a Pan-Tayside Alcohol Brief Intervention (ABI) co-ordinator post to support the delivery and embedding of ABIs. The postholder has now been recruited and is currently developing an ABI delivery plan for Tayside.

6.2 MENTAL HEALTH

Trust and Respect, the final report of the Independent Inquiry into Mental Health Services in Tayside, made several recommendations for changes and improvements in mental health services across NHS Tayside. In response to Recommendation 14 which stated that NHS Tayside should 'Consider developing a model of integrated substance use and mental health services,' the Scottish Government requested that Healthcare Improvement Scotland work with NHS Tayside to develop an Integrated Mental Health and Substance Use Pathfinder project which will improve outcomes for people with a dual diagnosis of mental ill health and substance use. The project will prototype a new model and pathway of care, with a view to spreading good practice, innovation and learning about "what works" in developing and delivering integrated and inclusive Mental Health and Substance Use services. The ADP Lead Officer is a member of the Project Delivery Group and is working with colleagues through Tayside to develop the new model and care pathway in Perth and Kinross.

During the next 12 months, the programme team will work with people who have lived experience of mental health and substance use and with relevant services to identify what might improve care and support and to design and test a variety of ideas.

7. CONCLUSION

Despite a positive decrease in the number of suspected drug-related deaths, referrals to services in Perth and Kinross for both drug and alcohol use remains high. In response to this, Perth and Kinross ADP is continuing to develop and implement a Recovery Oriented System of Care (ROSC) to support people affected by substance use and their families and carers.

This has seen significant investment in the IDART service and the implementation of a revised process for accessing residential rehabilitation. The introduction of the MAT Standards will further ensure that people have access to the treatments they require when they are required and Perth and Kinross ADP is working closely with the Scottish Government to embed and implement the Standards.

Following remobilisation of services, progress is also being made in each of the four priorities outlined in the ADP Strategic Delivery Plan 2020-23. Funding has been provided to support a range of projects that are operating throughout Perth and Kinross to further facilitate opportunities for recovery for people affected by substance use.

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APPENDICES

1. Financial Framework
2. ADP Strategy Delivery Plan 2020-23

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

APPENDIX 1

Perth & Kinross Alcohol and Drug Services Financial Framework

The recurring budget and expenditure plan for Perth & Kinross Alcohol and Drug Services is detailed in table 1 below.

Table 1

	Funding Source	Recurring Budget £000	Recurring Expenditure £000
Alcohol and Drug Partnership	Core ADP Budget	1,921	1,921
P&K HSCP Health	Core Health Budget	474	474
P&K HSCP Social Care	Core Social Care Budget	496	496
Prison Healthcare	Core Prison Healthcare Budget	558	558
Reducing Drug Death/National Missions	Scottish Government	568	568
Residential Rehabilitation	Scottish Government	138	138
Drug Death Task Force	Scottish Government	78	78
MAT Standards	Scottish Government	tbc	213
Total 2022/23 Budget		**4,233**	**4,446**

The Core Budgets for Alcohol and Drug Services include funding, either in whole or in part, for the following services: Integrated Drug and Alcohol Recovery Team (IDART); 3rd Sector Funding for numerous services which contribute to the ROSC; Residential Placements; Change is a Must within Education & Children's Services; Prison Healthcare; Public Health Support; Psychology.

The Reducing Drug Death/National Mission budget will fund the expansion of workforce within IDART, increase support for children, young people of families affected by substance use, Prison Healthcare and Psychology.

The Residential Rehabilitation budget will support and provide improved access to residential rehabilitation.

The Drug Death Task Force budget is funding enhancing the Non-Fatal Overdose Pathway and the expansion of workforce within IDART.

Recurring funding for MAT Standards has not yet been announced or confirmed by the Scottish Government. Until funding is confirmed the Perth and Kinross Alcohol & Drug Partnership (ADP) will underwrite the recurring commitment from reserves. The recurring expenditure will fund multi-disciplinary workforce to allow implementation of the standards.

In addition to the recurring budget detailed above, the IJB holds reserves for the ADP as detailed in table 2 below.

Table 2

	Non-Recurring Budget £000	2022/23 Planned Expenditure £000	2023/24 Planned Expenditure £000	2024/25 Planned Expenditure £000	Balance Remaining £000
Perth & Kinross ADP	457	393	64	0	0
Reducing Drug Death/National Missions (2020-2022)	611	0	226	226	159
Drug Death Task Force (2020-2022)	85	0	2	0	83
MAT Standards (2021/22)	165	106	59	0	0
Totals	**1,318**	**500**	**351**	**226**	**242**

Perth and Kinross ADP has a reserve that has accumulated, over a number of years, from in year underspend against core budget. This has been protected and transferred into a reserve for future expenditure. In addition, throughout 2020/21 and 2021/22 the Scottish Government allocated funding to support work to reduce drug deaths, implement the recommendations of the drug death task force, and to implement the MAT standards. Funding was initially provided during the financial year and accumulated slippage whilst plans and recruitment were implemented. The slippage in expenditure has been transferred into a reserve for future expenditure.

The non-recurring funding is predominantly being used to meet short term needs, however there may be ongoing pressures that will need to be included in future financial planning.

PERTH & KINROSS

ALCOHOL & DRUG PARTNERSHIP

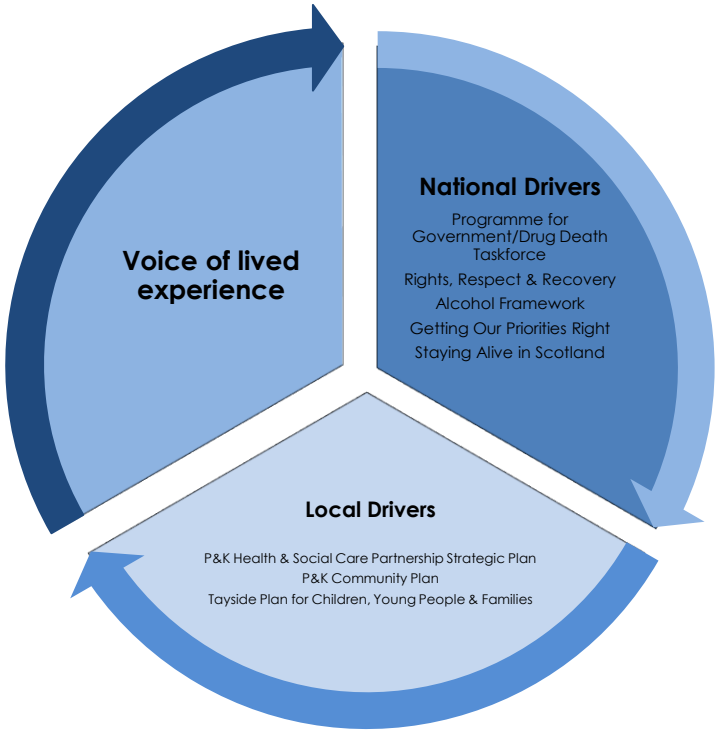
STRATEGIC DELIVERY PLAN 2020-23

RECOVERY PLEDGE

Perth and Kinross ADP will work to reduce the harms associated with drugs and alcohol and will facilitate opportunities for recovery for people affected by substance use. We will do this by

- **Engaging with people with lived experience, to help us shape our policies and our services**
- **Taking a whole system/whole family approach to service planning and delivery.**
- **Working to the recommendations made by the Drug Death Task Force, Scottish Health Action on Alcohol Problems (SHAAP), the national alcohol and drug strategies, and annual Tayside Drug Death Report. as well as the guidance provided by the Partnership Delivery Framework.**
- **Working with the Health and Social Care Partnership, and the Chief Officers Group to promote a "level playing field" between statutory and third sector services**
- **Ensuring that our approach is consistent with Partners working under the sphere of "Public Protection".**
- **Working to the recommendations of the Independent Inquiry into Mental Health service in Tayside; "Trust & Respect"**

WHAT SHAPES THE WORK OF THE PERTH & KINROSS ALCOHOL & DRUG PARTNERSHIP?



Alcohol

Almost three-quarters (73%) of alcohol sold in Scotland is in off-sales trade.

Neighbourhoods in Scotland with higher numbers of alcohol outlets have a higher rate of alcohol-related harm and death rates.

In 2018, there was 9% more alcohol sold in Scotland than England and Wales. This is the smallest difference ever recorded.

The Scottish Health Survey results for Tayside, show that during the period 2015-2018, 30% of men and 14% of women were drinking alcohol at levels that are considered hazardous or harmful (over 14 units / week).

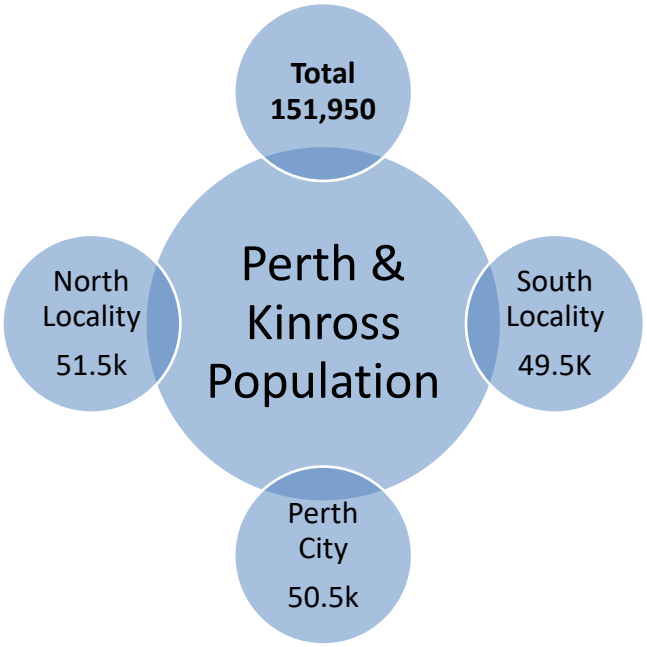
21% of adults in Tayside drink alcohol in excess of safe government guidelines which is marginally lower than the Scottish average 25%.

It is estimated that alcohol-related harm cost to Perth & Kinross is approximately £42.04 million per annum.

In 2018 there were 1,336 alcohol related attendances at A&E in Perth & Kinross (*age standardised rate of 931.5 per 100,000 population*)

In 2018 there were 571 alcohol related hospital stays (*rate of 379.1 per 100k population*) and 22 alcohol specific deaths *(five-year average of 20 per 100k population*)

DEMOGRAPHICS



Perth and Kinross contains 73,261 households and is broken down into 186 data zones in the Scottish Index of Multiple Deprivation

The 2020 edition shows that 11 are within the 20% most deprived in Scotland

This equates to 5.6% of the population in Perth & Kinross living within the 20% most nationally deprived areas in Scotland

35% of household's have single occupant tax discount.

Source: NRS Mid-year estimate 2019 / NHS LIST locality profiles

Drug

Scotland has the highest rate of drug related deaths per million of population in Europe.

It is estimated that there are 1500 problem drug users within the Perth & Kinross area which is an estimated prevalence rate of 1.6% and 454 people in receipt of Opiate Replacement Services.

In 2019/20 there were 315 drug Related Hospital discharges recorded in Perth & Kinross, this is the highest number recorded in 20 years of data collection.

There were 30 Drug Deaths Recorded in Perth & Kinross in 2018 and the five-year average rate of deaths was 10 per 100k population against a Scottish Rate of 16 per 100k

In 2019/20, 201 Non-fatal overdose incidents were recorded by the Scottish Ambulance Service in Perth & Kinross compared to 145 in 2018/19.

In Tayside, having effectively achieved Hepatitis C elimination, focus is on maintaining elimination via harm reduction and embedded BBV testing in our services as 90% of all new transmissions are in people who inject drugs.

Priority 1: Prevention and Early Intervention

Outcome: Substance use, and how to prevent the harms associated with it, is considered in the widest sense in Perth & Kinross, with acknowledgement that prevention of, and early intervention to, substance use, has its roots in social inclusion, quality of life and equity of opportunity. This requires links into other policy areas including housing, education and justice.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
Education, prevention and early intervention on alcohol and drugs	Substance use/wellbeing workshops are delivered in schools and programmes (online or delivered) are available to alternatives to mainstream education settings. Fewer young people experience harms associated with substance use. The inequality gap in harms resulting from substance use is reduced	Young people's attitude towards the risks of drug use (SALSUS) Young people's reported wellbeing (SALSUS)	Number of children and young people using drugs (SALSUS) Number of Young people using alcohol (SALSUS) Number of young people indicating problematic use (SALSUS) Number and rate of young people admitted to hospital for drug related admissions (Drug Related Hospital Statistics, Information Services Division: DRHA, ISD) Number and rate of young people admitted to hospital for alcohol related admissions (Alcohol Related Hospital Statistics, Information Services Division: DRHA, ISD)
	Perth & Kinross ADP has a clear prevention framework, utilising the knowledge and experience of our colleagues in Greater Glasgow and Clyde.		

	Alcohol Screening and Brief Interventions (ASBI) is embedded in Priority and Secondary settings in Perth & Kinross		Number of ABIS delivered a) In primary settings b) In secondary settings
Address stigma in our communities	Prevention, and early intervention to reduce harm associated with substance use, is reflected within the work of the Perth & Kinross Equalities workstream and the Perth & Kinross Chief Officers Group People who are closely affected by drug and/or alcohol related death are supported. Workforce development opportunities are provided that supports the wider health and social care workforce to enquire proactively and routinely about people's substance use in a non-judgemental way and know where to direct people for support if required		Rating of neighbourhood by SIMD – gap between 1st and 5th quintile (Scottish Household Survey [SHS] Report(s), SG) Child poverty rates in Local Authority area (Child Poverty Dashboard data, SG) Child poverty rates nationally (Child Poverty Dashboard data, SG) Delivery of Fairer Scotland Action Plan (SG: Delivery of FSAP Progress Report[s]) Rating of neighbourhood as a place to live (incl. by SIMD) – perceptions, strengths, engagement with local community, social isolation, and feelings of loneliness (SHS, SG); Feelings of safety in neighbourhood (Scottish Crime and Justice Survey: SCJS, SG) Rating of drugs being a problem in neighbourhood. (SCJS, SG) Level of self-reported stigma related to drug use among people who inject

			drugs (Needle Exchange Surveillance Initiative, Health Protection Scotland [NESI: HPS]) Social capital (and constituent parts – social networks, community cohesion, community empowerment and social participation) ratings by quintile (National Performance Framework, SG
A reduction in the attractiveness, affordability and availability of alcohol	ADP representation on Licensing Forum.	The ADP is represented in the actions and representations of the Alcohol Licensing Forum	

Priority 2: ROSC

Outcome: Recovery is visible and celebrated across Perth & Kinross. When people need services, they are easy to access "the right service at the right time", and are good quality, providing compassionate responses that are trauma informed and person and family centred.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
The ADP will have a visible connection to people with lived experience who can act as a "critical friend" regarding system and service development. There will be a mechanism in place for people with lived experience to feed in and feed back to the ADP.	Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services; There is an ongoing programme of engagement with people with lived experience of substance use (whether theirs, or a person close to them) and evidence of such	The voice of lived experience is threaded throughout the actions of the ADP. A Lived Experience Reference Group is an active partner to ADP Strategy Group. A programme of engagement is in place. This is published on the ADP, HSCP and NHS Board website. Any person accessing substance use services is provided with the programme of engagement and supported to contribute.	Number and frequency of engagement opportunities Number of people participating in engagement opportunities.
A well-functioning, joined up Recovery Orientated System of Care (ROSC) is in place in Perth & Kinross that delivers seamless support, and encourages individuals to remain engaged with support services throughout their Recovery journey.	Access to services, particularly prescribing services, is simple and free from unnecessary delay. There is a clear pathway between in-patient and community services, and between Prison based healthcare and community services. The draft Medication Assisted Treatment (MAT) Standards, as published by the Drug Death Taskforce, inform and are evident within, the ROSC.	Daily referral and assessment hub (operational) Shared paperwork Monthly ROSC Implementation Group (strategy)	Drug and alcohol treatment waiting times (primary waiting time) (National Drug and Alcohol Treatment Waiting Time Statistics, ISD) % of people completing treatment and discharge reason (SDMD) % of reviews completed in line with recommendations (DAISy) Number of needles/syringes supplied from Injecting Equipment Provision services (Injecting Equipment Provision [IEP] Report(s), ISD)

			Ratio of IEP outlets per estimated 'problem drug user' estimate (IEP Report, ISD) Number and Type of IEP outlet (e.g. pharmacy, clinic, outreach) (IEP Report, ISD) Naloxone reach (Naloxone Report, ISD) Numbers of people receiving methadone (ScotPHO website) Prevalence of Opiate Substitute Treatment (OST) engagement among people who inject drugs (NESI, HPS) Prevalence of illicit benzodiazepine use among people who inject drugs (NESI, HPS)
	A whole systems approach is evident throughout the ROSC with a standard expectation that multiple and complex needs will be considered and addressed.		% of service users who have received any other interventions (as per SMR25b) since last review (SDMD) % change in accommodation status from any other classification to "owner/rented – stable" (i.e. secure) and vice versa (SDMD) Prevalence of homelessness among people who inject drugs (NESI) % of those using tobacco referred to cessation support (DAISy*) % of clients where routine enquiry undertaken re. childhood and domestic abuse (DAISy*)

Independent Advocacy is visible and valued across the ROSC.	Residents of Perth & Kinross have access to specialist advocacy support.		Number of referrals to IAPK specialist peer advocacy worker Number of engagements between IAPK and substance use services
The growth of Recovery Communities in P&K is supported.	Every locality will have a Recovery Community Group which is well supported and organised with active support of people with Lived Experience.		Number of Recovery Community Groups in P&K Engagement of ADP with Recovery Community Groups. % and number of people in services also involved with mutual aid/peer support/recovery groups (DAISy*)
Non- Fatal Overdose Pathway Should we enhance this a bit to state we have an effective non fatal overdose pathway that informs improved service delivery and minimises suspected drug related deaths etc	Perth & Kinross has a well embedded, multi-agency response to non-fatal overdose.		Number of NFO related Multi-agency meetings Prevalence of recent non-fatal overdose among people who inject drugs (NESI)

Priority 3: Getting It Right for Children, Young People and Families

Outcome: A Whole Family/Whole System approach is embedded across Perth & Kinross services.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
The importance of friends and family providing love and support to people in recovery is valued	People with lived experience of substance use (drugs or alcohol) are seen in the context of their friends and family, and wider social group. The importance of friends and family providing love and support to people in recovery is valued and support is available to people to enable them to continue this vital aspect of recovery support,	'informal' helping network is visible in recovery plans annual 'friends and family' survey SU report greater involvement of friends and family	Numbers of family group conferences/ sessions
Children are seen in the context of their families.	Children affected by substance use are provided with support, and children and adult services are connected and provide support that is joined up and comprehensive.	The value of having a family plan is understood and embraced by all workers who understand that this will enhance the assessment of strengths, risk and need across the family system.	Number of family recovery plans Number of adult service attendance at Child planning meetings Number of children's services attendances at adult planning meetings
Trauma informed practice is embedded across the ROSC	PKADP: facilitates the delivery of evidence based multi-agency workforce development opportunities to those working with parents who use substances and their children.	Mapping of available workforce development opportunities to support learning and development in respect of children affected by (parental) substance use. Gaps identified Mapping of available workforce development opportunities to support learning and	Number of individuals who undertake workforce development opportunities in respect of; • Children affected by (parental) substance use

	Identifies appropriate learning needs/target groups regarding Children Affected by (parental) substance use Identifies appropriate learning needs/target groups regarding Foetal Alcohol Spectrum Disorder Identifies appropriate Bereavement Training for the workforce in Perth & Kinross. PKADP facilitates access to workforce development opportunities that support the development of a trauma informed workforce.	development in respect of Foetal Alcohol Spectrum Disorder. Gaps identified Mapping of available workforce development opportunities to support learning and development in respect of trauma. Gaps identified.	• Foetal Alcohol Spectrum Disorder. • Trauma
Perth & Kinross has a culture which avoids silo working	There is an Improved interface between services for Adults and Children and Young People (Adhere to Quality Principle 8- 'Services should be family inclusive as part of their practice') "The Quality Principles - Standard Expectations of care and support in Drug and Alcohol Services".	Annual self-evaluation against the Quality Principles plus sample audit of case files/recovery plans	

Outcome: Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE – QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
The specific needs of women are addressed within service provision. A gendered lens is used when developing services.	Onestop Women's Learning Service – a holistic service to support women offenders with multiple and complex needs – it is established, staffed and funded The Men's Service –wraparound model to improve health and wellbeing of men in the criminal justice system is operational in Perth & Kinross.	Feedback from individuals on the services available and experiences	Number of referrals into the OWL Service. Number of referrals into the Men's Service.
Community supports are available for people who are, or have experience of, being subject of the criminal justice system	An employability project providing a range of employability opportunities for people of all ages and backgrounds is in place in Perth & Kinross Community Justice and Scottish Prison Service are part of the Recovery Orientated System of Care with established pathways into community support services.		Number of people diverted from prosecution and to drug treatment/education (CJSW Statistics) Number of people diverted from prosecution and to alcohol treatment programmes (CJSW Statistics) Number of people diverted from prison custody via DTTO (CJSW Statistics) Number of people diverted from prison custody via CPO with alcohol treatment condition (CJSW Statistics) Number of people diverted from prison custody via CPO with drug treatment condition (CJSW Statistics)
Throughcare between Prison and community is supported	P&K has an established pathway between Prison and community support		

	services, including prescribing services, housing and recovery support services.		% of people transitioning from prison to community treatment without interruption to care (DAISy*)

P & K HSCP STRATEGIC PLANNING GROUP

BRIEFING NOTE

Topics for consultation at the above meeting, held on 17 May 2022, were the National Older People Strategy Consultation and the revised Integration Scheme:

SCOTTISH GOVERNMENT OLDER PEOPLE STRATEGY CONSULTATION

The Scottish Government undertook a period of engagement activity during the latter part of 2021 with a wide range of older people from a range of organisations and groups that support them, as well as individuals through a questionnaire which ran from September-November 2021. A subsequent online questionnaire has been made available between 28 February-19 June. After which the consultation responses will be analysed and along with feedback from other engagement events and will be used to form a final Health and Social Care Strategy for Older People which will be published later in 2022.

The HSCP circulated the consultation document to relevant staff, strategy groups, providers, and community groups for completion, it is designed in the majority for individuals to complete but also includes sections which require specific input from specific areas of delivery/staff/teams. As such we took the consultation paper to the Strategic Planning Group, we divided the membership into four groups in line with the four themes (and associated questions as identified within the consultation):

Place and Wellbeing

- Do you have examples of communities, voluntary / third sector and public sector organisations working together to improve older people's health and wellbeing and to reduce any health inequalities which they experience?
- What could we do to improve your access to mental health services?

Preventative and Proactive Care

- When thinking about health and social care services for older people in Scotland, what do you feel has worked well in the past?
- What is currently working well?
- How do you think services could be improved?
- When is a good time to have discussions about Anticipatory Care Planning with older people?
- Is there anything else you would like to add about preventative and proactive care for older people?

Integrated Care Planning

- What could be done to improve joint working between health and social care services?
- What is currently working well to support planned health care and treatment and what needs to be improved?
- When thinking about palliative and end of life care in Scotland, what is working well and what could be improved?

Integrated Unscheduled Care

- What is currently working well to support older people who require urgent or emergency care and what could be improved?
- If you have no experience of Hospital at Home, do you think this is a service you would use if needed and benefit from?
- Is there anything else you would like to add about integrated planned care for older people?

Each group explored these questions in depth, it was hugely advantageous to have mixed groups of stakeholders discussing the varying perspectives. It was established that within Perth and Kinross there are a wide variety of provisions but their inter connectivity or the ability to access them in very rural areas remains challenging. Discussion took place that articulated the need for strategic decision making to be informed by local need. Age of intervention was explored and what early intervention really means, should we be focusing on areas of deprivation and health inequalities, and where do the Community Planning Partnership have responsibility.

The importance of the carer role and perspective was highlighted, them feeling involved and empowered within processes and decision making and discussion regards new models of delivery, investment in TEC, 24/7 availability of care and support and workforce challenges.

Key points were mirrored across groups and identified a sense of needing more integrated working, deeper understanding of the roles of professionals, simplified but integrated pathways (including third sector), improved methods of communication being required and known issues around social isolation and rurality were highlighted as areas that presented difficulties.

The feedback from the Strategic Planning Group and that of our other engagement activity, including forthcoming community engagement events will be collated and returned to the Scottish Government, ensuring a collaborative and inclusive approach to this consultation has been undertaken within Perth and Kinross.

REVISED INTEGRATION SCHEME

The council's Chief Operating Officer Karen Donaldson attended the Strategic Planning Group and presented on the revised version, highlighting changes.

The three schemes for Angus, Dundee and Perth & Kinross will all be reviewed at the same time. The functions that are delegated to the three Tayside Integration Joint Boards are the same in the draft revised schemes as in the original schemes. The IJBs continue to be responsible for strategic planning in relation to all community-based health and social care services for adults, services related to unplanned admissions to hospital and a limited number of arrangements in relation to child health. The membership of the Integration Joint Boards is the same.

There followed a discussion in relation to the membership of public partners on the IJB and the discussion that has taken place in relation to voting rights, this was acknowledged and that this would be require resolution through a change to current legislation and could not be addressed through the revision of the Integration Scheme. The Integration Scheme was out for consultation until 27 May 2022 and feedback was encouraged. The revised Integration Scheme will go to Perth & Kinross Council and NHS Tayside Board for approval by the respective governance bodies. It will then be submitted to the Scottish Government is 30 June 2022.

PERTH AND KINROSS INTEGRATION JOINT BOARD

27 JUNE 2022

UNAUDITED ANNUAL ACCOUNTS 2021/22

Report by Head of Finance and Corporate Services
(Report No. G/22/101)

PURPOSE OF REPORT

This report presents the Integration Joint Board's (IJB) Unaudited Annual Accounts for the financial year 2021/22 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

1. RECOMMENDATION(S)

It is recommended that:

(i) The IJB authorises the Head of Finance and Corporate Services to sign the Unaudited Annual Accounts on behalf of the IJB.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 The Unaudited Annual Accounts for 2021/22 are due to be submitted to the Controller of Audit by 30 June 2022.

2.2 The Annual Accounts are prepared in accordance with the 2021 CIPFA Code of Practice on Local Authority Accounting ("the Code").

2.3 These accounts also comply with the Local Authority Accounts (Scotland) Regulations 2014 which came into force in October 2014.

3. PROPOSALS

3.1 The regulations require an annual review of the effectiveness of the IJB's system of internal control. This requirement will be met by the approval of the Annual Governance Statement by the IJB prior to inclusion in the Unaudited Annual Accounts.

3.2 The Annual Accounts include a Management Commentary. The purpose of which is to provide users of the financial statements with integrated information on management's view of performance, position and progress (including forward looking information). This is set out from page 4 of the Accounts.

3.3 The regulations require the IJB or an appropriate Committee of the IJB to consider the unaudited accounts at a meeting to be held no later than 31 August 2022. Best practice is for the IJB or an appropriate Committee to have formally considered the Unaudited Annual Accounts prior to submitting them to the appointed auditor and making them available for public inspection.

3.4 Following consideration of the Unaudited Annual Accounts, the IJB is asked to authorise the Head of Finance and Corporate Services to sign the Accounts, submit for external audit and make them available for public inspection.

3.5 Further information and detail on performance will be set out in the full Annual Performance Report which will be brought forward for approval to the Audit and Performance Committee on 26 September 2022. It should be noted that this date is beyond the statutory deadline for publication of such reports; however, this is necessary given delays in national publication of data and is permitted under the extended provisions of the Coronavirus (Scotland) Act 2020.

4. NEXT STEPS

4.1 Assuming approval by the IJB at its meeting on the 27 June 2022, the audit of the Annual Accounts will take place during July and August 2022. The Audit will consider whether the Annual Accounts:

- Give a true and fair view, in accordance with applicable law and the 2021 Code, of the state of the affairs of the IJB at 31 March 2022 and of the income and expenditure of the IJB for the year then ended;
- Have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2021 Code; and
- Have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.

4.2 It is anticipated that the results of the audit will be summarised in the Draft Annual Report which incorporates the ISA260: Report to those Charged with Governance. It is anticipated that this Final Audit Report will be considered by the Audit and Performance Committee on 26 September 2022.

4.3 The Unaudited Annual Accounts are also available for public inspection between 1 July and 21 July 2022 (inclusive) with any objections being sent to the auditor.

5. CONCLUSION

5.1 The Unaudited Annual Accounts will be submitted to the Controller of Audit by 30 June 2022 subject to approval by the IJB and authorisation by the Head of Finance and Corporate Services.

Author(s)

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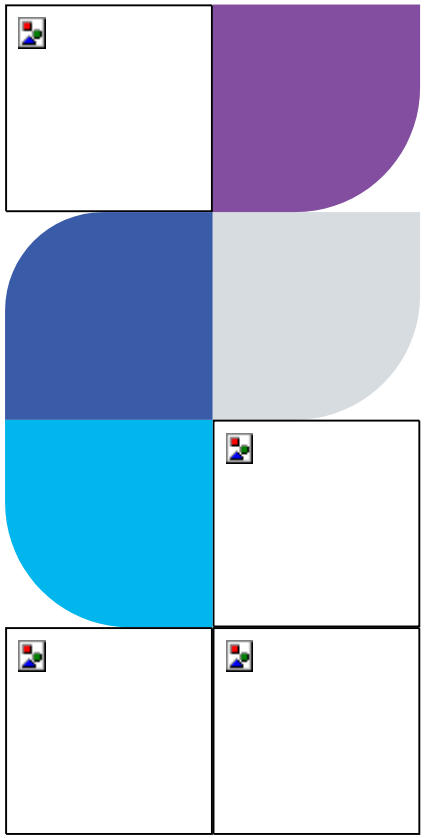
APPENDIX

1. Unaudited Annual Accounts 2021/22

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

Perth and Kinross Integration Joint Board

Un-Audited Accounts 2021/22



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MANAGEMENT COMMENTARY

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SECTION 1: MANAGEMENT COMMENTARY

INTRODUCTION

Welcome to Perth and Kinross Integration Joint Board's (IJB) Annual Accounts for 2021/22. This publication contains the financial statements for Perth and Kinross Integration Joint Board (IJB) for the year ended 31 March 2022.

The Management Commentary outlines key messages in relation to the strategy, objectives, and the financial performance of the IJB for the year ended 31 March 2022. It also provides an indication of the issues and risks which may impact upon the finances of the IJB in the future and the challenges it faces in meeting the needs of the people of Perth and Kinross.

The Annual Accounts are prepared in accordance with the relevant legislation, regulations and the proper accounting practices which primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom (the Code) supported by International Financial Reporting Standards (IFRS) and statutory guidance under Section 12 of the Local Government in Scotland Act 2003.

The Management Commentary is intended to provide an effective overview to a complex document allowing the reader to determine the IJB's overall performance for the year. The Management Commentary is structured as follows:

- *Role and Remit*
- *Strategic Objectives*
- *Review of Activities*
- *Performance Overview*
- *Financial Overview*
- *Strategic Risks and Outlook for future years*

ROLE AND REMIT

The IJB is a legal entity responsible for the strategic planning and commissioning of a wide range of services across Perth and Kinross. This includes social care, primary and community healthcare and unscheduled care for adults. In addition, the IJB plans and commissions specific healthcare services across Tayside by means of hosted services arrangements agreed in the Integration Scheme between NHS Tayside and Perth & Kinross Council. Perth & Kinross Council and NHS Tayside (Health Board), as the parties to the Integration Scheme, each nominate four voting members to sit on the IJB. The Council nominates Elected Members and the Health Board Non-Executive Directors.

The policy ambition is to: -

- improve the quality and consistency of services to patients, carers, service users and their families.
- provide seamless, joined-up, quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so.
- ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older.

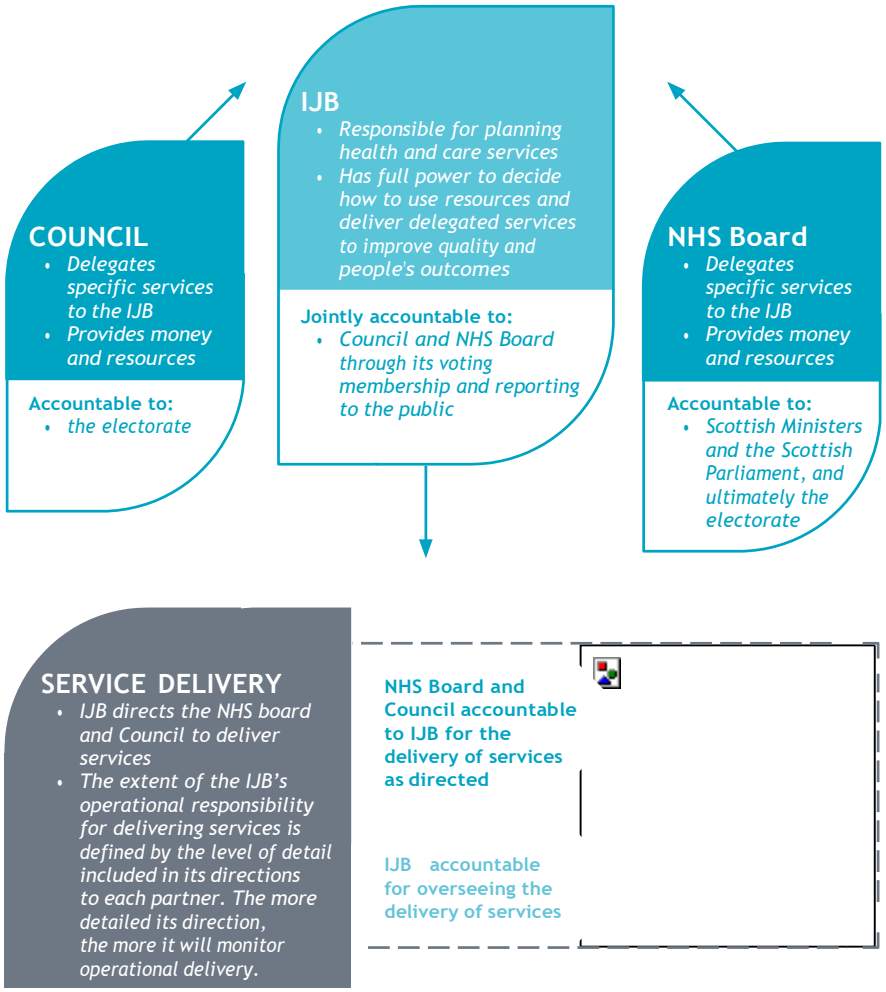
SECTION 1: MANAGEMENT COMMENTARY

The IJB has governing oversight whilst Perth and Kinross Health and Social Care Partnership (PKHSCP) has responsibility for the operational delivery of these services.

The IJB sets the direction of PKHSCP via the preparation and implementation of the Strategic Commissioning Plan and seeks assurance on the management and delivery of integrated services through appropriate scrutiny and performance monitoring, whilst ensuring the effective use of resources.

Exhibit 1 opposite sets out the governance arrangements that support delivery of Perth and Kinross IJB's strategic priorities. The IJB's strategic ambitions sit alongside operational imperatives across a wide range of services.

Exhibit 1 ***Integration Joint Boards***
There are 30 Integration Joint Boards across Scotland.
Source: Audit Scotland



SECTION 1: MANAGEMENT COMMENTARY

The services delegated by NHS Tayside and Perth & Kinross Council to Perth and Kinross IJB for strategic planning and commissioning are set out in Table 1 below.

Table 1

Delegated Partnership Services			Services Hosted by PKHSCP*
Community Care	Health	Hospital	
Services for adults with a physical disability	*District nursing services*	*Accident and Emergency services provided in a hospital*	*Public Dental Services/ Community Dental Services*
Services for older people	*Substance misuse services*	*Inpatient hospital services: General medicine; Geriatric medicine; Rehabilitation medicine; Respiratory medicine; Psychiatry of Learning Disability.*	*Prison Healthcare*
Services for adults with a learning disability (including Autism Services)	*Primary medical services*	*Palliative care services provided in a hospital*	*Podiatry*
Mental health services	*General dental services*	*Inpatient hospital services provided by GPs*	
Drug and alcohol services	*Ophthalmic services*	*Services provided in a hospital in relation to an addiction or dependence on any substance*	
Adult protection and domestic abuse services	*Community geriatric medicine*	*Mental health hospital services except secure forensic mental health services*	
Carers' support services	*Primary medical services to patients out-of-hours*	*Pharmaceutical services*	
Health improvement services	*Community palliative care services*		
Equipment, adaptations and technology-enabled care	*Community learning disability services*		
Residential and nursing care home placements	*Community mental health services*		
Care at home	*Community continence services*		
Reablement services	*Community kidney dialysis services*		
Respite and day care	*Public Health promotion*		
	Allied health professionals		
	Community hospitals		

SECTION 1: MANAGEMENT COMMENTARY

**On 12 March 2020, the Minister for Mental Health wrote to the Chief Executive of NHS Tayside and advised that 'the operational management of inpatient general adult psychiatry services must now be led by NHS Tayside. This led to the responsibility for these services transferring from the Chief Officer of Perth and Kinross HSCP to an Interim Director for Mental Health in NHS Tayside. It was therefore agreed that the overspend in relation to IPMH Services would transfer from the 3 Tayside IJBs to NHS Tayside with immediate effect. The full planning and commissioning implications for these services are being considered as part of the review of the IJB Integration Schemes across Tayside.*

STRATEGIC OBJECTIVES

The Strategic Commissioning Plan, approved in December 2019, sets out the vision and priorities for Perth and Kinross IJB. The vision is to work together to support people living in Perth and Kinross to lead healthy and active lives and to live as independently as possible, with choice and control over their care and support. Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising.

The services and support we offer people will be developed locally, in partnership with communities, the third and independent sectors. As a partnership we will be integrated from the point of view of individuals, families and communities and responsive to the particular needs of individuals and families in our different localities. We will make the best use of available facilities, people and resources ensuring we maintain quality and safety standards as the highest priority.

The population of Perth and Kinross live and work across its expansive 5,300 square kilometers. Over the coming decades the area is expected to experience significant demographic change, especially in relation to the projected increase in older people, the majority of whom are increasingly fit and active until much later in life and are an important and significant resource, with a great contribution to make in their local communities.

Table 2 below shows the projected population change for Perth and Kinross by age band. Between 2018 and 2028 the number of those aged over 65 (particularly those aged over 75) is set to increase significantly according to projections. The effects of these changes are already being felt. Between 2018 and 2020 the 60 to 74 age group and the 75+ age group increased by 2.8% and 4.7% respectively. By 2023 this growth is projected to reach 5.5% and 16.5% respectively, driving significant increase in demand for services as we emerge from the pandemic. This is coupled with a projected reduction in the working age population.

SECTION 1: MANAGEMENT COMMENTARY

Table 2

Perth and Kinross adult population by age group

Age Group	2018 Population	2020 Population	2023 Projected Population	2024 Projected Population	2025 Projected Population	2028 Projected Population	% Ch 2018 -
0-14	22,807	22,652	22,238	21,911	21,654	20,705	
15-29	23,988	23,765	22,642	22,486	22,395	22,132	
30-44	25,396	25,607	26,654	26,812	26,794	26,477	
45-59	33,623	33,052	31,400	30,840	30,249	29,093	
60-74	29,214	30,025	30,816	31,270	31,790	33,094	
75 & over	16,262	17,026	18,942	19,482	19,958	21,278	
Total	**151,290**	**152,127**	**152,692**	**152,801**	**152,840**	**152,779**	

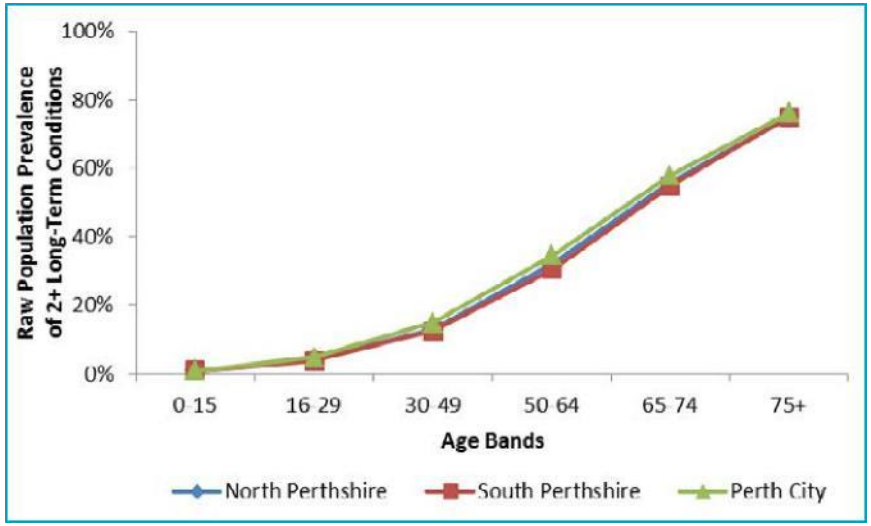
(Source: Mid-Year Estimates (MYE) NRS (National Records of Scotland) 2018-based population pro

We know that the need for support from health and social care services increases with age. The challenge for services and communities will be to ensure that people are supported to be able to lead healthy, fulfilling lives at home for as long as possible.

The following diagram presents the population prevalence of people with two or more long-term conditions for North Perthshire, South Perthshire and Perth City. This shows that in each Perth and Kinross locality, multi-morbidities become more common with age. Indeed, over half of residents age 75+ have two or more long-term conditions, compared with just under 4% of people aged 16-29 years. of people aged 16-29 years.

Table 3

Crude population prevalence of people with 2+ long-term conditions by age band for each locality



Source: Perth and Kinross IJB 2019-2024 Strategic Commissioning Plan

SECTION 1: MANAGEMENT COMMENTARY

REVIEW OF ACTIVITIES

Initial priorities for 2021/22 were set out in the PKHSCP 2021/22 Remobilisation Plan. This plan has been updated throughout the year to take account of changing Covid-19 infection levels and in turn changing Scottish Government priorities. Areas where we have been able to make significant progress in developing services in line with our strategic objectives are as follows: -

- *Provided enhanced care in partnership with Care Homes across Perth & Kinross which provides pro-active clinical care centred around individual residents.*
- *Redesigned Care at Home provision including increased pay rates and the development of an alliance models in rural areas centred on use of community assets and enabling support across providers.*
- *Expanded our Locality Integrated Care Service to provide 7 day support to Older People who have had a deterioration to remain at home.*
- *Commenced planning to deliver a new Hospital at Home Service which will provide a level of acute care in a person's home that is equivalent to that provided in hospital.*
- *Created a Specialist Adult Respiratory Service which assess and proactively manage frail adults with respiratory needs and provide support post discharge and during an acute exacerbation of their condition in their own home.*
- *Established a 'Discharge without Delay' Transformation Programme which will significantly streamline the journey from being an inpatient to going home reducing unnecessary delay at across the care pathways.*
- *Established Community Care and Treatment Services throughout Perth & Kinross providing a range of services including blood tests, monitoring of chronic conditions and treatment of minor injuries. This is enabling our GPs to focus on more complex cases.*
- *Established a new approach to urgent care in the community with Advanced Nurse Practitioners now playing a role in responding to urgent house call visits, enabling our GPs to focus on more complex cases.*
- *Working with the Third Sector, we have significantly enhanced mental health crisis and distress services in Perth & Kinross. This now includes a new Distress Brief Interventions Service and Mental Health nursing support. Community Mental Health Services have been further enhanced by establishment of dedicated posts for suicide prevention in both children's and adult's services. We have also recruited a lead GP for Mental Health who is playing a key role in creating a single point of contact for all mental health referrals.*
- *To support increased alcohol related referrals the Alcohol Drugs Partnership has overseen the provision of increased capacity for counselling and the development of a community detoxification service. Increased support is being provided for people suffering from non-fatal drug overdoses and a process for accessing residential rehabilitation has been reviewed and improved.*
- *To enhance non-statutory support to people across our communities, we have enhanced both volunteer co-ordination and community activity co-ordination activity.*

SECTION 1: MANAGEMENT COMMENTARY

- *We made significant progress in the transformation of services for those with complex care needs. This includes the creation of a multi- disciplinary specialist team for those with Autism and Learning Disabilities. Our core and cluster developments have also progressed with accommodation now due to open imminently.*
- *We have enhanced services to support people in HMP Perth and HMP Caste Huntly through the introduction of telephone access booking and telephone appointments. In parallel, we have introduced a multidisciplinary 'Person of Concern' approach that is enhancing our ability to intervene early to achieve best possible outcomes.*
- *We have worked hard to address the needs of those who have not been able to access Public Dental Services over a period due to Covid-19 restrictions. Investment has been made in additional staffing and equipment whilst work to improve ventilation remains a key priority.*
- *For Podiatry Services across Tayside, throughout the year the service has continued ensure those with the most complex needs were supported in the face of significant staffing pressures.*
- *We have invested across our localities in further services to support carers during Covid-19 response and beyond. This has included support around hospital discharge, palliative care, respite, young carers, and befriending.*
- *We have worked with our statutory partners to ensure staff working in community settings have effective access to digital technological tools and support needed to increase resilience and enable new and more effective ways of working*

During 2021/22, we have also considered the longer term sustained change required, engaging widely with stakeholders to set out the following: -

- *Community Mental Health & Wellbeing Strategy 2022:2025*
- *Learning Disability/Autism Strategic Delivery Plan 2022:2025*
- *Older Peoples Strategic Delivery Plan 2022:2025*

These were approved by the IJB during 2021/22. Each included a 3 Year Financial Framework that fed directly into the 2022/23 Budget Process. The IJB Strategic Planning Group and Strategy Group have played a key role in overseeing their development.

Further we have developed the PKHSCP 3 Year Workforce Plan which sets out the significant challenges we face and the local, regional, and national action necessary to ensure sufficient, sustainable future services that can respond to continually increased demand.

The IJB's 3 Year Financial Plan approved by the IJB on 30 March 2022 contains proposals to balance the 2022/23 budget which are fully aligned to the programme of transformation. The IJB continues to work to deliver financial balance over the medium term.

SECTION 1: MANAGEMENT COMMENTARY

PERFORMANCE OVERVIEW

Throughout 2021/22, despite ongoing challenges of Covid-19 response, we have worked to maximise positive outcomes for the people we support. Table 4 below summarises our performance against the nationally agreed indicators compared to the rest of Scotland. The comparison against last year reflects the significant impact of Covid on patterns of activity in 2020/21 and a subsequent move back to more regular activity patterns. However, performance is broadly good when compared to Scotland overall. Only one indicator NI14 Emergency Readmissions sits below the performance achieved across Scotland. Due to significant variances in recording practices for this indicator it is not possible to make direct comparisons to Scotland in respect to actual numbers/rates of readmission. Consequently, comparing year on year performance is more helpful.

Table 4

ID	Indicator	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	How we compared to 2020/21	Latest Scotland 2021/22	How we compared to Scotland overall
NI 12	Rate of emergency admissions per 100,000 population for adults (18+)	10,385	11,132	Feb 2022	8.50%	11,403	-1.20%
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	93,336	103,008	Jan 2021	11.34%	107,508	-3.45%
NI 14	Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	129	118	Jan 2021	-8.04%	102	14.18%
NI 15	Proportion of last 6 months of life spent at home or in a community setting	90.32%	90.67%	Feb 2022	0.57%	89.98%	0.90%
NI 16	Rate per 1,000 population of falls that occur in the population (aged 65+) who were admitted as an emergency to hospital	23.74	23.07	Feb 2022	-1.74%	22.00	5.69%

ID	Indicator	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	How we compared to 2020/21	Latest Scotland 2021/22	How we compared to Scotland overall
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	197	544	Mar 2022	209.28%	761	-24.93%
MSG 3	A&E Attendances per 100,000 population	14,268	16,793	Feb 2022	20.40%	25,394	-47.83%

Please note that all indicators are based on a 12-month rolling rate

Please note data is provisional and subject to validation.

INDICATOR PERFORMANCE COMMENTARY

Emergency Admissions Rate per 100,000 18+ population (NI 12)

Many people who attend hospital on an emergency basis could potentially have been supported earlier in their healthcare journey.

The rate of emergency admissions provides an indication of the extent to which the health and wellbeing needs of the population are being well managed. A reduction in the rate of emergency admissions may indicate improvements in partnership working, as fewer people require emergency treatment in hospital when their health and wellbeing needs are being met and managed in a planned, rather than reactive, manner.

Across Perth and Kinross, the rate of emergency admissions increased 8.50%, from 10,385 to 11,267 in the year to February 2022. This decline in performance is in line with the performance trend reported nationally. Despite this increase however performance in Perth and Kinross against this indicator is better than across Scotland overall.

This performance should be understood within the context of COVID-19, with the pandemic directly reducing population and service activity and this corresponded with a reduction in emergency admissions during 2020/21. These variances make benchmarking to the previous year problematic.

Emergency Bed Days Rate per 100,000 18+ population (NI 13)

Following any admission to hospital it is important that people are supported to return home as quickly as possible once they are fit to be discharged.

During the COVID-19 pandemic our rate of emergency bed days was considerably below previous years. Similar to NI 12 above, the effects of the pandemic significantly reduced emergency bed days. The easing of pandemic restrictions and the remobilisation of services had a substantial impact on reversing this position and accordingly, in Perth and Kinross the rate of emergency bed days increased from 93,336 per 100k population to 103,924 per 100k population, in the year to January 2022.

This increase of 11.34% is greater than the 6.02% increase reported across Scotland in the same period. However, the rate of emergency bed days across Perth and Kinross in 2021/22 remains 3.45% lower (better) than Scotland overall (107,508).

Emergency Readmissions to Hospital Within 28 Days of Discharge (NI 14)

The rate of readmission to hospital after discharge is underpinned by good interagency communication, with performance reflecting the effectiveness of a range of integrated health and care services, including discharge arrangements and the co-ordination of follow-up care provision.

Performance against this indicator has improved when compared to previous years, with the rate of readmissions declining by 8.04% in the year to January 2022. This improvement in performance is in line with the trend seen across Scotland (9.65%).

Although is its helpful to compare rates on a year on year basis and to consider these movements in respect to comparable movements across Scotland, it is not possible to make direct comparisons to Scotland in respect to actual numbers/rates of readmission. This is due to significant variances in recording practices.

Proportion of Last 6 Months of Life Spent at Home or in a Community Setting (NI 15)

This indicator provides an insight into the extent to which palliative and end of life care is being provided in a planned way, reflecting best practice, and taking account of the wishes of patients and their family, as far as is practicable. In interpreting this indicator, it is important to acknowledge that the suitability and the appropriateness of the location of the care provided may alter throughout the period of care, as may the wishes of patients and families.

In the year to February 2022 the proportion of the last 6 months of life spent at home or in a community setting has increased in Perth and Kinross by 0.57%, from 90.32% to 90.88%. Performance against this indicator remains above Scotland overall (89.98%) in the year to date.

Rate of Falls that result in an emergency admission 65+ Population (NI 16)

Falls can lead to reductions in confidence and mobility, causing a significant and lasting impact on an older person's independence and quality of life. This indicator is designed to measure the effectiveness of organised community-based health and social care services to support older people and reduce the likelihood of falls occurring.

Performance against this indicator has improved by 1.74% when compared to 2020/21 however the rate of falls per 1,000 (65+) remains 5.69% above that for Scotland overall.

Number of Days People Aged 75+ Spend in Hospital When They Are Ready to be Discharged (Delayed Discharges) (NI 19)

If people have to wait in hospital once they are fit to be discharged it can result in poor outcomes and is an ineffective use of limited resources. Reductions in this measure indicate improvements in the effectiveness of Health and Social Care services to mobilise quickly to meet peoples' needs as they transition from hospital to

community-based services.

Whereas in recent years we have reported year on year declines in the rate of delayed discharge per 1,000 population, there was a 209.28% increase in the year March 2022. This increase should be interpreted in the context of an exceptionally low comparator period, 2020/21, during which time service demand and delivery was significantly impacted by the COVID-19 pandemic. Across Scotland overall there has also been a significant drop in performance against this indicator (36.40% increases in delayed discharges) albeit not to the extent seen in Perth and Kinross. Despite this significant variance in the rate of change, Perth and Kinross continues to perform better than Scotland overall in the year to date.

A&E Attendances (Ministerial Strategic Group Indicator, MSG 3)

Intervening early with preventative care assists in reducing the need for attendance at accident and emergency. The number of A&E attendances therefore provides further indication of the effectiveness integrated services to plan and provide care earlier and in the most appropriate setting.

The number of A&E attendances has increased 20.40%, in the year to February 2022 and this compares to an increase of 19.64% seen across Scotland overall. These increases indicate links to the extraordinary effects of the pandemic on the service demand and delivery. When compared to Scotland on an in-year basis Perth and Kinross performance is still very good, 47.83% lower that reported for Scotland overall.

SECTION 1: MANAGEMENT COMMENTARY

FINANCIAL OVERVIEW

Financial Performance

The Financial Plan, approved by the IJB in March 2021, supported break-even across Health and Social Care after application of reserves. Our financial performance compared to the Financial Plan for 2021/22 is summarised in the table below.

	2021/22 Financial Plan Position Over/(Under)	2021/22 Year-End Out-Turn Over/(Under)	Movement from Plan Over/(Under)
	£m	£m	£m
Health	1.749	(0.829)	(2.578)
Social Care	1.738	(0.740)	(2.478)
Sub-Total	**3.487**	**(1.569)**	**(5.056)**
PKIJB Reserve	(3.487)	1.569	5.056
Total	**0**	**0**	**0**

Finance update reports have been presented to the Audit & Performance Committee throughout 2021/22, reporting on the projected in year position and the impact of Covid-19. Expenditure incurred as a direct result of Covid-19 was fully funded by additional Scottish Government income, with no impact on year-end out-turn.

In Social Care the £2.478m movement from plan relates to the following:

- *Additional Scottish Government Living Wage funding of £0.9m, Living Wage costs had already been fully anticipated in the budget prior to the funding being announced in March 2021.*
- *Savings plans attributed to the Health and Social Care transformation programme continued to be affected in 2021/22. The Financial Plan had anticipated this and prepared to fund from the use of reserves (£1.0m for Social Care). However, in line with Scottish Government guidance, these unachieved savings were met by the additional funding allocation made by the Scottish Government and were therefore removed from the out-turn position.*
- *Reduced activity and usage for some adult services continued until the latter part of the financial year, leading to an unanticipated level of underspend (£0.4m).*
- *The effect of Covid-19 on planned investment led to an underspend (£0.2m).*

In Health, the £2.578m movement relates to the following:

- *As with Social Care, unachieved savings were met by Covid-19 funding. The financial plan had anticipated a level of unachieved savings (£1.4m), however in January 2022 the Scottish Government confirmed this could be met by Covid-19 funding.*
- *An unanticipated level of rebates and underspend within Prescribing of £0.8m.*

SECTION 1: MANAGEMENT COMMENTARY

- *The effect of Covid-19 on planned recruitment and investment continued, leading to underspending against staff costs £0.5m.*
- *In March 2022, it was agreed that the PKHSCP would fund a share of 2021/22 Inpatient Mental Health Community Investment related costs (£0.2m). Therefore, partially offsetting the increased underspends detailed above.*

Reserves

Throughout 2021/22 there has been a significant increase in reserves. In March 2022, £16.728m was passed to the IJB to be earmarked for additional Covid-19 costs. Of this, £15.366m remains within an earmarked Covid-19 reserve.

The IJB reserves balance as at 31 March 2022 is £33.249m, of this £28.843m is earmarked. The funding has been earmarked to meet Scottish Government objectives, local priorities and to balance the 2022/23 financial plan. The balance of un-earmarked reserves remaining is £4.406m. This reserves balance equates to 2% and allows the IJB to meet its Reserves Policy that sets a level of contingency general reserve at 2% of the IJB net expenditure.

FINANCIAL STATEMENTS

Background

The IJB's finances are overseen by the IJB's Chief Financial Officer who is supported by an integrated finance team including staff employed by both Perth & Kinross Council and NHS Tayside.

Analysis of Financial Statements

The main objective of the Annual Accounts is to provide information about the financial position of the IJB that is useful to a wide range of users in making and evaluating decisions about the allocation of resources.

The 2021/22 Annual Accounts comprise:

(a) **Comprehensive Income and Expenditure Statement -**

This shows a surplus of £19.349m. The underlying operational out-turn is a £1.569m underspend of which Health Services are £0.829m and Social Care £0.740m. In line with the Integration Scheme, this surplus has been added to the IJB reserve to carry forward into 2022/23. The remaining surplus of £17.780m relates to the net increase in reserves. Further detail is provided in section (b) and (c) below and in Note 6.

(b) **Movement in Reserves -** In 2021/22, earmarked reserves had an opening balance of £13.900m, this has increased by £19.349m, providing a closing balance of £33.249m. During 2021/22, a significant level of funding has been provided by the Scottish Government to the IJB via NHS Tayside and Perth & Kinross Council. In addition to the underlying operational underspends, the most significant balances held are for Covid-19, Winter Resilience and Primary Care Improvement Funding.

(c) **Balance Sheet -** In terms of routine business the IJB does not hold assets, however the balance of £33.249m reserves is reflected in the year-end balance sheet.

(d) **Notes -** comprising a summary of significant accounting policies, analysis of significant figures within the

SECTION 1: MANAGEMENT COMMENTARY

Annual Accounts and other explanatory information.

The Annual Accounts for 2021/22 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

FINANCIAL PLAN

In March 2022, the IJB approved the 2022/23 budget and indicative budgets for years 2023/24 and 2024/25. In setting the 3 year budget, work was undertaken to develop financial frameworks underpinned by strategic delivery plans and this included taking account of additional Scottish Government funding. In addition to strategic delivery planning, the financial plan has quantified and included pay and price pressures, essential investment requirements, and savings opportunities across all areas of the budget, including those not within scope of current strategic delivery plans.

SECTION 1: MANAGEMENT COMMENTARY

STRATEGIC RISKS AND OUTLOOK FOR FUTURE YEARS

The IJB's key strategic risks are contained in the Strategic Risk Register combined with an assessment of the level of risk facing the IJB. The Strategic Risk Register and associated improvement action plan is monitored and updated frequently by the PKHSCP Executive Management Team and reported to the IJB Audit & Performance Committee and the IJB to provide assurance on the adequacy and effectiveness of the systems and processes in place to manage the risks.

The IJB's strategic risks and risk maturity have continued to evolve over the year. During 2021-22 one new strategic risk was added to the register in relation to Partnership Premises and two strategic risks were archived concerning COVID-19 preparedness and EU Withdrawal.

The planned development of a refreshed risk appetite statement during 2021-22 has not been possible however this will be a key stage of our work with IJB Members in the development of a refreshed IJB risk management framework during 2022-23.

A summary of the Strategic Risk Register is set out in the following table:

Risk		Priority
1	**Financial Resources** There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Very High
2	**Workforce** As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.	Very High
3	**Sustainable Capacity and Flow** As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of *'capacity and flow'* within our services being unsustainable.	Very High
4	**Sustainable Digital Solutions** As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	High

SECTION 1: MANAGEMENT COMMENTARY

Risk		Priority
5	**Viability of External Providers** As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.	Very High
6	**Widening Health Inequalities** As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	High
7	**Leadership Team Capacity** As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.	High
8	**Corporate Support** As a result of insufficient Corporate staff resource there is a risk that functions (such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit) will be unable to deliver as required to achieve strategic objectives.	High
9	**Primary Care** As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.	Very High
10	**Inpatient Mental Health Services** There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.	High
11	**Partnership Premises** As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.	Very High

SECTION 2: STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Head of Finance & Corporate Services, as the IJB's Section 95 Officer, for the Annual Accounts.

RESPONSIBILITIES OF THE INTEGRATION JOINT BOARD

The Integration Joint Board is required to:

- *make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (Section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Head of Finance & Corporate Services;*
- *manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;*
- *ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (Section 12 of the Local Government in Scotland act 2003);*
- *approve the Annual Accounts.*

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board's Audit & Performance Committee on 26 September 2022.

Signed on behalf of the Perth and Kinross IJB

Bob Benson
IJB Chair

SECTION 3: REMUNERATION REPORT

INTRODUCTION

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables following is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

BOARD MEMBERS

The Perth and Kinross Integrated Joint Board comprises of 8 voting and 13 non-voting members. This has increased from 11 non-voting members in 2020-21 due to proxy members Maureen Summers and Ian McCartney being transferred to stakeholder (non-voting) membership on 1st December 2021.

At 31 March 2022, Perth and Kinross IJB had 6 voting members and 13 non-voting members. Two Non-Executive, voting member positions were vacant as at 31st March 2022. The position as at 31st March 2022 is as follows:

Voting Members:
Bob Benson (Chair)
Councillor Eric Drysdale (Vice-Chair)
Councillor Callum Purves
Councillor John Duff
Councillor Xander McDade
Beth Hamilton (Non-Executive Member)
Vacant (Non-Executive Member) (Previously Ronnie Erskine left 30th March 2022)
Pat Kilpatrick (Non-Executive Member) (left 31st March 2022)

Non-voting Members:
Gordon Paterson (Chief Officer) until 6th March 2022
Jacqueline Pepper (Chief Officer)
Jane Smith (Head of Finance and Corporate Services)
Dr Lee Robertson (Secondary Practitioner Representative)
Dr Sarah Peterson (GP Representative)
Sarah Dickie (Associate Nurse Director)
Bernie Campbell (Carer Public Partner)
Maureen Summers (Carer Public Partner)
Sandra Auld (Service User Public Partner)
Ian McCartney (Service User Public Partner)
Lyndsay Glover (Staff Representative)
Stuart Hope (Staff Representative)
Sandy Watts (Third Sector Representative)
Lynn Blair (Independent Sector Representative)

During 2020/21, the position of Chair was held by Councillor Eric Drysdale and the position of Vice-Chair was held by Bob Benson, Non-Executive.

SECTION 3 REMUNERATION REPORT

IJB CHAIR AND VICE-CHAIR

The voting members of the IJB are appointed through nomination by Perth & Kinross Council and NHS Tayside. Nomination of the IJB Chair and Vice-Chair postholders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB to either the Chair or the Vice-Chair in 2021/22.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice-Chair.

OFFICERS OF THE IJB

The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

OTHER OFFICERS

The IJB requires to appoint a proper officer who has responsibility for the administration of its financial affairs in terms of Section 95 of the 1973 Local Government (Scotland) Act. The employing contract for the Head of Finance & Corporate Services adheres to the legislative and regulatory governance of the employing partner organisation. The Head of Finance & Corporate Services is included in the disclosures below.

Total 2020/21 £	Senior Employees	Salary, Fees & Allowances £	Total 2021/22 £
120,426	**Gordon Paterson** Chief Officer	113,523	113,523
-	**Jacqueline Pepper** Chief Officer	8,378	8,378
87,487	**Jane Smith** Head of Finance & Corporate Services	83,585	83,585
207,913	**Total**	**205,486**	**205,486**

Jacqueline Pepper was appointed to the position of Interim Chief Officer on the 7th March 2022, with this position being made permanent on 3rd May 2022.

The previous Chief Officer, Gordon Paterson, left the organisation on 6th March 2022, therefore there was no overlapping hand-over period.

SECTION 3: REMUNERATION REPORT

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/21 £	For Year to 31/03/22 £		Difference from 31/03/21 £	As at 31/03/22 £
Jacqueline Pepper Chief Officer	-	1,424	Pension	36,375	36,375
			Lump sum	26,135	26,135
Jane Smith Head of Finance & Corporate Resources	16,125	16,651	Pension	2,463	29,719
			Lump sum	1,499	55,822
Gordon Paterson (left 6th March 2022) Chief Officer	20,472	19,299	Pension	2,686	59,067
			Lump sum	709	103,216
Total	**36,597**	**37,374**	**Pension**	**41,524**	**125,161**
			Lump Sum	**28,343**	**185,173**

The above table shows the In Year Pension Contributions for Jacqueline Pepper in her role as Chief Officer of the IJB from 7th March 2022.

DISCLOSURE BY PAY BANDS

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2020/21	Remuneration Band	Number of Employees in Band 2021/22
0	£80,000 - £84,999	1
1	£85,000 - £89,999	0
0	£110,000 - £114,999	1

SECTION 3: REMUNERATION REPORT

1	£120,000 - £124,999	0

EXIT PACKAGES

No exit packages were paid to IJB staff during this period or the previous period.

Bob Benson
IJB Chair

Jacqueline Pepper
Chief Officer

Date: 26 September 2022

SECTION 4: ANNUAL GOVERNANCE STATEMENT

SECTION 5: ANNUAL ACCOUNTS

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2020/21		2021/22
Net Expenditure £000		Net Expenditure £000
36,412	Community and Hospital Health Services	39,470
24,534	Hosted Health Services	26,114
26,413	GP Prescribing	26,932
48,255	General Medical/Family Health Services	48,549
16,177	Large Hospital Set aside	16,721
301	IJB Operating Costs	302
78,796	Community Care	87,071
230,888	**Cost of Services**	**245,159**
(243,629)	Taxation and Non-Specific Grant Income (Note 4)	(264,508)
(12,741)	**(Surplus) or Deficit on Provision of Services**	**(19,349)**
(12,741)	**Total Comprehensive (Income) and Expenditure (Note 3)**	**(19,349)**

This statement shows a surplus of £19.349m, which includes the balances remaining on various Scottish Government and Partnership funds and constitutes the Movement on Reserves in year. This balance has been included within earmarked reserves at 31st March 2022 (as per Movement in Reserves Statement and Note 6 below).

SECTION 5: ANNUAL ACCOUNTS

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2021/22	General Fund Balance £000
Opening Balance at 1 April 2021	**(13,900)**
Total Comprehensive Income & Expenditure	(19,349)
(Increase) or Decrease in 2021/22	(19,349)
Closing Balance at 31 March 2022	**(33,249)**

Movements in Reserves During 2020/21	General Fund Balance £000
Opening Balance at 31 March 2020	**(1,159)**
Total Comprehensive Income & Expenditure	(12,741)
(Increase) or Decrease in 2020/21	(12,741)
Closing Balance at 31 March 2021	**(13,900)**

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund Balance is therefore solely due to the transactions shown in the Comprehensive Income & Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not shown in these annual accounts.

SECTION 5: ANNUAL ACCOUNTS

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2021 £000		Notes	31 March 2022 £000
13,900	Short Term Debtors	5	33,249
13,900	**Current Assets**		**33,249**
-	Short-Term Creditors		-
-	**Current Liabilities**		**-**
-	Provisions		-
-	**Long-Term Liabilities**		**-**
13,900	**Net Assets**		**33,249**
(13,900)	Usable Reserve: General Fund	6	(33,249)
(13,900)	**Total Reserves**		**(33,249)**

The unaudited annual accounts were issued on 27 June 2022, and the audited annual accounts were authorised for issue on 26 September 2022.

Jane Smith
Head of Finance & Corporate Services
26/09/22

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

A GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2021/22 financial year and its position at the year-end date of 31 March 2022.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The Head of Finance and Corporate Services is responsible for making an annual assessment of whether it is appropriate to prepare the accounts on a going concern basis. In accordance with the Code of Practice on Local Authority Accounting in the United Kingdom, an authority's financial statements shall be prepared on a going concern basis; that is, the accounts should be prepared on the assumption that the functions of the authority will continue in operational existence for at least twelve months from the date of approval of the financial statements and it can only be discontinued under statutory prescription.

B ACCRUALS OF INCOME AND EXPENDITURE

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- *expenditure is recognised when goods or services are received and their benefits are used by the IJB;*
- *income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable;*
- *where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet;*
- *where debts may not be received, the balance of debtors is written down.*

C FUNDING

The IJB is funded through funding contributions from the statutory funding partners, Perth & Kinross Council and NHS Tayside. Expenditure is incurred as the IJB commission's specified health and social care services from the funding partners for the benefit of service recipients in Perth and Kinross.

D CASH AND CASH EQUIVALENTS

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E EMPLOYEE BENEFITS

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a pensions liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer and a Head of Finance & Corporate Services. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

F PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

A contingent liability has been identified in 2021/22 in respect of the current review into the applicable pay rates for District Nurses. This is detailed at Note 11: Contingent Assets and Liabilities.

G RESERVES

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

H INDEMNITY INSURANCE

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Perth & Kinross Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any *'shared risk'* exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

I CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

In applying the accounting policies set out above, the Integration Joint Board has had to make certain judgments about complex transactions or those involving uncertainty about future events. The critical judgments made in the Annual Accounts are:

The Integration Scheme sets out the process for determining the value of the resources used in Large Hospitals, to be Set-Aside by NHS Tayside and made available to the IJB. The value of the Large Hospital Set-Aside expenditure reported in 2020/21 was £16.177m. The total expenditure in 2021/22 of £16.721m is based on the 2019/20 pre-pandemic activity and uplifted for 2021/22 costs. This is a transitional arrangement for 2021/22 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards. This is consistent with the treatment of Large Hospital Set-Aside in 2020/21 financial statements. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

J RELATED PARTY TRANSACTIONS

Related parties are organisations that the IJB can control or influence or who can control or influence the IJB. As partners in the Joint Venture of Perth and Kinross Integration Joint Board, both Perth & Kinross Council and NHS Tayside are related parties and material transactions with those bodies are disclosed in Note 8 in line with the requirements of IAS 24 Related Party Disclosures.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

K SUPPORT SERVICES

Support services were not delegated to the IJB and are provided by the Council and the Health Board free of charge as a *'service in kind'*. These arrangements were outlined in the report of Corporate Supporting Arrangements to the IJB on 23 March 2016.

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Head of Finance & Corporate Services on 26 September 2022. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2020/21 £000		2021/22 £000
78,796	Services commissioned from Perth & Kinross Council	87,071
151,791	Services commissioned from NHS Tayside	157,786
268	Other IJB Operating Expenditure	268
3	Insurance and Related Expenditure	3
30	External Audit Fee	31
(243,629)	Partner Funding Contributions and Non-Specific Grant Income	(264,508)
(12,741)	**(Surplus) or Deficit on the Provision of Services**	**(19,349)**

Costs associated with the Chief Officer and Head of Finance & Corporate Services are included within "other IJB operating expenditure". The insurance and related expenditure relates to CNORIS costs (see note 1,H). Auditor fees related to fees payable to Audit Scotland with regard to external audit services carried out by the appointed auditor.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2020/21 £000		2021/22 £000
(56,743)	Funding Contribution from Perth & Kinross Council	(65,458)
(186,886)	Funding Contribution fromNHS Tayside	(199,050)
(243,629)	**Taxation and Non-specific Grant Income**	**(264,508)**

The funding contribution from NHS Tayside shown above includes £16.721m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

NOTE 5: DEBTORS

2020/21 £000		2021/22 £000
10,974	NHS Tayside	26,917
2,926	Perth & Kinross Council	6,332
13,900	**Debtors**	**33,249**

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

NOTE 6: USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund for two main purposes:

- *to earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management;*
- *to provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's Risk Management Framework.*

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

As at March 2022, the IJB's Annual Accounts showed that Perthand Kinross IJB had reserves totaling £33.249m. The followingtable sets out the earmarked reserve balances as at 31 March 2022 which are required for specific commitments in future years.

	Balance as at 1 April 2021	Transfers In/(Out)	Balance as at 31 March 2022
	£000	£000	£000
COVID 19 Fund	4,547	10,819	15,366
Winter Resilience	0	3,440	3,440
Primary Care Improvement Fund	1,674	939	2,613
Alcohol and Drug Partnership Fund	522	796	1,318
Mental Health Recovery and Renewal Fund	0	687	687
Community Living Change Fund	505	0	505
Partnership Transformation Fund	408	26	434
Mental Health Action 15 Fund	171	178	349
Primary Care Transformation Fund	328	(11)	317
Speed Adjusting Dental Equipment & Ventilation Fund	0	310	310
Remobilisation of NHS Dental Services Fund	0	307	307
Winter Planning Fund	188	47	235
Hospital at Home Fund	0	207	207
GP Premises Improvement Fund	64	119	183
District Nursing Fund	61	61	122
Reduce Drugs Death Fund	67	(67)	0
Drug Death Task Force Fund	78	(78)	0
Health Reserves Fund (NHS Tayside)	1,400	0	1,400
Health Operational Underspend	961	829	1,790
Social Care Operational Underspend	2,926	740	3,666
Closing Balance at 31 March 2022	**13,900**	**19,349**	**33,249**

The above table shows the remaining balance of each funding stream as at 31 March 2022. The Transfers In/(Out) column represents the movement in funding i.e. the net of budget received and expenditure incurred in 2021-22.

In 2021/22, materially significant grant funding was received, by way of budget increase. This included funding for Covid-19 related activities, additional Winter Resilience, and the Primary Care Improvement Fund (PCIF). The remaining balance at 31 March 2022 was then recognised as an earmarked reserve.

The Covid-19 reserve had an opening balance of £4.547m with receipts of £20.467m and expenditure of £9.648m resulting in a closing balance of £15.366m. The Primary Care Improvement Fund Reserve had an opening balance of £1.674m with receipts of £4.055m and expenditure of £3.116m, resulting in a closing balance of £2.613m.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the host partnership for, Public Dental services/Community Dental services, Prison Healthcare and Podiatry.

The IJB directs services on behalf of Dundee and Angus IJBs and reclaims the full costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2020/21 £000		2021/22 £000
6,207	Expenditure on Agency Services	6,325
(6,207)	Reimbursement for Agency Services	(6,325)
-	**Net Agency Expenditure excluded from the CIES**	-

In addition, the P&K HSCP received £0.291m for from the Scottish Government which fully offsets the costs incurred with the Coronavirus (COVID-19) £500 payment for Health & Social Care Staff in 2021/22. In line with CIPFA/LASAAC guidance, it is deemed that the IJB is acting as an 'Agent' in this process and therefore this income and expenditure is not included within the Comprehensive Income and Expenditure Statement.

As was the case in 2020/21, National Services Scotland (NSS) have been supplying PPE to Scottish Health Boards free of charge during the financial year 2021/22. The value of this PPE issued to the P&K HSCP in 2021/22 was £0.048m. The IJB is acting as an agent regarding these PPE transactions and therefore there is no impact on the figures within the Comprehensive Income and Expenditure Statement.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 8: RELATED PARTY TRANSACTIONS

The IJB has related party relationships with NHS Tayside and Perth & Kinross Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Income - Payments for integrated functions

2020/21 £000		2021/22 £000
56,743	Perth & Kinross Council	65,458
186,886	NHS Tayside	199,050
243,629	**Total**	**264,508**

Expenditure - Payments for delivery of integrated functions

2020/21 £000		2021/22 £000
78,831	Perth & Kinross Council	87,105
151,791	NHS Tayside	157,786
266	NHS Tayside: Key Management Personnel Non-Voting Board Members	268
230,888	**Total**	**245,159**

This table shows that expenditure within Perth and Kinross Council is £21.647m greater than Perth and Kinross Council funding contributions. This represents IJB funding received from NHS Tayside being directed into Perth and Kinross Council (£25.187m), the PKC contribution towards IJB key management personnel (-£0.134m) and the transfer to reserves (-£3.406m) identified in note 5.

Key Management Personnel: The non-voting Board members employed by the NHS Board and Perth and Kinross Council and recharged to the IJB include the Chief Officer; the Chief Financial Officer. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Perth and Kinross Council employs the council staff and Chief Social Work Officer representatives on the IJB but there is no discrete charge for this representation.

Balances with Perth & Kinross Council

2020/21 £000		2021/22 £000
2,926	Debtor balances: Amounts due from Perth & Kinross Council	6,332
-	Creditor balances: Amounts due to Perth & Kinross Council	-
2,926	**Total**	**6,332**

Balances with NHS Tayside

2020/21 £000		2020/21 £000
10,974	Debtor balances: Amounts due from NHS Tayside	26,917
-	Creditor balances: Amounts due to NHS Tayside	-
10,974	**Total**	**26,917**

NOTE 9: VAT

The IJB is not VAT registered and as such the VAT is settled or recovered by the partner agencies.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts relating to VAT, as all VAT collected is payable to HM Revenue and Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is recoverable from HM Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the commissioning IJB.

NOTE 10: INPATIENT MENTAL HEALTH

During 2020-21, the Scottish Government actioned the transfer of operational management responsibility for Inpatient Mental Health Services in Tayside from the Integration Joint Boards (previously hosted by Perth and Kinross) to NHS Tayside. This meant that NHS Tayside managed the budget and associated variances in 2020/21.

The IJB is responsible for the planning of Inpatient Mental Health Services. This means that £10.265m has been included within the Hosted Services line in the CIES in 2021-22, which constitutes Perth & Kinross IJB's share of Inpatient Mental Health.

2020/21 £000		2021/22 £000
15,462	Expenditure on Hosted Services	15,849
9,072	Expenditure on Inpatient Mental Health	10,265
24,534	**Total Expenditure on Hosted Services**	**26,114**

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 11: CONTINGENT ASSETS AND LIABILITIES

NHS Tayside are currently undertaking a review of the current job description of District Nurses with a view to determining an applicable pay grade starting from April 2018.

This review remains ongoing and there is significant uncertainty around the criteria in which staff members would be eligible for any potential regrading existing pay banding.

For this reason, a provision cannot be reasonably estimated, and settlement is not probable, therefore this is regarded as a contingent liability.

A further review of contingent assets and liabilities has been undertaken on behalf of the IJB by Legal Services, and excluding the above, no further contingent assets or liabilities have been identified at 31 March 2022.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

SECTION 8: GLOSSARY OF TERMS

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period
The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals
The concept that income and expenditure are recognised as they are earned or incurred not as money is received overpaid.

Asset
An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (e.g. cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts
An independent examination of the IJB's financial affairs.

Balance Sheet
A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA
The Chartered Institute of Public Finance and Accountancy.

Consistency
The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability
A Contingent Asset/Liability is either:

- *a possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB's control; or*
- *a present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.*

Creditor
Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor
Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Defined Benefit Pension Scheme
Pension scheme in which the benefits received by the participants are independent of the contributions paid and are not directly related to the investments of the scheme.

SECTION 8: GLOSSARY OF TERMS

Entity
A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events
Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Exceptional Items
Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants
Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS
International Accounting Standards.

IFRS
International Financial Reporting Standards.

IRAG
Integration Resources Advisory Group

LASAAC
Local Authority (Scotland) Accounts Advisory Committee

Liability
A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period, eg creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions
An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS
Public Sector Internal Audit Standards

Related Parties
Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration
All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

SECTION 8: GLOSSARY OF TERMS

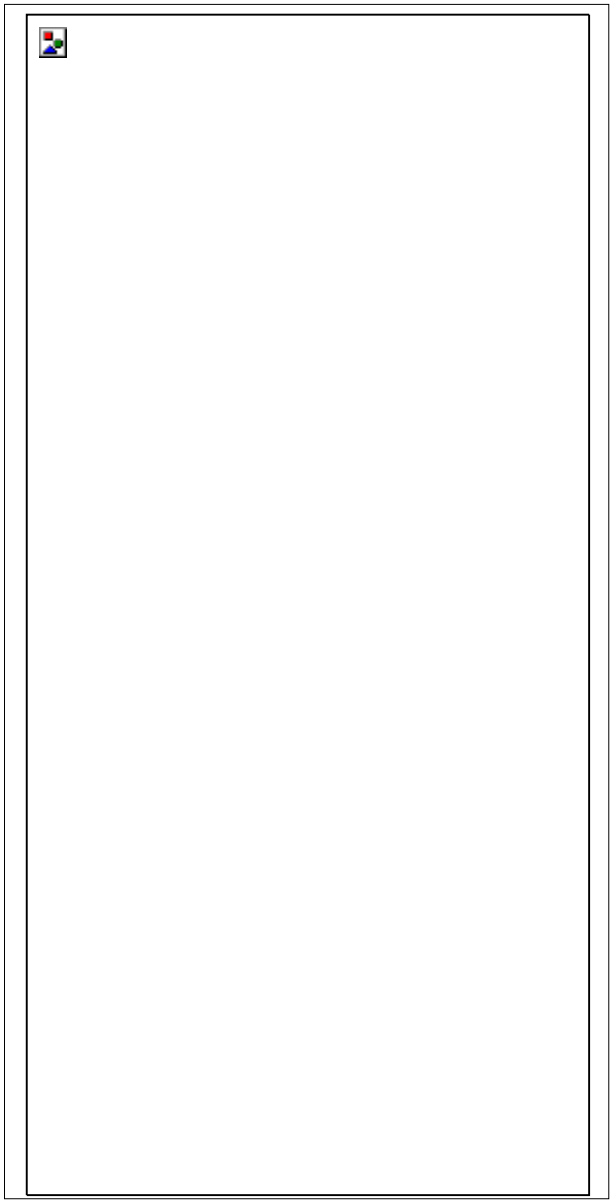
Reserves
The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure
The day-to-day expenses of providing services.

Significant Interest
The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE
Society of Local Authority Chief Executives.

The Code
The Code of Practice on Local Authority Accounting in the United Kingdom.



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PERTH AND KINROSS INTEGRATION JOINT BOARD

27 June 2022

INTERNAL AUDIT ANNUAL REPORT 2021/22

Report by the Chief Internal Auditor
(Report No. G/22/102)

PURPOSE OF REPORT

This report presents the year-end report and audit opinion of the Chief Internal Auditor for 2021/22, as set out in Section 5.

1. BACKGROUND / MAIN ISSUES

1.1 The Integrated Resources Advisory Group (IRAG) guidance outlines the responsibility of the Integration Joint Board (the IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of arrangements for risk management, governance and control of the delegated resources.

1.2 This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

1.3 The IJB considered the appointment of Internal Auditors for 2021/22 in June 2021 (G/21/80 refers) and for 2022/23 to 2024/25 in March 2022 (G/22/37). The Chief Internal Auditor for Perth & Kinross Council was appointed as the Chief Internal Auditor for the IJB with the Internal Audit resources being provided jointly by Perth & Kinross Council and the NHS through Fife, Tayside & Forth Valley Internal Audit Services.

1.4 The Public Sector Internal Audit standards (PSIAS) require the Chief Internal Auditor to provide an annual opinion which must conclude on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. The report must incorporate the opinion, a

summary of the work that supports this opinion, a statement on conformance with the PSIAS and the results of the quality assurance and improvement programme. This report fulfils this requirement.

1.5 Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. In accordance with the PSIAS, it helps the council accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, control and governance processes.

1.6 Perth & Kinross IJB's internal controls include the full range of policies, procedures and practices intended to ensure the proper conduct of its operations and the achievement of its objectives. They include processes and procedures, organisational structures, job descriptions, authorisation limits, management supervision, risk management processes, reports and decisions.

1.7 It is the responsibility of management to devise, implement and maintain appropriate controls over the activities for which they are responsible. The role of Internal Audit is to provide an opinion to the IJB as to the effectiveness of the controls that have been put in place by management in order to ensure that the organisation achieves its objectives. Internal Audit is thus a key part of the process by which the IJB ensures the management of the risks that threaten the achievement of its objectives.

1.8 Internal Audit's work is planned in such a way as to take account of these risks. Prioritising work towards the areas of highest assessed risk enables the Council to identify and remedy the most material weaknesses in its framework of internal controls.

1.9 In line with the PSIAS, Internal Audit undertakes a process of planning resulting in an annual plan. For 2021/22, the report containing Internal Audit's planned workload was considered and approved in June 2021 (report G/21/81). All the IJB's activities are reviewed as part of the planning process along with reports arising from external scrutiny, including those relating to the Joint Inspection and the Partnerships response to the Ministerial Steering Group's report. The plan for 2021/22 aimed to cover the most significant areas of risk within the resources available whilst ensuring that there was a balance of coverage for all Service areas.

1.10 This report summarises the audit work carried out in 2021/22 and presents the Chief Internal Auditor's opinion on the effectiveness of the Council's internal control environment for that year.

2. INTERNAL AUDIT'S WORK IN 2021/22

2.1 This section presents an overview of Internal Audit's work during 2021/22 in its role as independent reviewer of the IJB's systems of internal control, risk management and governance. The Internal Audit Plan approved in June 2021

included 2 planned internal audit assignments along with the completion of one assignment for a previous Internal Audit Plan.

2.2 All planned assignments have commenced. The outcomes from these assignments, whether the reports are in draft or have been finalised, have been taken into account when arriving at the Internal Audit Opinion.

2.3 The results detailed in this report relate to all audit reports issued between May 2021 and May 2022 relating to Internal Audit's work during that period, both planned and unplanned. These reports will be presented to the next meeting of the Audit & Performance Committee.

2.4 From these reports, broadly satisfactory controls are in place.

Follow Up of Action Plans

2.5 The responsibility for considering (and accepting or rejecting) Internal Audit's findings rests with management. Final audit reports record the agreed plan of action, including the individual(s) responsible; and the planned timescales for completion. The audit process is of little value unless action is taken to remedy deficiencies in internal control where these are identified.

2.6 The Chief Finance Officer provides the Audit & Performance Committee with a regular update on progress with agreed Internal Audit Actions.

2.7 In the Chief Internal Auditor's opinion, the procedures in place provide a sound basis for ensuring that progress against the agreed plans is exposed to the proper level of scrutiny.

3 THE AUDIT & PERFORMANCE COMMITTEE

3.1 The Audit & Performance Committee operates within an approved 'Role and Remit' and, as a formally constituted Committee of the IJB. The Committee conducts its meetings in public, with its meetings routinely recorded and available to view via a link from the Committee's webpage, thus ensuring a high degree of accountability for its activities.

4 COMPLIANCE WITH AUDITING STANDARDS

4.1 The Public Sector Internal Audit Standards (PSIAS) have been adopted by Perth & Kinross Council as the relevant professional standards. These standards are applied to Internal Audit's work in relation to the IJB.

4.2 Internal Audit services are required to be externally validated against these standards every 5 years. Perth & Kinross Council's Internal Audit function was assessed in 2018/19 as being fully compliant with these standards. The Chief Internal Auditor's annual self-assessment of conformance also supports this opinion.

Code of Ethics

4.3 Internal Auditors must conform to the Code of Ethics included within the Standards. This Code incorporates the principles and rules of conduct for Internal Auditors' integrity, objectivity, confidentiality and competency.

5 AUDIT OPINION

5.1 In the Chief Internal Auditor's opinion, reasonable reliance can be placed on the IJB's risk management and governance arrangements, and systems of internal control for 2021/2022, subject to management implementation of the agreed actions detailed in Internal Audit reports.

6. CONCLUSION AND RECOMMENDATION

6.1 It is recommended that the Committee notes the content of this report and specifically the Audit Opinion at Section 5.

Author(s)

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If you or someone you know would like a copy of this document in another language or format, (on occasion only, a summary of the document will be provided in translation), this can be arranged by contacting *Jackie Clark*

Council Text Phone Number 01738 442573

PERTH AND KINROSS INTEGRATION JOINT BOARD

27 JUNE 2022

ANNUAL GOVERNANCE STATEMENT

Report by Head of Finance and Corporate Services
(Report No. G/22/103)

PURPOSE OF REPORT

The purpose of the report is to seek approval of the Annual Governance Statement for the financial year 2021/22 which provides assurance as to the effectiveness of the Integration Joint Board's (IJB) governance framework and in particular the system of internal control.

1. RECOMMENDATION(S)

1.1 It is recommended that the IJB:

(i) Approve the 2021/22 Annual Governance Statement for inclusion in the unaudited Annual Accounts

2. SITUATION / BACKGROUND / MAIN ISSUES

2.1 On an annual basis the IJB has to include an Annual Governance Statement (AGS) within its Annual Accounts.

2.2 The purpose of the AGS is to give assurance to our stakeholders that we have effective governance arrangements in place to ensure that, as an IJB, we are doing the right things for the right people at the right time in an open, honest and accountable way.

2.3 Reliance is also placed on NHS Tayside and Perth & Kinross Council's systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

2.4 The AGS provides an opportunity to review our rules, resources, systems, processes, culture, and values to make sure that our governance framework and in particular our system of internal control is:

- legally compliant
- ethically sound; and
- fit for purpose

thereby enabling the IJB to achieve its strategic objectives and facilitates the provision of high quality services that meet the needs of our communities, in an appropriate, efficient and affordable way. It is important therefore, that governance issues are identified systematically and comprehensively and reported in an open and transparent manner.

2.5 The Annual Governance Statement for 2021/22 (Appendix 1), once approved, will form part of the unaudited Annual Accounts.

3. PROPOSALS

3.1 The process for reviewing the integrity and effectiveness of our governance arrangements to inform the AGS has been led by the Head of Finance and Corporate Services. Evidence has been gathered by way of self-assessment which has been scrutinised by the Head of Finance and Corporate Services and the Executive Management Team.

3.2 The self-assessment identified many areas of progress which have been highlighted clearly .

3.3 However a number of areas for further improvement have been identified, a number of which have been carried forward from lasy year . These will form a core part of the PKHSCP Partnership Improevment Plan for 2022/23.

4. CONCLUSION

4.1 The assurance process has demonstrated that the IJB has in place adequate internal controls that are considered fit for purpose in accordance with the governance framework.

4.2 The process has been successful in identifying areas for improvement that will further strengthen the governance arranagements.

4.3 These will form key elements of the Partnership Improvement Plan (PIP) as it rolls forward to 2022/23. Updates on progress of the PIP will be provided to each meeting of the IJB's Audit and Performance Committee.

Author(s)

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	Corporate Services	

APPENDIX

1. Unaudited Annual Accounts 2021/22

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

APPENDIX 1

SECTION 4: ANNUAL GOVERNANCE STATEMENT

INTRODUCTION

The Annual Governance Statement explains Perth and Kinross Integration Joint Board's (IJB) governance arrangements and reports on the effectiveness of the IJB's system of internal control.

SCOPE OF RESPONSIBILITY

Perth & Kinross IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

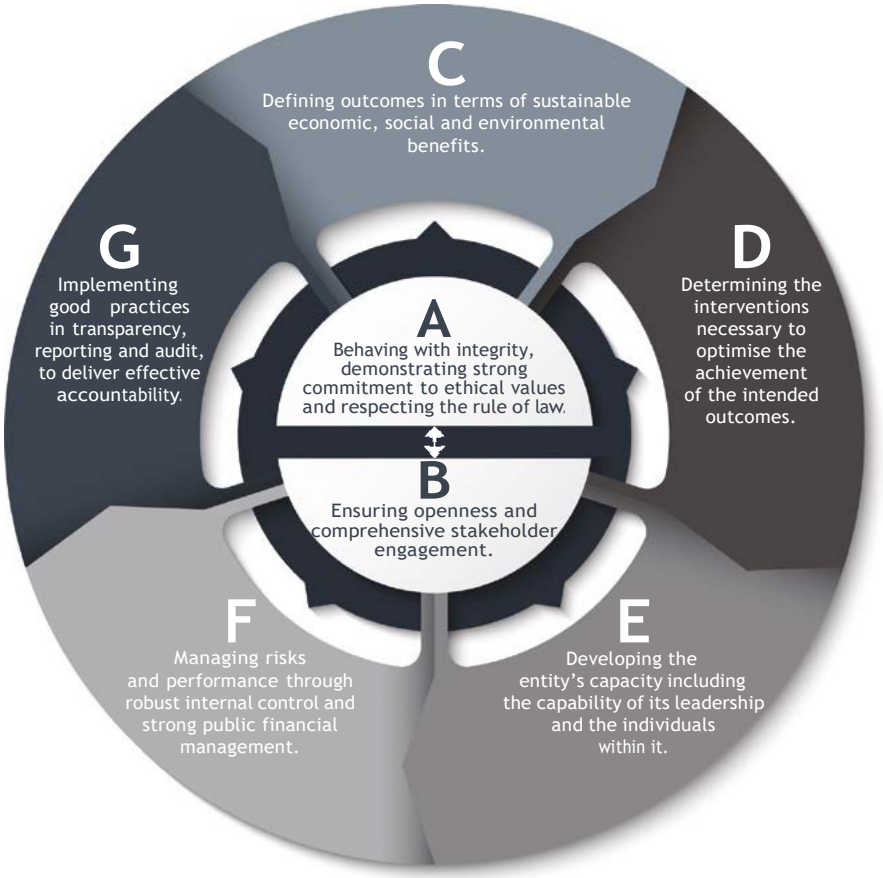
To meet this responsibility the IJB has established arrangements for governance that includes a system of internal control. The system is intended to manage risk to support achievement of the IJB's aims and objectives. Reliance is also placed on the NHS Tayside, Perth & Kinross Council, Dundee IJB and Angus IJBs systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisations' aims and objectives including those of the IJB.

PURPOSE OF THE GOVERNANCE FRAMEWORK

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of Perth & Kinross IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

The core principles of good governance are set out in the diagram below:



The IJB supported by the HSCP Team strive to ensure an effective governance framework underpinned by these principles operates effectively in practice. We work with our partner bodies but have also sought and identify best practice systems and processes from elsewhere to ensure continuous improvement.

Our governance improvement plan that brings together improvements identified in our annual review of governance, the findings of Internal and External Audit reviews and External Inspections.

The key features of the governance arrangements that were in place during 2021/22 are summarised below along with the improvement activity that has been undertaken during the year to increase effectiveness. This includes the governance arrangements required to respond to the Covid-19 Pandemic.

COVID-19 ARRANGEMENTS

A PKHSCP command structure is in place and is escalated as required dependant on the impact of COVID at a particular time.

The Partnership has prepared Remobilisation Plans for 2021/22 in line with Scottish Government requirements and priorities. We have reported progress against our Remobilisation plans to the IJB throughout the year. During the year we have developed Strategic Delivery Plans for Older Peoples Services, LD/Autism and our Community Mental Health and Wellbeing Strategy. These medium term plans take account of the 'Living with Covid' environment.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Covid-19 continued to impact on the IJB's strategic aims and this has resulted in the strategic risks and mitigations being updated to reflect the position on a regular basis. The Partnership considered that the systems, processes and controls were in place that can be stepped up immediately to oversee services and ensure resilience and capacity when activity and demand necessitates. These appropriate governance and decision making mechanisms continue to ensure preparedness.

Improvement activity during the year:

- We have prepared medium term strategic plans that reflect the 'Living with COVID' environment

LEADERSHIP, CULTURE AND VALUES

A code of conduct for members and employees is in place along with a register of interests. A standards officer has been appointed and standing orders are in place. A development programme for IJB members has been in place since inception and this has been a key feature in developing working relationships between the Chair, members and officers.

The Chair and Chief Officer meet regularly, and the Chief Financial Officer and Chair of the Audit and Performance Committee meet regularly. The Strategic Commissioning Plan provides a clear sense of shared direction and purpose across the IJB membership and PKHSCP Team.

The IJB Chair is supported effectively to carry out his role with independent legal and governance support and effective committee services. The Chief Officer is a Director in the partner organisations, a member of the Executive Teams, attends the Board and Council and is directly accountable to both Chief Executives, who provide regular one-to-ones. As well as the support from both partner bodies' Executive Groups, the Chief Officer benefits from the support of the Council's Chief Social Work Officer, who is a member of the IJB and Co-chairs the Clinical and Professional Governance Forum. Health Care Professionals who are members of the board also provide a level of support to the IJB, helping to align oversight and assurance.

Improvement activity during the year:

- The Executive Management Team continues to support the Tayside wide review of the Integration Scheme with regular progress reports being provided to the IJB.
- We have further improved our IJB induction for new members which incorporates best practice from across Scotland and will also support induction of new PKC elected members.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

STAKEHOLDER ENGAGEMENT

The IJB Meetings are public meetings and membership includes wide stakeholder representation including carers, service users and the Third Sector.

We have dedicated IJB Communication resource which supports communication with staff and wider stakeholders.

An Independent Sector Lead supports Integration of Health and Social Care in Perth and Kinross.

Our Engagement and Participation Strategy has been developed and provides a systemic approach to stakeholder engagement and assists in improving the evaluation of the impact being made by specific developments.

The HSCP have a dedicated Community Engagement Team who, play a key role in delivering community engagement and participation across the Partnership. Each of our three localities have a Participation and Engagement Plan that is overseen by Locality Management Groups, which report to our six weekly Communication, Participation and Engagement Group, our central point for the coordination and strategic oversight of all and any communication and engagement activity needed to be or being undertaken. The Communication, Participation and Engagement group terms of reference, membership and role and remit have been reviewed.

We also use a number of forums and groups to ensure we communicate with all partners. Examples of this include our Providers Forum, the Local Involvement Network, Third Sector Forum, all Strategy Groups, Local Action Partnerships and the Reference Group.

The Strategic Commissioning Plan 2020–2025 was published following engagement with local people. We have a Strategic Planning Group has now been fully re-established and meet regularly throughout the year. This group has a broad and diverse membership which represents all localities and service user groups and ensures the voice of all is represented in our Strategic Planning work. This meeting fulfils a range of functions including:

- The development of the strategic plan;
- The review of the strategic plan;
- Joint Strategic Needs Assessment;
- Ensuring locality representation;
- Ensuring robust stakeholder representation in the strategic planning process;
- Assessing progress in the implementation of the plan against the health and wellbeing outcomes;
- The review of the strategic plan within the timeline set out in regulations.

We maintain close links with the Community Planning Partnership and Local Action Partnerships.

The Partnership works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross.

Improvement activity during the year:

- A Digital Marketing Officer is now a key member of the PKHSCP Communications Group. This new role is developing a co-ordinated approach to communication with stakeholders and the wider community.
- The Standing Orders of the IJB have been amended to increase the membership from one service user public partner and one carer public partner representative to two from each of those categories. This acknowledges the important contribution and direct input of carer and service user representatives to the work of the Board

SECTION 4: ANNUAL GOVERNANCE STATEMENT

VISION, DIRECTION AND PURPOSE

The Strategic Commissioning Plan 2020-2025 provides a clear vision and the Performance Strategy approved by the IJB set out the commitment to ensure we have the framework in place to measure our success.

This is supported by the development of strategies for each of our care groups and each includes a performance framework against which we measure success in delivery of agreed outcomes.

We have updated our strategic plans for Older People, Mental Health & Wellbeing and Learning Disabilities to reflect future requirements including the impact of Covid. These set out a significant transformation programme. These are supported by a detailed delivery plan against which progress will be overseen by Strategy Groups and the Executive Management Team. These have been approved by the IJB and are closely aligned to the 3 Year Financial Plan and the 3 Year Workforce Plan and have led to an expansion of the regular performance reporting to the IJB.

Performance reports are considered at each IJB Audit and Performance Committee meeting. Performance at locality level is also considered at each meeting.

The publication of our Annual Performance Report documents our achievement throughout the year in achieving our strategic objectives and national outcomes.

Improvement activity during the year:

- 3 year Strategic Delivery Plans have been developed across priority areas which include approved performance frameworks.
- During the year senior management capacity has been enhanced that will lead to better strategic planning.
- The independent review of Adult Social Care in Scotland and the future development of the National Care Service will have significant implications for the IJB. As such we have provided updates to the IJB on this during the year

SECTION 4: ANNUAL GOVERNANCE STATEMENT

DECISION-MAKING

All reports to the IJB are in an agreed format that supports effective decision-making. The IJB Annual Work plan ensures regular opportunity for review and scrutiny of progress in delivering strategic priorities.

The Executive Management Team meets regularly to oversee delivery of transformation and service redesign priorities and for escalation of operational risk that will impact on strategic delivery.

Integrated financial planning across health and social care services and the development of financial frameworks to support all strategic delivery plans ensures an effective link between strategic and financial planning.

Over the year a program of development sessions has been provided to the IJB to inform and support ongoing decision making. In addition to this the IJB Budget Review Group has met regularly to ensure Members are informed in relation to prioritisation of financial resources.

The Partnership has a central pool of Programme and Project Management resources which are continually reviewed and aligned to service priorities.

Improvement activity during the year:

- We have undertaken significant development activity to support the IJB in considering medium term strategic plans.

ORGANISATIONAL DEVELOPMENT

The IJB Members are supported by a programme of training and development throughout the year.

Proposals have been approved by the IJB to consolidate management structures to provide stability and to ensure a robust infrastructure is in place to effectively deliver on transformation, improvements and enhance the effectiveness and functioning of the HSCP.

The HSCP has an approved 1 year workforce plan in place.

Improvement activity during the year:

- A 3 Year Workforce Plan has been developed for approval by the IJB in June 2022.
- We have invested in corporate support functions such as performance and business improvement to build resilience and ensure capacity
- The IJB have endorsed the enhancement of the PKHSCP senior management structure to increase capacity required to ensure delivery of operational management priorities and a significant transformation programme that spans almost all services

SECTION 4: ANNUAL GOVERNANCE STATEMENT

SCRUTINY AND ACCOUNTABILITY

Accountability is about ensuring that those making decisions are answerable for them. We have learned from best practice elsewhere to ensure transparent reporting of our actions and ensure that in this complex landscape our stakeholders can understand our intentions. IJB reports are clear and concise with the audience in mind.

In order to comply with regulations outlined by the Scottish Government's Integrated Resources Advisory Group, the IJB established an Audit and Performance Committee in July 2016. The role of the IJB Audit and Performance Committee ensures that good governance arrangements are in place for the IJB. It is the responsibility of this committee to ensure that proportionate audit arrangements are in place for the IJB and that annual financial statements are compliant with good practice standards. All IJB Members have a standing invitation to attend Audit and Performance Committee meetings. Both the IJB and the Audit and Performance Committee have annual work plans in place.

We report at regular intervals on financial performance and we are required to publish externally audited Annual Accounts each year. Each year the Annual Performance Report accounts for our activity, reports on our success and outlines further areas for improvement and development.

We report quarterly on our performance against the core set of integration indicators to the Audit and Performance Committee as well as monthly to the Executive Management Team. Progress on locality actions is also presented to the Audit and Performance Committee at each of their meetings.

We have provided regular reports to the IJB Audit and Performance Committee on our progress in implementing all external and internal audit recommendations and we have included a transparent assessment of how we are delivering against our Best Value responsibilities within the Annual Performance Report.

Improvement activity during the year:

- **We have developed a systematic approach to obtaining regular patient/service user feedback across services**

SECTION 4: ANNUAL GOVERNANCE STATEMENT

INTERNAL CONTROL FRAMEWORK

The governance framework above operates on the foundation of internal controls including management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability.

The IJB uses the systems in NHS Tayside and Perth & Kinross Council to manage its financial records. Development and maintenance of these systems is undertaken by both partner bodies as part of the operational delivery of the Health and Social Care Partnership. In particular, the systems include:

- *comprehensive budgeting systems;*
- *setting of targets to measure flnancial performance;*
- *regular reviews of periodic and annual flnancial reports that indicate flnancial performance against the forecasts.*

During the year a 3 year financial plan for 2022/23:2024/25 has been developed. Significant elements of this 3 year budget have been developed from financial frameworks underpinning our Strategic Delivery Plans. The plan has been prepared with significant engagement from IJB members allowing robust discussion, consideration and understanding of the development of the budget and in particular the financial implications of the strategic plans which underpin it.

During 2021/22 the Audit and Performance Committee has overseen and provided robust scrutiny on the IJB's strategic risk register and its associated risk improvement plan. The Strategic Risk Register has been further developed with a refreshed schedule of strategic risk reporting to the Executive Management Team being established, with the highest priority of risk being considered every 4 weeks as a minimum.

The annual work plan for the IJB sets set out clear timescales for reporting on key aspects of strategy implementation and transformation.

A process for the issuing of Directions is now in place with a Directions log also being maintained.

Regular review of service quality against recognised professional clinical and care standards is provided by the PKHSCP Clinical Governance Forum which provides assurance to NHS Tayside Clinical Care Governance Committee and to the IJB.

We have an agreed Internal Audit Service from Perth & Kinross Council Internal Audit Services and Fife, Tayside and Forth Valley Internal Audit Services (FTF).

We have agreed with Perth & Kinross Council to the appointment of their Data Protection Officer to the IJB to ensure our GDPR requirements are met. In parallel we have ensured effective arrangements are in place with Perth & Kinross Council and NHS Tayside for the sharing of data.

The HSCP has business continuity plans in place in accordance with processes in place with Partner organisations.

We continue to work with our NHS Tayside colleagues to set up an effective forum for ensuring that the planning of services that fall within our large hospital set-aside budget is undertaken in a way that enables the IJB's intentions to shift the balance of care to be effectively progressed.

We are working with the other IJBs in Tayside to ensure strong and effective arrangements are in place to support the strategic planning and delivery of hosted services. These arrangements need to carefully consider the responsibilities of the hosting

partnership alongside the wider obligation of each IJB to the strategic planning of all services to their population.

The wider internal control framework also includes:

- *Complaints handling procedures;*
- *Clinical Care Governance monitoring arrangements;*
- *Procedures for whistle-blowing;*
- *Data Sharing Arrangements;*
- *Code of Corporate Governance including Scheme of Delegation, Standing Financial instructions, standing orders, scheme of administration;*
- *Reliance on procedures, processes and systems of partner organisations;*

Perth and Kinross IJBs relationship with both partner bodies has meant that the controls in place in one body inevitably affect those in the other. The draft NHS Tayside Governance Statement 2021/22 was considered at its Audit & Risk Committee on 20th May 2022. No material weaknesses were found. Perth & Kinross Council has approved a Governance Statement which also concludes positively on the adequacy and effectiveness of internal controls, accompanied by an Annual Internal Audit Report which concludes that reasonable reliance can be placed on the Council's risk management and governance arrangements, and systems of internal control for 2021/22, subject to management implementation of the agreed actions detailed in Internal Audit reports. Dundee and Angus IJBs have also provided formal assurance that adequate and effective governance arrangements were in place throughout during 2021/22.

Improvement activity during the year:

- **Assurance reporting to the IJB in relation to Clinical Care Governance has been significantly strengthened. In addition a clear process for escalating significant operational risks which may impact on the IJB's strategic objectives.**

SECTION 4: ANNUAL GOVERNANCE STATEMENT

ONGOING REVIEW AND FURTHER DEVELOPMENTS

To support the annual review of governance, we have undertaken a full self-assessment using the Governance Self-Assessment Tool provided by Internal Audit. The annual self-assessment has been informed by a full progress update of our Partnership Improvement Plan.

Those areas identified which still require further development are highlighted in the Partnership Improvement Plan which includes new areas identified by local self-assessment and any other external or internal audit recommendations received during 2021/22. Progress updates on the Partnership Improvement Plan have been provided during the year to the IJB's Audit and Performance Committee.

REVIEW OF ADEQUACY AND EFFECTIVENESS

Perth and Kinross IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review of the effectiveness of the framework has been informed by:

- *the work of the Executive Management Team who have responsibility for development and maintenance of the governance environment;*
- *the Annual Report by the Chief Internal Auditor; reports from Audit Scotland and other review agencies including the Audit Scotland Report on the Review of Health and Social Care Integration;*
- *self-assessment against the FTF Internal Audit Service's Governance Self- Assessment Tool 2021/22;*
- *progress reported against PKHSCP's Partnership Improvement Plan;*
- *the draft Annual Governance Statements for Perth & Kinross Council, NHS Tayside, Dundee IJB and Angus IJB.*

SECTION 4: ANNUAL GOVERNANCE STATEMENT

The Chief Internal Auditor reports directly to the IJB Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

In addition to regular reports to the IJB's Audit and Performance Committee during 2021/22, the Chief Internal Auditor prepares an annual report to the Audit and Performance Committee including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

The Internal Audit Annual Report 2021/22 received by the IJB on 27 June 2022 highlights findings which indicate some weaknesses in the internal control environment. None of these are considered material enough to have a significant impact on the overall control environment and it is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

ACTION PLAN FOR 2022/23

The key areas where further progress is required to further strengthen governance arrangements are set out in detail in the Partnership Improvement Plan and are summarised below.

Leadership, Culture and Values

- *Develop a Leadership Development Programme focused on collaborative practice.*
- *Ongoing development of culture, ethos and professional practice to ensure we continue to be the best we can be.*

Stakeholder Engagement

- *Ensure resources are in place to support a strong strategic focus on improving links with Communities, providing additional capacity and ensuring a robust, consistent and coordinated approach.*

Vision, Direction and Purpose

- *Develop a Strategic Needs Assessment Framework to support long-term strategic planning to ensure that the approach across the partnership is consistent and systematic.*
- *Build better engagement, linkages and relationships with the Community Planning Partnership.*
- *Joint review of strategic planning processes encompassing Hosted Services and including consideration of performance reporting.*

Decision-Making

- *Finalise the 3 Year Workforce Plan and embed resources and ongoing arrangements for review and reporting of progress.*

Organisational Development

- *Complete Phase two of Corporate Support Review and in particular the functions related to capital/premises planning.*

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Internal Controls

- *Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.*
- *With IJB Members review and update the risk management framework and risk appetite statement.*
- *Develop improved assurance reporting to the IJB on progress in achieving strategic plan objectives.*

Requiring Collaboration with Statutory Partners

For a number of further improvements we are reliant on the leadership of NHS Tayside and Perth & Kinross Council as partners to the Integration Scheme:

- *Improve the effectiveness of links with Partner bodies in relation to Strategic Planning;*
- *Clarify and reach agreement on the governance, accountability and resourcing arrangements of Mental Health Services across Tayside and the implications for PKIJB/PKHSCP as a result of the revised Integration Schemes;*
- *Review of Partner Body Anti-Fraud, Whistle Blowing and Information Governance policies and reach agreement on PKIJB responsibilities.*
- *We will work with Perth & Kinross Council to conclude assurance arrangements to the IJB in relation to Care Governance.*
- *We will work with NHS Tayside to introduce assurance arrangements to the IJB for Inpatient Mental Health and Acute Medicine in relation to Clinical& Care Governance.*

The above areas will form the key elements of the Partnership Improvement Plan as it rolls forward to 2022/23.

CONCLUSION AND OPINION ON ASSURANCE

Whilst recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that internal control environment operating during 2021/22 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment.

Bob Benson
IJB Chair

Jacqueline Pepper
Chief Officer

Perth and Kinross Integration Joint Board

27 June 2022

IJB MEMBERS CODE OF CONDUCT

Report by Clerk to the Board
(Report No. G/22/104)

PURPOSE OF THE REPORT

This report asks the Board to consider and approve the revised Members Code of Conduct.

1. MEMBERS CODE OF CONDUCT

1.1 The Ethical Standards in Public life etc. (Scotland) Act 2000 provides for Codes of Conduct for both local authority councillors and all other members of relevant public bodies, such as Integration Joint Boards (IJBs). The Act requires the Scottish Ministers to lay before Parliament a Model Code for Members of Devolved Public Bodies. Integration Joint Boards are listed in schedule 3 of the Act are required to produce a Code of Conduct in line with the Model Code. The current code for Perth and Kinross Integration Joint Board was agreed back in 2015 at the inception of the Board. This can be viewed via the following link (Code of Conduct).

1.2 The revised Model Code was scrutinised and approved by the Scottish Parliament in October 2021 and a new Code is required to be produced and published by each IJB and approved by Scottish Ministers.

1.3 The revised Model Code highlights the need for all IJB members to take personal responsibility for their behaviour and to have an awareness of the organisation's policies in relation to a number of areas e.g. social media, equality, diversity and bullying and harassment.

1.4 The Standards Commission are providing guidance and individual Advice Notes to help members understanding of the Model Code. This information is available on their website at Home | The Standards Commission for Scotland (standardscommissionscotland.org.uk).

1.5 The revised Perth and Kinross Integrated Joint Board Model Code as provided in Appendix A, is based on a template Code provided by Scottish Government. The Board is asked to approve the Perth and Kinross

Integrated Joint Board Members Code of Conduct as outlined in Appendix A for submission to the Scottish Government for their approval.

2. RECOMMENDATIONS

2.1 It is recommended that the Board consider and approve the revised Members Code of Conduct for submission to the Scottish Government.

Authors

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

APPENDIX 1

CODE of CONDUCT
for
MEMBERS
of
PERTH AND KINROSS INTEGRATION JOINT BOARD

June 2022

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SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the "Act").

1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.

1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in Section 2 and set out how the provisions of the Code should be interpreted and applied in practice.

My Responsibilities

1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.

1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.

1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body's rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland ("Standards Commission") and my public body, and endeavour to take part in any training offered on the Code.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code.

1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Officer of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

Enforcement

1.10 Part 2 of the Act sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.

2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

Duty
I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

Selflessness
I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

Integrity
I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

Objectivity
I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

Openness
I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

Honesty
I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

Respect
I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.

3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.4 I accept that disrespect, bullying and harassment can be:

a) a one-off incident,
b) part of a cumulative course of conduct; or
c) a pattern of behaviour.

3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Officer, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Officer and Executive Team.

3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.

3.10 I will respect and comply with rulings from the Chair during meetings of:

a) my public body, its committees; and
b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

Remuneration, Allowances and Expenses

3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

Gifts and Hospitality

3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

3.14 I will never **ask for** or **seek** any gift or hospitality.

3.15 I will refuse any gift or hospitality, unless it is:

a) a minor item or token of modest intrinsic value offered on an infrequent basis;
b) a gift being offered to my public body;
c) hospitality which would reasonably be associated with my duties as a board member; or
d) hospitality which has been approved in advance by my public body.

3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.

3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

Use of Public Body Resources

3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.27 I will not use, or in any way enable others to use, my public body's resources:

a) imprudently (without thinking about the implications or consequences);
b) unlawfully;
c) for any political activities or matters relating to these; or
d) improperly.

Dealing with my Public Body and Preferential Treatment

3.28 I will not use, or attempt to use, my position or influence as a board member to:

a) improperly confer on or secure for myself, or others, an advantage;
b) avoid a disadvantage for myself, or create a disadvantage for others or
c) improperly seek preferential treatment or access for myself or others.

3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

3.30 I will advise employees of any connection, as defined at Section 5, I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

Appointments to Outside Organisations

3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.

3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

Category One: Remuneration

4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:

a) employed;
b) self-employed;
c) the holder of an office;
d) a director of an undertaking;
e) a partner in a firm;
f) appointed or nominated by my public body to another body; or
g) engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, “Other Roles”.

4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.7 of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.

4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

Category Two: Other Roles

4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:

a) under which goods or services are to be provided, or works are to be executed; and
b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

Category Four: Election Expenses

4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

Category Five: Houses, Land and Buildings

4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

4.21 I understand the requirements of paragraphs 3.13 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

Category Eight: Non–Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

Category Nine: Close Family Members

4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body, unless:

a) The matter being considered by my public body is quasi-judicial or regulatory; or
b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

Stage 2: Interest

5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

Stage 3: Participation

5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:

a) any role I have in dealing with enquiries from the public;
b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.

6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.

6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Officer or Standards Officer of my public body.

6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.8 I will not accept any paid work:

a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.

b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the Act") provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.

2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.

3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the Standards Commission for Scotland ("Standards Commission") and the post of Commissioner for Ethical Standards in Public Life in Scotland ("ESC").

4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.

7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:

    - Do nothing;
    - Direct the ESC to carry out further investigations; or
    - Hold a Hearing.

9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of

the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure**: A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension**: This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification**: Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found here.

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

ANNEX B: DEFINITIONS

“Bullying” is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

"Chair" includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

“Code” is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

"Cohabitee" includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

“Confidential Information” includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

"Election expenses" means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

“Employee” includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

“Gifts” a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

“Harassment” is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

“Hospitality” includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

“Relevant Date” Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Remuneration" includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

“Securities” a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

“Undertaking” means:
a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

PERTH & KINROSS COUNCIL

22 JUNE 2022

REVISION OF PERTH AND KINROSS INTEGRATION SCHEME

Report by Chief Operating Officer
(Report No 22/138)

1. PURPOSE

1.1 This report presents for approval a revised Integration Scheme for health and social care in Perth and Kinross to allow submission for final approval by Scottish Ministers, as required by the Public Bodies (Joint Working) (Scotland) Act 2014.

2.	RECOMMENDATION
2.1	It is recommended that Council: (i) note the Consultation Summary attached at **Appendix 1** and the follow-up actions that have been addressed. (ii) approve the revised Perth and Kinross Integration Scheme attached as **Appendix 2** for submission to Scottish Ministers (subject to approval by Tayside NHS Board).

3. STRUCTURE OF REPORT

3.1 This report is structured over the following sections:

- Section 4: Current Position
- Section 5: Consultation
- Section 6: Proposals
- Appendices

4. CURRENT POSITION

4.1 Under the Public Bodies (Joint Working) (Scotland) Act 2014, all Councils and Health Boards were required to establish an Integration Scheme to take forward integration of health and social care functions in their areas.

4.2 The Integration Scheme is the legal agreement between Perth & Kinross Council and Tayside NHS Board (NHS Tayside) which sets out the arrangements for health and social care integration in Perth and Kinross. The current Scheme was approved by Perth & Kinross Council on 25 March 2015 (report 15/419 refers) and was subsequently submitted to Scottish Government in September 2015. The Scheme was updated in February 2018 to include functions under the Carers (Scotland) Act 2016 as delegated functions.

4.3 The 2014 Act required the Council and the Health Board to carry out a review of its Integration Scheme within 5 years of being approved by Scottish Ministers – i.e., by 13 September 2020. This high-level review was carried out by officers of the Council and the Health and Social Care Partnership. This review identified that changes to the Scheme were both necessary and desirable to reflect changing practice as integration has evolved. The findings from this review were reported to Council on 7 October 2020, at which time, the Chief Executive was asked to prepare a revised scheme and to consult as necessary with interested persons or groups (Report No: 20/182 refers).

4.4 In common with other Councils and Health Boards, work on the revisions to the Scheme was delayed as a result of the response to the Covid-19 pandemic. A Tayside-wide project group was formed in July 2021 to carry out the revisions to the three Integration Schemes for Perth and Kinross, Dundee, and Angus, with the aim of making them the same where it is appropriate to do so.

4.5 The draft document has been developed with input from key staff from NHS Tayside, Perth & Kinross Council, Angus Council and Dundee City Council, and the three Health and Social Care Partnerships. The draft revised Scheme was then consulted on widely, and the feedback is summarised in Appendix 1.

4.6 In order to provide an overview of the changes in the revised Scheme, it is helpful to consider what is the same and what is different.

What is the same?

- The functions that are delegated to the Perth and Kinross Integration Joint Board remain unchanged, and the same is true in the other two Tayside Schemes.
- The IJBs continue to be responsible for strategic planning for all delegated community-based health and social care services for adults, services related to unplanned admissions to hospital and a limited number of arrangements in relation to child health.
- Services continue to be managed operationally by NHS Tayside and each Council in Tayside, under the direction of the IJBs.
- The membership of the Integration Joint Board is the same i.e. four elected members from Perth & Kinross Council and four Tayside NHS Board members.
- The commitment of the Council and the NHS to deliver health and social care integration and progress the national health and wellbeing outcomes is restated.

What has changed?

- All the sections have been updated recognising that the IJB has been functioning for 5 years e.g. references to the first three years have been removed.
- There is a refreshed “definintions” section which improves clarity and consistency throughout the document
- The clinical, care and professional governance and risk sections have been updated based on improved integrated arrangements developed over the last 5 years.
- Some paragraphs now better reflect the requirements of the legislation than previously, as our understanding has grown. This improves understanding about who is accountable and responsible in different circumstances.
- Following the Strang enquiry into adult mental health services in Tayside, the operational management arrangements for inpatient adult mental health services have been strengthened. Each IJB has responsibility for strategic planning for inpatient services for mental health, learning disability and drug and alcohol; the Chief Officer for the Perth & Kinross IJB will coordinate strategic planning for these services across the three Tayside IJBs; NHS Tayside have operational responsibility for these services.
- Unnecessary text that restates requirements of the legislation has been removed. Some paragraphs have been moved or rearranged to improve the flow of the document.
- It is a legal and technical document and we have tried to make it simpler and easier to understand, where possible.

4.7 Briefings have been provided to elected members, NHS Board members and IJB members over the period of review.

4.7.1 The draft Scheme attached has been agreed by officers within NHS Tayside and will be submitted with a recommendation for approval to the Tayside NHS Board later in June.

5. CONSULTATION

5.1 In accordance with the 2014 Act, a public consultation exercise and meetings with the Perth and Kinross User Reference Group (13 May 2022) and Strategic Planning Group (17 May 2022) have been used to gather in feedback. All responses were considered by the Tayside Project Group and taken into account, where appropriate, in preparing the final draft Perth and Kinross Integration Scheme. Other comments and feedback have been passed on to relevant parties.

5.2 The principles relating to the consultation and a summary list of the consultees is included in section 10 of the revised Integration Scheme. The consultation exercise sought comments on:

- the respondents understanding of the document and any suggestions to improve its accessibility.

- Any specific comments on the following sections:

  - Local operational management arrangements
  - Chief Officer
  - Clinical, Care and Professional Governance
  - Finance

- Any other comments

5.3 The online public consultation took place between 10 May and 27 May 2022. An analysis of the responses is attached at Appendix 1. A similar joint consultation exercise took place in April for the other Tayside Integration schemes.

5.4 Many of the comments did not relate directly to the content of the Integration scheme except in relation to comments on finance. Some comments were more related to considerations for strategic planning opportunities for service improvement, and communication. These comments have been shared with the Health & Social Care Partnership in order that the Strategic Planning Group or relevant Executive Management Teams can consider these comments and suggestions.

6 PROPOSALS

6.1 Feedback received via the consultation process has been incorporated and used to improve the clarity and accessibility of the revised Integration Scheme. These changes include further rewording of sections, improving definitions and adding additional definitions.

6.2 The revised Perth and Kinross Integration Scheme has been agreed by officers of NHS Tayside and will be presented to the Tayside NHS Board for approval later in June.

6.3 The revised Scheme attached at Appendix 2 is presented for consideration and approval by the Council ahead of final submission to Scottish Government by 30 June 2022.

Authors

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Approved

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Thomas Glen	Chief Executive	15 June 2022

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	**Yes / None**
Community Plan / Single Outcome Agreement	**Yes**
Corporate Plan	**Yes**
Resource Implications	
Financial	**No**
Workforce	**No**
Asset Management (land, property, IST)	**No**
Assessments	
Equality Impact Assessment	**No**
Strategic Environmental Assessment	**No**
Sustainability (community, economic, environmental)	**No**
Legal and Governance	**Yes**
Risk	**No**
Consultation	
Internal	**Yes**
External	**Yes**
Communication	
Communications Plan	**No**

1. Strategic Implications

Community Plan/Single Outcome Agreement

1.1 The proposals relate to the delivery of the Perth and Kinross Community Plan/Single Outcome Agreement in terms of the following priorities*:*

(i) Supporting people to lead independent, healthy and active lives

Corporate Plan

1.2 *The proposals relate to the achievement of the Council's Corporate Plan Priorities:*

(i) Supporting people to lead independent, healthy and active lives

2. Resource Implications

Financial

2.1 There are no financial implications arising from this report.

Workforce

2.2 There are no workforce implications arising from this report.

Asset Management (land, property, IT)

2.3 Not applicable.

3. Assessments

Equality Impact Assessment

3.1 The proposals in this report have been considered under the Corporate Equalities Impact Assessment process (EqiA) with the following outcome:

3.2 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

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

3.4 The proposals have been considered under the Act and no further action is required as they do not qualify as a PPS as defined by the Act and is therefore exempt.

Sustainability

3.5 Not applicable.

Legal and Governance

3.6 There is a requirement under section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 to carry out a review of the Integration Scheme every five years to determine whether changes to the Scheme are necessary or desirable. If changes are necessary or desirable, then the Council and Health Board may vary the Scheme by preparing a revised Scheme, under section 46 of the 2014 Act.

Risk

3.7 There is a legal requirement to review the Integration Scheme and to submit the same for approval to Scottish Ministers. Failure to do so will give risk to significant reputational risk.

4. Consultation

Internal

4.1 The Health & Social Care Partnership Chief Officer, Head of Legal and Governance Services and Head of Finance have been consulted in connection with the proposals and the preparation of this report.

External

4.8 A proportionate joint consultation on this Scheme took place prior to the date of approval. The following principles were agreed by the Parties and followed in respect of the consultation process:

- The views of all participants were valued
- It was transparent
- The results of the consultation exercise were published
- The draft scheme was published along with a side by side version including the original scheme, and comments were invited from members of the public
- It was the continuation of an on-going dialogue about integration.

The stakeholders consulted were:

- NHS Tayside Board
- Angus Council
- Dundee City Council
- Perth and Kinross Council
- Angus Integration Joint Board
- Dundee Integration Joint Board
- Perth and Kinross Integration Joint Board
- Health professionals
- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Social care professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Staff of NHS Tayside and Perth & Kinross Council
- Union and staff representatives
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care
- General Public including those with protected characteristics

A range of engagement methods were used to consult on the Scheme:

- Online questionnaires for all stakeholders across all partner platforms
- Online content and digital assets across all partners' social media signposting to the Scheme hosted on the Council, NHS Tayside and the HSCP websites
- Briefings with members of NHS Tayside Board, Elected Members of the Council and with the Integration Joint Board members.

5. Communication

5.1 The revised Integration Scheme, once approved by Scottish Ministers, will be published on the parties' websites, the HSCP web pages and shared with relevant groups.

2. BACKGROUND PAPERS

No background papers other than those referred to in this report were relied on in preparing the report.

3. APPENDICES

Appendix 1	Summary of Consultation on Integration Scheme
Appendix 2	Perth and Kinross Revised Integration Scheme

APPENDIX 1

Revision of the Perth and Kinross Health and Social Care Integration Scheme

Analysis of Consultation Responses

An online public consultation was undertaken between Tuesday 10 May and Friday 27 May 2022 in respect of the Integration Scheme for Perth and Kinross. A joint consultation exercise on the Integration Schemes for Dundee and Angus was carried out in April 2022. The web content on both Council and NHS Tayside websites provided context to the consultation exercise, a summary of what had changed and what has stayed the same in the Perth and Kinross Integration Scheme and a side-by-side version of the revised draft and current Schemes to aid comparison.

The consultation exercise sought comments on:

- the respondents understanding of the document and any suggestions to improve its accessibility.

- Any specific comments on the following sections:

  - Local operational management arrangements
  - Chief Officer
  - Clinical, Care and Professional Governance
  - Finance
  - Any other comments

Social media coverage in Perth and Kinross relating to the consultation had significant reach of more than 780 from one twitter post alone. Further detail on social media reach is provided in Appendix 1b. There have been 30 responses to the consultation, not all consultees provided comment or commented on every section of the scheme. Of the 30 responses:

- 33% of respondents were employees of either the Council or NHS Tayside.
- 57% respondents were users of health and/or social care services
- 3% respondents were independent providers of health and/or social care
- 7% respondents described themselves as ‘other’.

Appendix 1a provides the detail of comments received.

It should be noted, however, that many of the comments were not relevant to the content of the Integration Scheme, except for some comments on the arrangements for finance. The majority of the comments received related more to strategic planning, communication, opportunities for service improvement or operational management. Whilst not relevant to the issue of the review of the Scheme, the comments have been shared with the Parties, the Chief Officer and the Strategic Planning Group, as relevant, for further consideration.

Summary of responses

1. Understanding the scheme

Generally positive comments that the scheme had been simplified. Request for more use of plain English. In relation to improving peoples understanding of the scheme, comments ranged from asking for more information about integration and clarification of roles and accountability

2. Local operational management

Comments referenced arrangements as not being as integrated as they should and the need for greater planning. There were comments on the quality of communication between people working in different parts of the integrated system.

3. Role of the Chief Officer

Comments referenced interim arrangements which are now no longer valid as a permanent appointment has been made. Identified potential for confusion between references to Chief Officer for the HSCP and the Chief Officer (Acute Services).

4. Clinical, Care and Professional Governance

Comments referenced issues relating to poor communication which need to be considered within the existing clinical care and professional governance arrangements. The comments highlighted the importance of workforce development.

5. Finance

Comments referenced the need for budgetary provision for learning and development; and generally, not supportive of the addition of the sentence in section 9.20 in respect of repayments as part of the approach to risk sharing. Queries around the circumstances when additional payments would have to be paid and overspends being shared on a proportionate basis. Greater clarity was sought.

6. Other comments

There were a range of other comments from responders including:

- Some positive comments about joined up working.
- The need to improve communication generally
- The need for the Council and the NHS to demonstrate their commitment to integration and the need to deliver improvements in integrated working
- Concerns over differences between local authorities, NHS and approaches being taken to health and social care
- The length of the document.

FEEDBACK FROM USER REFERENCE GROUP (13/5/22) and STRATEGIC PLANNING GROUP (17/5/22)

Comments referenced below, those which are not matters for the Integration Scheme itself shall be shared with IJB/Chief Officer/ Parties/ HSCP Management team as appropriate for consideration:

Comment	Response
• *Voting members – public private partners can't vote.* • *No mention of role of carer representatives – period of appointment/method of election and payment.* • *include statement the Board can appoint others beyond Council and NHS. (This is set in Regulations and then decision for IJB)*	Voting rights are restricted to elected member reps/ NHS board reps as per Public Bodies (Joint Working) (Integration Joint Boards) (S) Order 2014). Accordingly not something that can be changed within the Integration Scheme. Comment passed to Chief Officer/IJB to provide more information and clarity re role of carer representative. Appointment of additional members is a matter for the IJB to consider
• *Lack of clarity on property strategy development. Should premises management strategy be referenced in the Integration Scheme?* • *No public register or agreement on assets / land – example given of disposal decision by NHS which was contrary to the wishes of the IJB/HSCP.* • *Relationship between NHS and Local Authority – decisions on assets and resources cuts across IJB policy. Is there an assets policy?*	IJB itself does not own or manage property. Property assets are controlled by the Parties. Comments passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration
• Collaborative agreement across the IJBs (chairs and vice chairs) – needs to be strengthened for sharing knowledge and experience.	
• Intermediate care should be explicit in the Integration Scheme (functions are prescribed by legislation)	
Complaints procedure. Independent Advocacy is important and training for this is important. (Paragraph 12.4)	Comments passed to Chief Officer for consideration
Clinical and Professional Governance Group – should such group have carer / user representation?	Passed to Chief Officer for further consideration
• *Improve engagement process.* • *Strengthen the role of the SPG.*	Passed to Chief Officer/ IJB for consideration

Appendix 1a

Comments Received

Area of Comment	Comment	Response
How could we make the integration scheme more easy to understand?	More information clear honest information	The scheme is a technical and legal document with much of the language drawn from the legislation itself. It is based on the model scheme issued as part of the guidance to the legislation. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English.
	Simplified	
	This goes against information released around inpatient mental health which should in totality be under 1 directorate and overseen by the NHS Board	Section 5 sets out the legal position and the particular arrangements for in-patient mental health services. The IJB is responsible for strategic planning of all services which are delegated functions under the 2014 Act – this includes inpatient mental health. It is also responsible for oversight of operational services (most of which are managed via the Chief Officer. Specific exception being that NHS Tayside is responsible for the operational management of inpatient mental health following the Directions of the IJB.
	Having seen the consultation, I have tried to understand the content of the Perth and Kinross Health and Social Care Partnership webpages but have gained a very very limited understanding of all the component parts, how they interact and how they might succeed or fail in practice. If it is important that members of the public understand it, I think you will need to do more to make it accessible/ comprehensible to people who are not familiar with your system. If it is not important, no worries.	We will review and improve the information about integration on our websites.

Area of Comment	Comment	Response
	Making it visible to ordinary people - plain English, none of the fancy lead in that turns everyone off and promote through voluntary orgs, social media (in social media language not council speak)	Perth & Kinross Council and NHST will take this feedback into consideration for any future consultations regarding the integration scheme.
	Supposed to have been integrated for years. Social work systems don't work with health systems, social work and council don't share information with health. Council and social work were given laptops tables and equipment to work from home, health professionals that could work from home were not permitted to and were not given equipment to enable them to do so. No integration within the locality.	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	For a start you could proof-read and correct the introductory paragraphs above - par 2 line 2 - the word "age" makes no sense. Par 2 line 3 - the word "and" is used instead of the word "an". The fact that these errors have been allowed to appear suggests a lack of concern around this work. On the document itself which you hope you have made accessible to a wide range of people; in my view it is too long; there is too much jargon and technical language. If you really wish as wide a range of people as possible to understand the scheme you need to produce a separate document or at least an executive summary. But I wonder if instead you've done the minimum to meet your statutory obligations.	The scheme is a technical and legal document with much of the language drawn from the legislation itself. It is based on the model scheme issued as part of the guidance to the legislation. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English. Any drafting errors will be corrected in the final version. A significant amount of work has been undertaken with NHST, the 3 Councils to improve clarity and consistency.
	What is it never heard of it	We will improve information about integration on our websites.

Area of Comment	Comment	Response
	More information clear honest information	We will improve information about integration on our websites.
	Biscuits	
	Simplified	The scheme is a technical and legal document with much of the language drawn from the legislation itself. It is based on the model scheme issued as part of the guidance to the legislation. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English.
	Page 4 Definitions and interpretations: I do not understand what is being articulated in the "Executive lead for Mental health and Learning Disability" definition and also its later use in section 1.8	This is unfortunately, a reflection of the complexity of governance arrangements for delegated in-patient mental services Section 5.1 and 5.2 identifies that the IJB is responsible for planning all services related to the delegated function. This includes inpatient learning disability and mental health services. NHS Tayside is responsible for operational management (Section 5.3 and 5.4) of those services following the Directions of the IJB. The Executive Lead for Mental Health and Learning disabilities has responsibility for the operational management of those services.
	Page 6-7 section 4 membership of the IJB. under 1.2 this paragraph describes the voting membership of the IJB. There is no further narrative provided which articulates the remaining membership in line with current non voting membership for clinical professional colleagues such as Registered Nurse and medical colleagues	The IJB membership must comply with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

Area of Comment	Comment	Response
	I understand the scheme because I work for NHS Tayside. I know that the general public has little awareness of the scheme though so improvements could be made to demonstrate that the Council and NHS work together to deliver the services. For example, staff who work to deliver services in the community could show the patients that they are providing a service to, that they are working in a joint way - their name badge for example, could have both logos on it and they could explain this to the patients so they have a better understanding.	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Overall I think PKC have done a good job of communicating information to a variety of audiences who will require different levels of detail. The 61 page document is WAY too long and would benefit from graphics, diagrams or colour to aid understanding and accessibility. Pages 2-4 were good, clear, concise, written in plain English. I understand that for individuals working in specific roles this level of detail is helpful, but that is a small audience. The 6 slide overview is much more visually appealing, but is still dependent on words rather than diagrams or flowcharts. I especially liked "what is the same?" and "what has changed?" slides - those are the key questions and are clearly answered here. The side by side comparison was a good idea poorly executed. It left the impression that anything on the left side (2018) had been dumped from the right side (2022) but actually a lot was still in there.	The scheme is a technical and legal document with much of the language drawn from the legislation itself. It is based on the model scheme issued as part of the guidance to the legislation. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English.

Area of Comment	Comment	Response
Local operational management arrangements	Confusing	This reflects the complexity of integration and the governance arrangements in terms of roles, responsibilities, accountabilities etc. under the legislation Consideration will be given to the need for additional definitions/ information in relation to how the scheme operated
	How would any potential user know anything about any of these?	We will improve information about integration on our websites.
	This is welcomed, especially the seamless approach.... Until all staff can use one integrated recording system this will be difficult to achieve and duplication will continue.	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Not fully integrated. Locality working is challenging within an aligned structure. Frequently priorities clash between health and social care. Many ideas never seen through	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Not fully integrated. Locality working is challenging. Many ideas never seen through	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Who are they?	
	Terrible	The scheme is a technical and legal document with much of the language drawn from the legislation itself. A set of definitions has been included to improve understanding. Consideration will be given to the need for additional definitions and further consideration of opportunity to increase the use of plain English.
	I feel more integration planning is needed. Looking to the future, services need to plan in an aligned way to avoid duplication and to ensure nothing is missed	Comment passed to Strategic Planning group for consideration and action

Area of Comment	Comment	Response
	Does not seem Integrated, still separate NHS and Local Authority operational management arrangements does not allow truly integrated working.	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	The IJB does not allow for people living in this area who are not classed as permanent residents yet are receiving NHS care in Tayside	The IJB must produce a Strategic Plan in relation to the delegated functions. In accordance with the integration delivery principles as set out in the 2014 Act. This make reference to service users who are defined as “persons to whom or in relation to whom the services are provided”. Operational provision will be in accordance with the relevant health or social care legislation (eg. Adults with Incapacity legislation etc.)
Role of Chief Officer	does not understand partnership working and does not include the NHS	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration.
	No contact dont know who it is.	
	The use of Chief officer of the partnership and the NHS Tayside chief officer is confusing to read.	Consideration will be given to the need for additional definitions.
	Interim in place. Need consistency, someone not afraid to make decisions and fully understands the health and social care aspects	A permanent appointment has now been made to the Chief Officer post.
	Interim in place	A permanent appointment has now been made to the Chief Officer post.
	Terrible	
	I think the Chief Officers of all three HSCPs do a fantastic job - as do their staff.	

Area of Comment	Comment	Response
Clinical, care and Professional Governance	Nurses have no idea if medical needs of patients have been dealt with and refer you to medical team so how can they care for patients and the patients are not able to get an appointment to speak to a doctor?	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Confusion around staff T7Cs	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	Different rules for different areas	Comment passed to Executive Management Teams in PKHSCP, PKC and NHST for consideration and action.
	We need to ensure the workforce is sufficient to enable time to invest in staff development and quality improvement realistically. Staff are coming in and hitting the ground running in recent years resulting in best practice approaches not always being embedded.	Comment passed to PKHSCP Executive Management Team for consideration. Actions to address workforce challenges including the need for staff development are set out in the Draft PKHSCP 3-year Workforce Plan being considered by the IJB at its meeting in June.
	Not fully integrated. Much more can be done to scrutinise and assume clinical and care governance. Reporting structures should be aligned as should KPIs and other performance measures	Comment passed to Strategic Planning for consideration and action.
	Not fully integrated	Comment passed to Strategic Planning Group for consideration and action.
	Never heard of this. Service is zero in the community just now	Comment passed to PKHSCP Executive Management Team in PKHSCP for consideration and action.
	Terrible	
	Communication is extremely poor. Poor joint working remains	Comment passed to Strategic Planning Group for consideration and action

Area of Comment	Comment	Response
	I think it's very important to demonstrate to the NHS that the clinical care provided by the HSCPs is governed in the same way the work carried out by the NHS is.	PKC, NHST and PKIJB have developed improved clinical care governance reporting and assurance arrangements during 2021/22 that strengthen accountability. These are reflected in Section 7 of the draft scheme.
	Too cumbersome still leaves room for error and accountability, again no joined up working evident in the narrative, still very much NHS and Local Authority	Comment passed to Strategic Planning Group for consideration and action.
	Non permanent residents are receiving social care from a different LA area while living and receiving medical care here.	Without knowledge of the particular case - this may be as a consequence of applying the regulations in respect of “ordinary residence”.
Finance	No partnership discussion to agree	Comment passed to the PKHSCP Executive Management Team for consideration and action. The Annual IJB Budget is developed in consultation with a wide range of stakeholders.
	More money spent on social care workers than NHS workers.	Comment passed to the PKHSCP Executive Management Team for consideration and action. In 2021/22 the staff budget for Social Care was £21.6m. The staff budget for Health Services was £43.9m. Budget relates to permanent posts only and include Lead Partner Services (but excluding inpatient mental health)
	The budget must ensure space for learning and development is factored into workforce design, continual cuts in the workforce have reduced quality of experience despite best efforts. Budgets must factor in locality demographics and deprivation information, especially geographical deprivation. We must forward plan with predicted demographics ensuring the workforce is sufficient to enable staff experience to be as described and not stretched to the point that we are losing experience.	Comment passed to the PKHSCP Executive Management Team for consideration and action. The Annual IJB Budget is developed in consultation with a wide range of stakeholders

Area of Comment	Comment	Response
	Not fully integrated	Comment passed to the PKHSCP Executive Management Team for consideration and action.
	Not fully integrated	Comment passed to the PKHSCP Executive Management Team for consideration and action.
	Terrible	
	This needs to be clearer, too long winded and room for ambiguity.	The scheme is a technical and legal document with much of the language drawn from the legislation itself. Suggested revised definitions have now been agreed which will provide more clarity and consistency.
	Different LA providing different levels of support, not consistent.	It is for each local authority and the Health Board to provide sufficient support to each IJB and HSCP.
	At section 9.20, the revised scheme sets out that 'additional payments may have to be paid in future years'. It is not clear in what circumstances this will be required which leaves significant uncertainty for the IJB in relation to financial planning. Further the potential requirement for payback (which will already have been offset by unearmarked reserves and recovery actions in line with the existing requirements of the integration scheme) is likely only to exacerbate financial pressure across the health and care system. If a system is materially overspent, it is already challenging for that system to pay back an overspend in future years. The whole system and NHS Tayside in particular is likely to experience unintended consequences e.g., increased delayed discharges where a system is forced to reduce community investment to meet pay back requirements. This would in fact most likely lead to a far higher financial cost across the whole system.	Project Group and Directors of Finance considered these points. Agreed wording is in the revised Integration Scheme for Perth and Kinross.

Area of Comment	Comment	Response
	It should also be noted that IJB's do not have access to receipts from sale of assets which I understand are often used by NHS Board to pay back overspends to the Scottish Government. The potential requirement for pay back of overspends is being added to the scheme at the same time as very material budget issues remain unresolved in relation to Inpatient Mental Health Services which could potentially significantly increase the risk profile of the IJB and the pay back clause, if enacted, could have a serious impact on the future sustainability of the IJB. At section 9.18, can consideration to be given to the amendment of this section to provide clarity that unplanned overspends relate to those for which the chief officer has operational management responsibility? At section 9.20, the draft scheme sets out that the partners may agree to overspends being shared on a proportionate basis. Can this section be amended to make it clear that if this is not agreed, then each year any overspends will be met by the partner with operational responsibility.	
Any other comments	The IJB refuses to engage effectively with the NHS and taking on services which do not belong to them i.e. inpatient mental health	The 2014 Act prescribes inpatient mental health services as a delegated function. The IJB is responsible for strategic planning for and operational oversight of the delegated functions which includes inpatient mental health. NHS Tayside are responsible for the operational management of inpatient mental health services.

Area of Comment	Comment	Response
	If it not important for the public to understand how your system functions, the strengths and weaknesses, fine. If you want more public support a greater sense of engagement by people not yet in the system would be necessary	Comment passed to Strategic Planning for consideration and action.
	Have to refer to other agencies who can then say its not for them, and the person gets passed from pillar to post.	Comment passed to Strategic Planning Group and Executive Management Team for consideration and action.
	For staff in previous years the strategic plan has never been well embedded day to day, inspection noted this. We really have to start from the top with the plan make it thread through everything, direction of travel can be confusing on the ground this must be improved. While centralised services are to some degree more efficient monetarily, in terms of reducing health and social care inequalities this has had the opposite effect, particularly for rural areas. For example child vaccinations missed in rural areas because centrally located staff don't understand the rurality and distances involved. In rural areas GP practices and local staff need to supported to deliver wider care, for example in the past we had local district nurse who was also the midwife and could support with care. Sub-localities within localities need to be considered differently to ensure all citizens' needs can be provided for.	Comment passed to Strategic Planning Group Executive Management Team for consideration and action.
	Overall .. terrible	

Area of Comment	Comment	Response
	The joined up working is very positive however there are certain differences that make it less fair, such as HSCP staff working from home during the pandemic while all NHS staff apart from those shielding, had to be at work in the workplace. I feel it would have been more equitable and fair if agreement had been reached across the NHS and the 3 HSCPs.	The staff in the partnership are employees of Perth & Kinross Council or Tayside NHS Board and each employer has its own policies, procedures and arrangements for staff and it is therefore inevitable that some differences will arise. Comment passed to Executive Management Team for consideration.

Response to the Consultation Feedback

1. Review the draft scheme to improve, where possible, the use of plain English including the review of any jargon and consideration of the need for any further definitions.
2. Develop a one-page summary that explains the arrangements that can be used to explain integration on websites
3. Reconsider the need for, or greater clarity around the repayment sentence in section 9.20.
4. Share relevant comments with the Chief Officer for consideration by the Strategic Planning Group or other appropriate forums.
5. Share relevant comments with the Executive Management Teams in PKHSCP, PKC and NHST for consideration.
6. Provide this feedback summary on the consultation on the Council and NHS websites.

Appendix 1b

Perth and Kinross Activity

Social media reach

Facebook post Tuesday 10 May 2022

Reach: 4278

Clicks: 31

Shares: 3

Likes: 2

Twitter post at 10 May 2022

Reach: 788

Clicks: 2

Shares: 2

Likes: 0

APPENDIX 2

Perth and Kinross Health and Social Care Integration Scheme

This Integration Scheme is to be used in conjunction with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014

These regulations can be found at http://www.scotland.gov.uk

1. Establishment

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires NHS Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services, additional adult health and social care services and children's health and social care services, beyond the minimum prescribed by Ministers. The Act requires them to jointly prepare an Integration Scheme setting out how this is to be achieved.

The first Perth and Kinross Integration Scheme established a "body corporate" arrangement, as set out in s1(4)(a) of the Act. This Scheme was produced in 2022 following a review in 2020/21. It continues to provide for a body corporate model for the integration of health and social care in Perth and Kinross and confirms the detail of how Tayside NHS Board and Perth & Kinross Council will integrate relevant services. The corporate body will be known as Perth and Kinross Integration Joint Board (IJB). To give effect to the single operational management of Integrated Services by the Chief Officer, the parties agree that the integrated operating unit will be known as Perth and Kinross Health and Social Care Partnership.

This agreement covers the health and wellbeing of all adults including older people. It includes children's services as noted in annex 1 of this Integration Scheme and takes account of the needs of children at times of transition to adulthood in the context of 'whole family' approaches. Robust working arrangements will be put in place to ensure effective joint working with Children's services in both these cases.

2. Our Shared Vision for Integration

NHS Tayside and Perth & Kinross Council are the Parties in this Integration Scheme. We recognise that the main purpose of integration is:

- To improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, and which require support from health and social care at the same time.
- To improve the wellbeing of those for whom it is necessary to provide timely and appropriate support in order to keep them well.
- To promote informed self-management and preventative support to avoid crisis or ill health.
- To jointly deliver on the national health and wellbeing outcomes.

Our shared vision for integration between NHS Tayside and Perth & Kinross Council is for a confident and ambitious Integration Joint Board which support people to achieve better outcomes and experience fewer inequalities, where voices are heard and people are supported to enjoy full and positive lives in the community.

We aim to deliver success in integration where:

- People experience improved health and wellbeing.
- Integrated Services provide holistic care focused on outcomes.
- Pathways between health, social work and social care services become seamless.
- Inequalities are reduced.
- Shared resources are deployed using best value principles to achieve better outcomes, maximise efficiencies from integrated care allowing public funds to go further to meet demand.
- Good clinical, care and professional governance improves the quality of service delivery.

To achieve this, we will:

- Build on the Integration Delivery Principles set out in the Act.
- Respect the principles of human rights, equalities, and independent living, treating people fairly.
- Ensure that staff are well informed, we will work collaboratively to embed this shared vision within staff teams, supporting and developing staff from all organisations to respond appropriately, putting people first.
- Recognise that our people are our greatest asset, and it is through their talents and ambitions that real improvement will continue to be made.
- Treat staff fairly and consistently with dignity and respect in an environment where diversity is valued
- Provide staff with a continually improving and safe working environment, promoting the health and wellbeing of staff
- Support staff to understand the importance of the communities we service and develop positive approaches to engage, listen and act
- Involve staff in decisions
- Support staff to learn from and build on best practice, ensuring that they are appropriately trained and developed
- Support the Integration Joint Board to deliver on its strategic plan, progressing the national health and wellbeing outcomes.
- Work together to promote integrated working by our staff and minimise unnecessary duplication.

The local vision for integration is set out in the Perth and Kinross Integration Joint Board's Strategic Plan. The Strategic Plan and progress with its delivery can be found on Perth and Kinross HSCP web pages.

Integration Scheme

Between

PERTH & KINROSS COUNCIL, a local authority established under the Local Government Etc. (Scotland) Act 1994, and having its principal offices at 2 High Street, Perth PH1 5PH ("the Council")

And

Tayside Health Board, a Health Board established under section 2(1) of the National Health Service (Scotland) Act 1978 (hereinafter referred to as "NHS Tayside") and having its principal offices at Level 10, Ninewells Hospital, Dundee DD1 9SY ("NHS Tayside").

Together referred to as "the Parties".

Definitions and Interpretations

In this Integration Scheme, the following terms shall have the following meanings:

"Act" means the Public Bodies (Joint Working) (Scotland) Act 2014.

"Acute services" means those services set out in Part 2 of annex 1 which are delivered in Ninewells Hospital and Perth Royal Infirmary. It does not include medicine for the elderly services delivered in Perth Royal Infirmary, Psychiatry of Old Age at Murray Royal Hospital and Stracathro Hospital, or inpatient services provided in a community hospital.

"Angus" means the local government area for Angus as defined in the Local Government etc. (Scotland) Act 1994.

"Dundee" means the local government area for Dundee City as defined in the Local Government etc. (Scotland) Act 1994.

"Perth & Kinross" means the local government area for Perth & Kinross Council as defined in the Local Government etc. (Scotland) Act 1994.

"Delegated Functions" means the integration functions referred to in Section 60 of the Act and listed in Annex 1 and 2 of this Scheme that are delegated to the Integration Joint Board.

"Direction" means the formal instruction to the Parties by the Integration Joint Board that is to be undertaken by each party on behalf of the Integration Joint Board and the financial resources that are being made available to each party in undertaking these services in accordance with Section 26 of the Act.

"Chief Officer (Acute Services) means the post within NHS Tayside that has responsibility for the operational management of the Acute Services

"Executive Lead for Mental Health and Learning Disability" means the post within NHS Tayside that has responsibility for the operational management of inpatient mental health, inpatient learning disability and inpatient drug and alcohol services in NHS Tayside that relate to delegated functions.

"Integrated Budget" means the means the payments made by the Parties to the Integration Joint Board in respect of the delegated functions in accordance with Section 14 of the Act.

"Integrated Services" means the operational services related to the delegated functions.

"Integration Joint Board (IJB)" means the Perth and Kinross Integration Joint Board established by Order under section 9 of the 2014 Act.

"Integration Delivery Principles" means those principles set out in Section 31 of the Act

"Lead Partner" means the designated Chief Officer for a Lead Partner Service.

"Lead Partner Service" means an integrated service, which the Parties consider requires to be planned for and managed on a Tayside -wide basis, as set out in Annex 1 Part 3 of the Scheme

"Membership Order" means The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SI 2014 no 285).

"National outcomes" means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulation 2 Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 SI No 343.

"Non-current assets" means those assets which are **not** anticipated to be consumed/exhausted within 12 months of being acquired and are thus eligible to be capitalised on the balance sheet. For example, property, plant, equipment, finance elements, service concessions, investment properties, intangible assets etc.

"Operational Management" means all the day-to-day services required to control the delivery of delegated health and social care services functions, including clinical, care and professional standards and governance, financial management, operational risk management and staff governance, the configuration of those services and all functions associated with ensuring the implementation of Directions issued by the Integration Joint Board.

"Operational Risk" means the risk of incurring detriment due to inadequate or failed internal processes, people, controls or from external events.

"Oversight" means the requirement to be assured that functions are being delivered as directed, that the strategic plan is being delivered and that Integrated Services operate safely and to the quality expected (i.e., clinical care and professional standards and governance). This might include receiving reports about shifts in service delivery that demonstrate the implementation of Directions and the strategic plan. Oversight is not about day-to-day operational management.

"Parties" means the Perth & Kinross Council and NHS Tayside.

"Partners" means communities, staff, third sector, service users and carers and independent sector.

"Planning Period" means the 3-year term of the IJB strategic plan.

"Reporting year" means the 1 April to 31 March each year.

"Requisition" means the request made by the Integration Joint Board to the Parties for payment under Section 14 of the Act to enable them to discharge the delegated functions in accordance with the Strategic Plan.

"Scheme" means this Integration Scheme.

"Strategic Plan" means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated functions in accordance with section 29 of the Act.

"The Chief Officer" means the Chief Officer of the Integration Joint Board appointed by the Integration Joint Board in accordance with Section 10 of the Act.

"The Chief Finance Officer" means the Chief Finance Officer appointed by the Integration Joint Board in terms of section 95 of the Local Government (Scotland) Act 1973.

1. CHOICE OF INTEGRATION MODEL

1.1 In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place in Perth and Kinross namely the delegation of functions by the Parties to a **body corporate** established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force**.**

1.2 As the Parties intend to delegate functions 'to a body corporate' there will be no wholesale transfer of staff either between the Council and NHS, or vice versa, or from both organisations.

2. DELEGATION OF FUNCTIONS

2.1 The functions that are to be delegated by NHS Tayside to the Integration Joint Board are set out in Part 1 of Annex 1. The description of the services to which these functions relate are set out in Part 2, Part 3, and Part 4 of Annex 1 of this Scheme. Unless specified in Annex 1 Part 4 health services to be integrated only relate to persons over the age of 18 years. Where delegated functions include children and young people under the age of 18, the services to be integrated and identified in Annex 1 Part 4 are organised on an all-age basis (i.e. birth to death).

2.2 The functions that are delegated by Perth & Kinross Council to the Integration Joint Board are set out in Part 1 and Part 2 of Annex 2. The description of the services to which these functions relate are set out in Part 3 of Annex 2 of this Scheme.

3. MEMBERSHIP OF THE INTEGRATION JOINT BOARD

3.1 Membership of the Integration Joint Board will be determined in accordance with the Membership Order.

3.2 Perth & Kinross Council will nominate four of its Elected Members to the Integration Joint Board and Tayside NHS Board will nominate four Tayside NHS Board members to the Integration Joint Board, to be voting members.

4. LOCAL GOVERNANCE ARRANGEMENTS

4.1 The term of office of a voting member of the Integration Joint Board is a maximum of three years however a member may be reappointed for a further three-year term of office. Board members appointed by the Parties will cease to be members of the Integration Joint Board in the event that they cease to be a Non-Executive board member of Tayside NHS Board or an Elected Member of Perth & Kinross Council.

4.2 The Chief Social Work Officer, Chief Officer and Chief Finance Officer remain non-voting members of the Integration Joint Board for as long as they hold the office in respect of which they are appointed.

4.3 The Chairperson and Vice Chairperson will be drawn from the Tayside NHS Board and the Council voting Members of the Integration Board. If a Council Member is to serve as Chairperson, then the Vice Chairperson will be a member nominated by the NHS Board and vice versa. The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairpersons. The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.

5. LOCAL OPERATIONAL MANAGEMENT ARRANGEMENTS

The local operational arrangements agreed by the Parties are:

5.1 The Integration Joint Board has the responsibility for the planning of services in relation to all delegated functions and is required by section 29 of the Act to prepare a plan ("Strategic Plan"). The Strategic Plan must set out the arrangements for the carrying out of the delegated functions, having regard to the Integration Delivery Principles and how these arrangements will contribute to the achievement of the National Health and Wellbeing Outcomes.

5.2 The Integration Joint Board is responsible for the planning of all functions that are delegated, as specified in Annex 1 and Annex 2 of this Scheme. For the avoidance of doubt, this includes strategic planning responsibility in relation to those delegated functions for which NHS Tayside retain operational management responsibility as set out in paragraph 5.4 below.

5.3 The Integration Joint Board is responsible for oversight of all delegated functions through the Chief Officer.

5.4 NHS Tayside is responsible for the operational management of all health services including –

- community-based health services, through the Chief Officer,
- acute services, through the Chief Officer (Acute Services)' and
- inpatient mental health, inpatient learning disability and inpatient drug and alcohol services, through the Executive Lead for Mental Health and Learning Disabilities.

NHS Tayside will provide information on a regular basis to the Integration Joint Board on the performance, standards and governance of these services.

5.5 Perth and Kinross Council, through the Chief Officer, is responsible for the operational management of all social work and social care services. The Council will provide information on a regular basis to the Integration Joint Board on the performance, standards and governance of those services.

5.6 The Integration Joint Board will have oversight of integrated acute, mental health inpatient, learning disability inpatient and drug and alcohol inpatient services to ensure compliance with the strategic plan of the Integration Joint Board.

5.7 The Parties, with Angus Council and Dundee City Council, recognise that certain Integrated Services require operational management arrangements that are best delivered on a Tayside wide basis. These arrangements are set out in Annex 1 Part 3. It is proposed that a Lead Partner approach to these services is adopted (known as Lead Partner Services). The role of the Lead Partner is set out in paragraph 6.6 below.

5.8 The arrangements for Lead Partner services are set out in Annex 1 Part 3, with one Chief Officer acting as Lead Partner in most circumstances. The Lead Partner may be subject to change by agreement between the Councils, NHS Tayside and the Integration Joint Boards.

5.9 The Integration Joint Board has a performance framework which will contain the lists of targets and measures that relate to the delegated functions, and which progress their Strategic Plan. The Parties will provide the relevant information to the Integration Joint Board to meet the requirements of the performance framework allowing the Integration Joint Board to be assured that the Strategic Plan and Directions are being delivered and to enable the Integration Joint Board to prepare a report as required by S 42 of the Act and in accordance with The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. The Parties will also provide information on the non-delegated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan. The reporting cycle is set out in the Performance Framework but will be no less than annually in order that the Integration Joint Board can prepare its annual report, in accordance with section 42 of the Act.

5.10 The Integration Joint Board will routinely receive from the Chief Officer and Chief Finance Officer, for agreement and approval, reports as relevant. The Integration Joint Board upon consideration of such reports may issue, amend or withdraw a Direction to the relevant party.

5.11 Information will be provided by the Parties, to the Integration Joint Board setting out the arrangements they have made to ensure that a Direction has been delivered and that the objectives of the Strategic Plan will be achieved. If it is considered by the Integration Joint Board that any of the arrangements made by either of the parties are not sufficient, the Chief Officer will bring this to the attention of the party in question, in writing, with details of any further action which the Integration Joint Board considers should be taken.

5.12 It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements. The Parties will agree a memorandum of understanding to define the terms and arrangements whereby the Parties agree to make available to the Integration Joint Board such professional, technical, or administrative resources as are required to support the development of the Strategic Plan and the carrying out of delegated functions. These arrangements will be reviewed through regular reports from the Chief Officer of the Integration Joint Board.

5.13 NHS Tayside will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services, provided by other Health Boards, by people who live within Perth and Kinross.

5.14 The Council will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other local authority areas by people who live within Perth and Kinross.

5.15 The Parties agree to use all reasonable endeavours to ensure that the other Tayside Integration Joint Boards and any other relevant Integration Authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use of resources by residents in their Integration Authority area.

5.16 The Parties shall advise the Integration Joint Board where they intend to change operational service provision in any area of provision including support services that will have a resultant impact on the Strategic Plan.

6. CHIEF OFFICER

The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

6.1 The Chief Officer is the accountable officer for delegated functions to the Integration Joint Board. The Chief Finance Officer is responsible for the proper administration of the Integration Joint Board's financial affairs. A key element of the Chief Officer's role will be to develop close working relationships with Elected Members of Perth & Kinross Council and Non-Executive and Executive Tayside NHS Board members.

6.2 Subject to paragraph 6.3 below, the Parties agree to operate a single model for operational management of Integrated Services by the Chief Officer which shall be given effect through an integrated operating unit which will be known as Perth and Kinross Health and Social Care Partnership.

6.3 The Parties agree that the Chief Officer will be responsible for the operational management and performance of the Integrated Services related to the functions that are delegated to the Integration Joint Board, including with the exception of those Lead Partner Services for which NHS Tayside retains operational management as set out in 6.7 and 6.8 below and Annex 1 Part 3.

6.4 The Chief Officer will report directly to the Chief Executive of the Council and the Chief Executive of NHS Tayside on operational management. Joint performance review meetings, involving both Chief Executives and the Chief Officer will take place on a regular basis and at a minimum quarterly.

6.5 The Chief Officer will have in place management structures that ensure accountability and responsibility for professional, clinical and care governance in respect of the Integrated Services for which they have direct operational management responsibility. In relation to those Integrated Services set out in 5.4 above where NHS Tayside retain operational management responsibility, the Chief Officer (Acute) and the Executive Lead for Mental Health and Learning Disability will have in place appropriate reporting structures which provide adequate and effective oversight and assurance to the Integration Joint Board in relation to performance, and professional, clinical and care governance.

6.6 Where a Chief Officer is the Lead Partner in relation to a service set out in in Annex 1 part 3, the Parties agree that the Lead Partner:

- will, subject to 6.7 and 6.8 below, have operational management responsibility for those services across Tayside
- co-ordinates the strategic planning of the Lead Partner Services.
- will seek approval from all Integration Joint Boards on its proposed strategy for those services as required in Section 29 of the Act having regard to all localities in the Tayside area
- will provide reports on those services to other Integration Joint Boards at least in every planning period, ensuring consultation where significant service change is planned at any point.

6.7 The Chief Officer (Acute Services) will have operational management responsibility for Ninewells Hospital, Perth Royal Infirmary and Stracathro Hospital in respect of delegated acute functions.

6.8 The Executive Lead for Mental Health and Learning Disability Services will have operational management responsibility for delegated functions that relate to adult mental health inpatient, learning disability inpatient and drug and alcohol inpatient services.

6.9 Members of the senior management teams of both Perth & Kinross Council and NHS Tayside have a key role in supporting Health and Social Care Integration in Perth and Kinross. The Chief Officer will be a substantive member of the senior management teams of both Perth & Kinross Council and NHS Tayside.

6.10 The Parties agree that the Chief Officer will have appropriate corporate support and a senior team of 'direct reports'; to fulfill their accountability for the Strategic Plan and the safe, efficient and effective operational management and performance of Integrated Services and also to provide the IJB oversight of delegated, inpatient mental health, inpatient learning disability and inpatient drug and alcohol functions, to the population of Perth and Kinross.

6.11 The Parties jointly agree that a member of the senior team of direct reports who is an employee of either Perth & Kinross Council or NHS Tayside will be designated as the Depute Chief Officer. This Depute Chief Officer will carry out the functions of the Chief Officer if/when the Chief Officer is absent or otherwise unable to carry out their functions for a period exceeding two weeks.

6.12 The Chief Officer shall establish and maintain effective working relationships with a range of key stakeholders across NHS Tayside, the Council, the third and independent sectors, service users and carers, Scottish Government, trade unions and relevant professional organisations. They will be a key partner on the Perth and Kinross Community Planning Partnership.

7. CLINICAL, CARE AND PROFESSIONAL GOVERNANCE

The Parties recognise that the establishment and continuous review of the arrangements for Clinical and Care Governance and Professional Standards and Governance are essential in delivering their obligations and quality ambitions.

7.1 To provide assurance to the IJB and the Parties of the effectiveness of these governance arrangements, the Parties will have in place explicit lines of professional and operational accountability. These arrangements will underpin the delivery of safe, effective and person-centred care in all care settings delivered by employees of the Council, NHS Tayside, and the third and independent sectors.

7.2 In relation to delegated functions, NHS Tayside is accountable for the clinical and care governance of health services, and Perth & Kinross Council is accountable for standards and governance of social work and social care services.

7.3 The Parties are accountable for ensuring appropriate clinical and care governance arrangements in respect of their duties under the Act. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework (or its successor document), including the focus on localities and service user and carer feedback. The parties will agree an integrated framework for the delivery for Integrated Clinical, Care and Professional Governance arrangements. Professional and service user networks or groups will inform an agreed Clinical and Care Governance framework directing the focus towards a quality approach, continuous improvement, and the integration of delegated functions and services.

7.4 The structure of the Clinical and Care Governance arrangements as it relates to the delegated functions and the provision of assurance to the Integration Joint Board and the Parties is set out in the Integrated Clinical, Care and Professional Governance framework. The framework will be reviewed regularly.

7.5 Professional governance responsibilities will continue to be carried out by the professional leads through to the health, social work and social care professional regulatory bodies.

7.6 Principles of Clinical and Care Governance will be embedded at service user/clinical care/professional interface using the integrated framework. The Parties will ensure that explicit arrangements are made for professional supervision, learning, support, and continuous improvement for all staff.

7.7 The Parties will provide, by way of assurance to the Integration Joint Board, evidence of effective performance management and clinical, care and professional governance systems in relation to the operational delivery of the Integrated Services.

7.8 Both Parties will retain separate duty of candour policies. The Parties agree to work towards an integrated duty of candour procedure to be included in the Integrated Clinical, Care and Professional Governance framework.

7.9 The Parties have established a Perth and Kinross Clinical, Care and Professional Governance Group to consider matters in relation to delegated functions which are integrated under the operational management of the Chief Officer.

7.10 The Perth and Kinross Clinical, Care and Professional Governance Group will include representatives of the Chief Social Work Officer, Medical Director, Director of Nursing and Midwifery, Director of Allied Health Professions and Director of Pharmacy.

7.11 The Perth and Kinross Clinical, Care and Professional Governance Group will provide oversight, advice, guidance and assurance to the Chief Officer, the Council, and Tayside NHS Board in respect of clinical care and professional governance for delegated functions and the services that are integrated. NHS Tayside and Perth & Kinross Council will provide assurance to the Integration Joint Board.

7.12 In respect of clinical, care and professional governance for delegated health functions where the integrated services are managed by the Chief Officer (Acute Services) and the Executive Lead for Mental Health and Learning Disability, Tayside NHS Board will establish a Care Governance Committee. The Care Governance Committee will provide oversight, advice, guidance, and assurance to the Integration Joint Board in relation to those delegated functions.

7.13 The Care Governance Committee executive professional leads and the Perth and Kinross Clinical, Care and Professional Governance Group will provide advice to the Perth and Kinross Strategic Planning Group and localities for the purposes of locality planning in respect of inpatient (acute, mental health drug and alcohol and learning disability) and community services respectively.

7.14 The Chief Social Work Officer, the Medical Director, Director of Nursing and Midwifery, Director of Pharmacy, Director of Allied Health Professions or their representatives and a Medical Practitioner whose name is included in the list of primary medical services performers, will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

7.15 The Chief Officer (Acute services) and the Executive Lead for Mental Health and Learning Disability will have in place management structures that ensure accountability and responsibility for professional, clinical and care standards and governance for services for which they have operational management responsibility.

8. WORKFORCE

The arrangements in relation to their respective workforces agreed by the Parties are:

8.1 The Parties are committed to ensuring staff possess the necessary skills and knowledge to provide service users in Perth and Kinross with the highest quality services. Any future changes in staff arrangements will be planned and co-ordinated and will involve the full engagement of those affected by the changes in accordance with established practices and procedures.

8.2 The Parties will agree a framework for the delivery of an Integrated Workforce and Organisational Development Plan for delegated functions. In doing so the plan will consider the needs of the integrated health and social care workforce, including the impact of third and independent sector care provision as part of the overall planning process. The Plan will set out how support and development will be provided for and to the workforce within the requirements of the NHS Reform (Scotland) Act 2004, any relevant guidance e.g. for NHS employees this would include the Staff Governance Standards and how the workforce will be developed to meet the requirements of the Integration Joint Board's Strategic Plan. Reviews of the Workforce and Organisational Development Plan will be undertaken annually in conjunction with the Integration Joint Board.

8.3 The Parties will continue to be provide human resource services and workforce planning information by the appropriate corporate human resource functions within the Council and NHS Tayside.

8.4 The Parties will ensure that professional/clinical supervision arrangements are in place.

8.5 The Parties will agree and maintain appropriate procedures which meet the requirements of the National Whistleblowing Standards and ensures that all staff who work within a Health and Social Care Partnership (across NHS and local authorities) can raise any concerns through the associated procedures. This will also include a requirement to report all concerns to the IJB and NHS Board on a quarterly basis.

9. FINANCE

9.1 The Chief Finance Officer of the Integration Joint Board will be accountable to the Chief Officer and the Integration Joint Board for the Annual Accounts, Financial Plan (including the Annual Financial Statement as required under Section 39 of the Act) and providing financial advice to the Integration Joint Board. The Chief Finance Officer will provide financial advice and support to the Chief Officer and the Integration Joint Board on the financial resources used for operational delivery.

9.2 The Parties will provide co-operation and finance and corporate support services as required to effectively support the financial management of the Integration Joint Board, unless subsequently agreed otherwise by the Parties and the Integration Joint Board.

9.3 The Financial Strategy underpinning the Integration Joint Board's Strategic Plan will be prepared by the Chief Officer and Chief Finance Officer following discussions with the Parties and will reflect the Parties respective medium term financial planning assumptions where available. The Parties will consider the implications of the Integration Joint Board's planned requisitions over the period of the Strategic Plan will ensure the services commissioned by the Integration Joint Board are delivered within the Integrated Budget available.

9.4 The Council will host the financial transactions of the Integration Joint Board unless or until agreed otherwise. These transactions will cover payments made to the Integration Joint Board from the Parties in accordance with Section 14 of the Act and the Directions back to the Parties for commissioned services, cost of the Integration Joint Board, External Audit, Chief Officer, Chief Finance Officer and any other relevant costs.

9.5 The Chief Finance Officer will make annual budget Requisitions to the Parties in line with their respective budget setting timetables. The budget Requisitions will be calculated with initial reference to the pertinent year of the latest Strategic Plan agreed by the Integration Joint Board and in line with agreement by the Parties and will include the costs of the Integration Joint Board, External Audit, the Chief Officer, Chief Finance Officer and any other relevant costs.

9.6 The Parties will engage with the Chief Officer and Chief Finance Officer while considering these Requisitions through their respective budget setting processes.

9.7 Where any adjustments are made from the proposals/assumptions contained in the Strategic Plan, this will be made clear in the budget Requisition made by the Chief Finance Officer to the Parties.

9.8 The Integration Joint Board may consider any substantial changes to its Strategic Plan based on the agreed Integrated Budget .

9.9 The Parties will confirm the payments to be made to the Integration Joint Board within a suitable timescale to enable the Integration Joint Board to agree it's Integrated Budget by the 31st March preceding the start of the new financial year. The Integration Joint Board will approve and provide Direction to the Parties before the start of the Integration Joint Board financial year, in the relevant year, regarding the functions that are being commissioned, how they are to be delivered and the resources to be used in delivery.

9.10 The process for determining the value of the resources used in 'large hospitals' to be set aside by NHS Tayside and made available to the Integration Joint Board will be determined with regard to hospital capacity that is expected to be used by the population of the Integration Joint Board and will incorporate as a minimum but not exclusively:

- Actual occupied bed days and admissions in recent years.
- Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan.
- Planned changes in activity and case mix due to changes in population need (i.e. demography and morbidity).

9.11 The value of the 'large hospital' set aside will be calculated by applying unit costs to the hospital capacity using a costing methodology to be agreed between the Parties and the Integration Joint Board.

9.12 On an annual basis the Large Hospital Set Aside budget will be adjusted to reflect planned hospital capacity, as set out in the Strategic Plan. The Strategic Plan will set out any planned changes in hospital capacity, with the resource consequences determined through detailed business cases which will be reflected in the Integration Joint Board's financial plan. These business cases may include:

- The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need.
- Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e., the lag between reduction in capacity and the release of resources).

9.13 The Parties will provide ongoing assurance through the provision of sufficient information to the Integration Joint Board that appropriate arrangements are in place to ensure best value principles are followed by the Parties in relation to services commissioned by the IJB.

9.14 As part of the process of preparing the Annual Accounts of the Integration Joint Board, the Chief Financial Officer will be responsible for liaising with the Parties to agree balances between the Integration Joint Board and the Parties at the end of the financial year in accordance with the respective annual accounts' timescales of the Parties. The Chief Financial Officer will also be responsible for provision of other information required by the Part to complete their annual accounts including Group Accounts.

9.15 The Parties will routinely make available to the Chief Finance Officer information regarding the corporate financial reporting position of their respective parent bodies. The frequency, form and content of reports will be agreed with the Chief Finance Officer.

9.16 The Parties will provide financial information to the Chief Finance Officer and the Integration Joint Board on a monthly basis regarding integrated services directed in line with the Strategic Plan and for NHS Tayside, the associated 'large hospital' set aside financial performance including actual activity levels. The frequency, form and content of reports will be agreed with the Chief Finance Officer.

9.17 The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances. All Integration Joint Board finance reports will be shared with the Parties simultaneously.

9.18 Where an unplanned year end overspend in the Integration Joint Board's budget is projected in respect of the Integrated Services for which the Chief Officer has operational management responsibility, the Chief Officer and the Chief Finance Officer must present a recovery plan to the Integration Joint Board and the Parties to address in year overspends and any recurring overspends for future financial years. If a projected overspend relates to Integrated Services operationally managed by the Chief Officer (Acute Services) or the Executive Lead for Mental Health and Learning Disability then they must present a recovery plan to the IJB and NHS Tayside to address in year overspends and any recurring overspends in future years

9.19 In the event that the recovery plan is unsuccessful, and an overspend is evident at the year end, uncommitted reserves held by the Integration Joint Board would firstly be used to address any overspend. If, after the application of reserves, there remains a forecast overspend, a revised Strategic Plan must be developed to enable the overspend to be managed in subsequent years.

9.20 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 overspend may be shared in proportion to the spending Direction for each Party for that financial year, adjusting these spending Directions to ensure the Parties budgets are on a like for like basis. Where the Parties make additional payments to cover an overspend, then the Parties will discuss whether recovery of those additional payments in future years from the IJB should be pursued. In the event that the Parties agree that the recovery of additional payments is to be pursued, this will be over a maximum period of 3 years on a basis and repayment profile to be agreed between the Parties, in consultation with the IJB. Consideration of whether to recover additional payments made by the Parties will be informed by an assessment of the reasons for these payments and the implications for the Parties and IJB of doing so.

9.21 In the event that an underspend is evident, within the Integration Joint Board's year end position, this will be retained by the Integration Joint Board in line with the IJB reserves policy unless the following conditions apply:

- Where a clear error has been made in calculating the budget Requisition, or
- In other circumstances agreed through a tripartite agreement between the Parties and the Integration Joint Board.

9.22 If the conditions in 9.21 apply, the underspend will be returned to each of the Parties in proportion to the spending Direction for each Party for that financial year, adjusting these spending Directions to ensure the Parties budgets are on a like for like basis.

9.23 Balancing payments may require to be made between the Parties to reflect imbalances between Requisitions and the amount of Integrated Budget. The frequency and timing of any such payment will be agreed between the Parties and the Integration Joint Board.

9.24 In exceptional circumstances the Parties may agree to reduce the payment in-year to the Integration Joint Board. Exceptional circumstances will only be considered where the situation faced by the Parties could not have reasonably been foreseen at the time the Integrated Budget for the year was agreed. Consideration must be made by the Parties as to the use of contingency amounts or accessible reserves held by the Parties in the first instance prior to approaching the Integration Joint Board with a proposal to reduce in-year payments. The proposal must be agreed through a tri- partite agreement between the Integration Joint Board and the Parties.

9.25 In the event that a material calculation error in the spending Directions provided by the Integration Joint Board to the Parties is discovered, this will be adjusted for and revised Directions issued to the Parties.

9.26 Parties may increase the payment in year to the Integration Joint Board for supplementary allocations in relation to the Delegated Functions approved for the Integration Joint Board which could not have been reasonably foreseen at the time the Integrated Budget for the year was agreed. Proposals must be agreed through a tri partite agreement between the Parties and the Integration Joint Board.

9.27 The Strategic Plan will provide the basis for the Integration Joint Board to present proposals to the Parties to influence capital budgets and prioritisation.

9.28 The Integration Joint Board will not hold any non-current assets or related debts. The Integration Joint Board will require to develop a business case for any planned investment, or change in use of assets, for consideration by the Parties.

9.29 The Chief Finance Officer will make annual capital budget requests to the Parties in the format reflected within their respective budget guidance and to align with their respective budget setting timetables.

9.30 Any profit or loss on the sale of an asset owned by NHS Tayside will be retained by NHS Tayside and any proceeds on the sale of an asset owned by the Council will be retained by the Council unless agreed otherwise or as required to reflect national guidance.

10. PARTICIPATION AND ENGAGEMENT

10.1 A proportionate joint consultation on this Scheme took place prior to the date of approval. The following principles were agreed by the Parties and followed in respect of the consultation process:

- The views of all participants were valued
- It was transparent
- The results of the consultation exercise were published
- The draft revised Scheme was published, along with a side by side version including the original Scheme, and comments were invited from members of the public, User Reference Group and Strategic Planning Group
- It was the continuation of an on-going dialogue about integration.

10.2 The stakeholders consulted were:

- Tayside NHS Board
- Angus Council
- Dundee City Council
- Perth & Kinross Council
- Perth & Kinross Integration Joint Board
- Health professionals
- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Social care professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Staff of NHS Tayside and Perth & Kinross Council
- Union and staff representatives
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care
- General Public including those with protected characteristics

10.3 A range of engagement methods were used to consult on the Scheme:

- Online questionnaires for all stakeholders across all partner platforms
- Online content and digital assets across all partners' social media signposting to the Scheme hosted on the Council, NHS Tayside and the HSCP websites
- Briefings with members of Tayside NHS Board, Elected Members of the Council and with the Integration Joint Board members.

10.4 The Parties will support the Integration Joint Board to prepare and review an Involvement and Engagement Plan by providing appropriate resources and support. The plan will be aligned to relevant national standards.

10.5 The Parties and the Integration Joint Board will carry out Equality and Socio-Economic Impact Assessments (EQSEIAs), to ensure that services and policies do not disadvantage communities and staff. The Parties will make available communication support to allow the Integration Joint Board to engage and participate.

10.6 The Parties will continue to allocate responsibility to senior managers and their teams to support local public and staff involvement and communication.

11. INFORMATION SHARING AND DATA HANDLING

11.1 The Parties shall comply with data protection legislation. They agree to be bound by the Information Sharing Protocol, to use the Scottish Information Sharing Toolkit and guidance from the Information Commissioners Office, in respect of information sharing.

11.2 The Parties, alongside other relevant stakeholders will ensure that there are appropriate high level information sharing protocols in place to govern information sharing and data handling arrangements. The Parties have developed an Information Sharing Protocol which covers guidance and procedures for staff for sharing of information. This will be reviewed regularly.

11.3 The Data Protection Officers of NHS Tayside, the Council and the IJB, acting on behalf of the Parties, will meet annually, or more frequently, if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, Council and NHS Tayside.

11.4 With regard to personally identifiable material, data will be held in both electronic and paper formats. It will only be accessed by authorised staff, in order to provide the patient or service user with the appropriate service, when doing so is required by law, in order to protect an individual's vital interests or for another purpose permitted by data protection legislation.

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11.5 In order to provide fully Integrated Services it will be necessary to share personal information between the parties and with external agencies. Where this is the case, the Parties and the IJB will apply a legal basis contained in Article 6 of the UK General Data Protection Regulations ('the UK GDPR'). Generally, this will be either public task or legal obligation but, where appropriate, any of the other legal bases contained in Article 6 will be used. Appropriate information governance assessments to demonstrate due diligence to meet the required data protection obligations will be undertaken, when required.

11.6 Where the sharing consists of 'special category' information, the legal basis for processing will be consistent with the requirements of Article 9 of the UK GDPR and schedule 1 of the Data Protection Act 2018 ('the DPA').

11.7 In order to comply with the requirements of the DPA and the UK GDPR, the Parties and the IJB will always ensure that personal data it holds will be processed in line with the Data Protection Principles contained within Article 5 of the UK GDPR and section 35 - 40 of the DPA.

12. COMPLAINTS

The Parties agree the following arrangements in respect of complaints on behalf of, or by, service users:

12.1 Both Parties will retain separate complaints policies reflecting the distinct statutory requirements. The Parties agree to work towards integrated complaints procedure from the earliest point of contact as far as the differing legislative requirements will allow.

12.2 The Parties agree that complaints should be viewed with a positive attitude and valued as feedback on service performance leading to a culture of good service delivery. The Parties agree the principle of early frontline resolution to complaints and the Parties will efficiently direct complaints to ensure an appropriate response.

12.3 There will be a single point of contact for complainants in relation to Integrated Services. This will be agreed between the Parties to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing legal/prescribed elements of health and social care complaints processes are met.

12.4 All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.

12.5 The person making the complaint will always be informed which Complaints Handling Procedure is being applied to their complaint.

12.6 The Parties will produce a quarterly joint report, outlining the learning from upheld complaints. This will be provided for consideration by the Clinical, Care and Professional Governance Group.

12.7 This arrangement will respect the statutory and corporate complaints handling processes currently in place for health and social care services. This arrangement will benefit carers and service users by making use of existing complaints procedures and will not create an additional complaint handling process.

12.8 Data sharing requirements relating to any complaint will follow the Information and Data sharing protocol set out in section 10 of this Scheme.

13. CLAIMS HANDLING, LIABILITY & INDEMNITY

13.1 The Parties recognise that they could receive a claim arising from, or which relates to, the work undertaken as directed, and on behalf of, the Integration Joint Board.

13.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.

13.3 Scots Law (including common law and statutory rules) relating to liability will apply.

13.4 The Parties will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.

13.5 The Parties will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.

13.6 In the event of any claim against the Integration Joint Board or in respect of which it is not clear which party should assume responsibility, then the Chief Executives of the Parties and the Chief Officer (or their representatives) will liaise and determine which party should assume responsibility for progressing the claim.

14. RISK MANAGEMENT

14.1 The Parties and the Integration Joint Boards in Tayside will agree a Shared Risk Management strategy. The primary objectives of this strategy are to:

- Promote awareness of risk and define responsibility for managing risk;
- Establish communication and sharing of risk information;
- Initiate measures to reduce exposure to risk and potential loss through the design & implementation of robust portfolios of internal controls; and establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

14.2 The strategy will be reviewed every three years.

14.3 The Integration Joint Board will be responsible for managing strategic risk. The Parties will retain responsibility for managing operational risks.

14.4 The Parties will make relevant resources available to support the Integration Joint Board in its risk management.

14.5 The Parties will maintain their own risk management strategies, systems and processes in relation to the management of risk, inclusive of operational risk. The Parties will make information on operational risks available to the Chief Officer at a minimum of quarterly to support assessment of strategic risk by the Integration Joint Board. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, these risks will be escalated to the Chief Officer as having 'strategic risk' status for the attention of the Integration Joint Board. The Chief Officer will maintain a register of strategic risks for the Integration Joint Board and will share this with the Parties quarterly to support understanding

14.6 The Chief Officer will have overall responsibility for the Integration Joint Board's strategic 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 Officer will keep the Parties informed of any significant, existing or emerging risks that could seriously impact the Integration Joint Board's ability to deliver the outcomes of their Strategic Plans or the reputation of the Integration Joint Board or the Parties.

14.7 The Parties and the Integration Joint Board will consider these risks at least annually and notify each other where they have changed.

15. DISPUTE RESOLUTION MECHANISM

15.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they may, in writing, invoke the following process:-

15.1.1 The Chief Executives of NHS Tayside and Perth & Kinross Council will meet to resolve the issue;

15.1.2 If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the other.

15.1.3 In the event that the issue remains unresolved, representatives of the Parties will proceed to independent mediation with a view to resolving the issue.

15.1.4 Duly authorised representatives of the Parties will meet with a view to appointing a suitable person to act as mediator. If agreement cannot be reached then a referral will be made to the President of the Law Society of Scotland inviting the President to appoint a person to act as mediator. The mediation process shall be

determined by the mediator appointed.

15.2 Where the issue remains unresolved after following the processes outlined in 15.1.1 to 15.1.4 above, the Parties agree that they will notify the Scottish Ministers that agreement cannot be reached.

15.3 The notification will explain the nature of the dispute and the actions taken to try and resolve the dispute including any written opinion or recommendation issued by the mediator.

15.4 The Parties agree to be bound by this determination of this dispute resolution mechanism.

ANNEX 1

PART 1

Functions delegated by NHS Tayside to the Integration Joint Board

Set out below is the list of functions that will be delegated by NHS Tayside to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. The functions in this list are being delegated only in respect of the services described in Annex 1 part 2(a) and Part 2(b)

Functions prescribed for the purposes of section 1(6) and 1(8) of the Act

Column A ***Enactments to be conferred***	**Column B** ***Limitations***
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB(a) (functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS contracts);
	section 17C (personal medical or dental services);
	section 17 I(b) (use of accommodation)
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38 (c) (care of mothers and young children);
	section 38A(d) (breastfeeding);
	section 39(e) (medical and dental inspection supervision and treatment of pupils and young persons);
	section 48 (residential and practice accommodation);
	section 55(f) (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);

Column A ***Enactments to be conferred***	**Column B** ***Limitations***
	section 64 (permission for use of facilities in private practice); section 75A(a) (remission and repayment of charges and payment of travelling expenses); section 75B(b) (reimbursement of the cost of services provided in anther EEA state); section 75BA(c) (reimbursement of the cost of services provided in anther EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section82(d) (use and administration of certain endowments and other property held by Health Boards); section 83(e) (power of Health Boards and local health councils to hold property on trust); section 84A(f) (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); Section 98(g) (payment of allowances and remuneration to members of certain bodies connected with the health services); paragraphs 4, 5, 11A and 13 of Schedule 1(c) to the Act (Health Boards); **and functions conferred by—** The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989(h); The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302 The National Health Service(Clinical Negligence and Other Risks Indemnity Scheme)(Scotland) Regulations 2000; The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

Column A ***Enactments to be conferred***	**Column B** ***Limitations***
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009and The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service(Free Prescriptions and Charges for Drugs and Appliances)(Scotland) Regulations 2011(a)
Disabled Persons (Services, Consultation and Representation) Act 1986 (a)	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002(b)	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 (c)	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (inquiries under section 33:co-operation)(b); section 38(duties on hospital managers: examination, notification etc.) (c); section 46 (hospital managers' duties: notifications) (a); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall) section 281(b) (correspondence of certain persons detained in hospital);

Column A ***Enactments to be conferred***	**Column B** ***Limitations***
	and functions conferred by- The Mental Health (Safety and Security) (Scotland) Regulations 2005(c) The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005(d); The Mental Health (Use of Telephones) (Scotland) Regulations 2005 (e); **and** The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008(f).
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights(complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36(a).
Carers (Scotland) Act 2016	
Section 31 (duty to prepare local carer strategy)	

PART 2

Services currently provided by NHS Tayside which are to be integrated.

The functions listed in Annex 1 Part 1 are delegated only in relation to these services:

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine:
    - General medicine
    - Geriatric medicine;
    - Rehabilitation medicine;
    - Respiratory medicine;
    - Psychiatry of learning disability.(“inpatient learning disability services”)
- Palliative care services provided in a hospital
- Inpatient hospital services provided by general medical practitioners
- Services provided in a hospital in relation to an addiction or dependence on any substance (“inpatient drug and alcohol services”)
- Mental health services provided in a hospital, except secure forensic mental health services. (“inpatient mental health services”)
- District nursing services
- Services provided out with a hospital in relation to addiction or dependence on any substance
- Allied health professionals in an outpatient department, clinic, or out with a hospital
- Public dental services
- Primary medical services
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Primary care out-of-hours
- Geriatric medicine
- Palliative care
- Community learning disability services
- Mental health services provided out with a hospital
- Continence services provided out with a hospital
- Home renal dialysis services
- Services provided by health professionals that aim to promote public health

PART 3

Services provided by NHS Tayside which are to be integrated

The functions listed in Annex 1 Part 1 that are delegated in relation to the services that are to be integrated and delivered on a pan-Tayside basis (Lead Partner Services) are noted in the table below. The arrangements for these services are set out in paragraph 6.6 of the Integration Scheme. Whilst these arrangements may be subject to change by agreement of Tayside NHS Board and the three Tayside Local Authorities, the Parties recommend that they are delivered on a Lead Partner basis as follows:

Angus	Dundee	Perth and Kinross	NHS Tayside Operational management only
• Primary care services (excluding the NHS Board administrative, contracting, and professional advisory functions) • Locality Pharmacy • GP Out of Hours • Continence • Speech and Language Therapy • Forensic Medical services and Custody Nursing	• Psychology • Sexual and Reproductive Health services • Homeopathy • Specialist Palliative Care • The Centre for Brain Injury Rehabilitation (CBIRU) • Eating disorders • Dietetics • Medical Advisory • Tayside Health Arts Trust • Keep Well • Psychotherapy	• Public Dental Services/Community Dental Services • Prisoner Healthcare • Podiatry **Strategic Planning coordination only in relation to:** • Inpatient mental health services • Inpatient learning disability services • Inpatient drug and alcohol services	• Large hospital services including Accident and Emergency and wards associated with unplanned admissions • Inpatient mental health services • Inpatient learning disability services • Inpatient drug and alcohol services

PART 4

The following services from Part 2 of Annex 1 and Part 3 of annex 1 will also be integrated in respect of people under the age of 18:

- Accident and Emergency services provided in a hospital
- Public dental services
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978
- Primary medical services out-of-hours
- Community learning disability services
- Home renal services
- Services provided by allied health professions
- Sexual and reproductive services

ANNEX 2

PART 1

Functions delegated by Perth & Kinross Council to the Integration Joint Board

Set out below is the list of functions that are delegated by the Council to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014.

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A **Enactment conferring function**	**Column B Limitation**
National Assistance Act 1948(a)	
Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958(b)	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968(c)	
Section 1 (local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (research.)	So far as it is exercisable in relation to another integration function.
Section 10 (financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (general social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

Column A **Enactment conferring function**	**Column B Limitation**
Section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (residential accommodation with nursing.)	
Section 13B (provision of care or aftercare.)	
Section 14 (home help and laundry facilities.)	
Section 28 (burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982(a)	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986(b)	
Section 2 (rights of authorised representatives of disabled persons.)	
Section 3 (assessment by local authorities of needs of disabled persons.)	
Section 7 (persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.

Column A **Enactment conferring function**	**Column B Limitation**
Section 8 (duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000(c)	
Section 10 (functions of local authorities.)	
Section 12 (investigations.)	
Section 37 (residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001(a)	
Section 92 (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002(b)	
Section 5 (local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	

Column A **Enactment conferring function**	**Column B Limitation**
The Mental Health (Care and Treatment) (Scotland) Act 2003(c)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (duty to inquire.)	
Section 34 (inquiries under section 33: Co-operation.)	
Section 228 (request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (advocacy.)	
The Housing (Scotland) Act 2006(a)	
Section 71(1)(b) (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007(b)	
Section 4 (council's duty to make inquiries.)	
Section 5 (co-operation.)	
Section 6 (duty to consider importance of providing advocacy and other.)	
Section 11 (assessment orders.)	
Section 14 (removal orders.)	
Section 18 (protection of moved persons property.)	

Column A **Enactment conferring function**	**Column B Limitation**
Section 22 (right to apply for a banning order.)	
Section 40 (urgent cases.)	
Section 42 (adult protection committees.)	
Section 43 (membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013(a)	
Section 5 (choice of options: adults.)	
Section 6 (choice of options under section 5: assistances.)	
Section 7 (choice of options: adult carers.)	
Section 9 (provision of information about self-directed support.)	
Section 11 (local authority functions.)	
Section 12 (eligibility for direct payment: review.)	
Section 13 (further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (misuse of direct payment: recovery.)	
Section 19 (promotion of options for self-directed support.)	
Carers (Scotland) Act 2016	
Section 6 (duty to prepare adult carer support plan)	
Section 21 (duty to set local eligibility criteria)	

Section 24 (duty to provide support)	
Section 25 (provision of support to carers: breaks from caring)	
Section 31 (duty to prepare local carer strategy)	
Section 34 (information and advice service for users)	
Section 35 (short breaks services statements)	

PART 2

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A **Enactment conferring function**	**Column B Limitation**
The Community Care and Health (Scotland) Act 2002	
Section 4(a) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002(b)	

PART 3

Services currently provided by Perth & Kinross Council which are to be integrated

- Social work services for adults and older people
- Social work services for adults with physical disabilities, learning disabilities and autism
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers' support services
- Adult Social Work assessment teams
- Care home services
- Supported Living
- Employment Support Team
- Aspects of housing support, including aids and adaptions and those areas of housing support that involve an indistinguishable overlap between personal care and housing support
- Day services/opportunities
- Community Engagement Team
- Respite provision
- Occupational therapy services/Joint Equipment and Loan Store (JELS)
- Reablement services, Care at Home
- TEC/telecare service

PERTH & KINROSS INTEGRATION JOINT BOARD
REPORTING FORWARD PLANNER 2022-23

G/22/106

This work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Year End Financial Position	Head of Finance & Corporate Services									
Budget 22/23	Head of Finance & Corporate Services		✓							
Draft Annual Accounts	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled
Chief Internal Auditors Annual Report & Assurance Statement 2021/22	Chief Internal Auditor			✓						Added to IJB Agenda due to APC cancelled
Annual Governance Statement	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled
Finance – IJB Reserve Strategy	Head of Finance & Corporate Services					✓				
Audited Annual Accounts	Head of Finance & Corporate Services					✓				
Audit & Performance Committee Update & Minutes	APC Chair/ Head of Finance & Corporate Services	✓v	✓v		✓	✓	✓		✓	
Audit & Performance Committee Annual Report 2020/21	APC Chair/ Head of Finance & Corporate Services				✓					
P&K HSCP Annual Performance Report 2020/21	Head of Finance & Corporate Services				✓					
Strategic Planning Group – updates & Minutes	Head of ASWSC - Commissioning	✓	✓	✓	✓	✓	✓	✓	✓	

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Building Management Capacity & Resilience in HSCP	Chief Officer	✓								
Primary Care Improvement Plan	Associate Medical Director				TBC					*CO to contact AMD re timeline date for report to be submitted to IJB*
Primary Care Premises	Associate Medical Director				TBC					*CO to contact AMD re timeline date for report to be submitted to IJB*
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director				✓					Deferred from December 2021 until July/Aug 2022 – progress delayed due to covid pandemic
Strategic Delivery Plan – Older People	Head of Health		✓			✓				Revisit Performance Framework
Strategic Delivery Plan – Learning Disabilities & Autism	Head of Adult Social Work & Social Care (KO)	✓								
Care at Home Review	Head of Adult Social Work & Social Care		✓							
3 year Workforce Plan	Head of Adult Social Work & Social Care (KO/FL)			✓						
Adult Support & Protection Annual Report 2020/21	Chair P&K Adult Support & Protection	✓								For information
Appointment Committee for Chief Officer recruitment	Standards Officer	✓								
IJB Membership Update	Standards Officer	✓		✓						
Update on the Redesign of Substance use Services in P&K	Chair of the Alcohol & Drug Partnership			✓						6 monthly review requested at IJB 01 December 2021
Review of Inpatient Rehabilitation Beds	Head of Health				✓					Review requested to be provided in May/June 2022 c/f August 2022
Update on Pitlochry Community Hospital – Inpatient Unit	Head of Health	✓								
Community Custody Unit	Head of Health									

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Model Code of Conduct	Acting Democratic Services Manager			✓						
Children & Young People Mental Health Strategy										To be issued to IJB Members for Information outwith IJB meeting (Feb

PERTH & KINROSS INTEGRATION JOINT BOARD
DEVELOPMENT SESSION WORK PLAN 2022-23

This development sessions work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

IJB Development Sessions Item	Responsibility	26 Jan 2022	16 Mar 2022	13 April 2022	01 June 2022	15 June 2022	14 Sept 2022	16 Nov 2022	25 Jan 2023	Comments
Finance	Head of Finance & Corporate Services		✓					✓		
Strategic Delivery Plan – Older Peoples	Head of Health		✓							
IJB Strategic Risk	Head of Finance & Corporate Services						✓			
Public Protection	Chief Social Work Officer			✓						
Equality & Diversity	Sarah Rodger/David McPhee/Scott Hendry							TBC		
Care Home Activity & Partnership Working	Interim Head of ASWSC (Commissioning)						TBC			
Social Prescribing	Consultant Public Health Pharmacy/Associate MD						TBC			
Primary Care Sustainability, Workload & GP Premises	Associate MD	✓								
3 Year Workforce Plan	Kenny Ogilvy				✓					
Adult Support & Protection Inspection					✓					

IJB Development Sessions Item	Responsibility	26 Jan 2022	16 Mar 2022	13 April 2022	01 June 2022	15 June 2022	14 Sept 2022	16 Nov 2022	25 Jan 2023	Comments
IJB MEMBERS INDUCTION						✓				

Future IJB Development Sessions items - dates to be confirmed;	Responsibility	25 Jan 2023								Comments
Digital Innovation/Technology										01/06/22 IJB Development Session request for a future development session to be arranged within next 12 month. Jane to proposed this is added to IJB forward planner for 2023 at EMT/Strategic Planning Event on 16/06/22