



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

8 February 2019

A meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber, 2 High Street, Perth, PH1 5PH** on **Friday, 15 February 2019** at **10:30**.

If you have any queries please contact Scott Hendry on (01738) 475126 or email Committee@pkc.gov.uk.

Robert Packham
Chief Officer

Please note that the meeting will be recorded and will be publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Voting Members

Dr R Peat, Tayside NHS Board (Chair)
Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor E Drysdale, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Prof N Beech, Tayside NHS Board
Ms L Birse-Stewart, Tayside NHS Board
Ms G Costello, Tayside NHS Board

Non-Voting Members

Dr D Carey, Independent Contractor
Mr J Foulis, NHS Tayside
Mr R Packham, Chief Officer, Perth and Kinross Integration Joint Board
MS J Pepper, Chief Social Work Officer, Perth and Kinross Council
Dr D Lowden, NHS Tayside
MS J Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board

Additional Members

Dr A Noble, External Advisor to Board
Dr D Walker, NHS Tayside

Stakeholder Members

Ms B Campbell, Carer Public Partner
Mr A Drummond, Staff Representative, NHS Tayside
Ms F Fraser, Staff Representative, Perth and Kinross Council
Ms C Gallagher, Independent Advocacy Perth and Kinross
Ms L Lennie, Service User Public Partner

Perth and Kinross Integration Joint Board

Friday, 15 February 2019

AGENDA

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 30 NOVEMBER 2018** **5 - 12**
(copy herewith)
- 4 ACTION POINTS UPDATE** **13 - 18**
(copy herewith G/19/5)
- 5 MATTERS ARISING**
- 6 FINANCE AND GOVERNANCE**
 - 6.1 2018/19 FINANCIAL POSITION** **19 - 34**
Report by Chief Financial Officer (copy herewith G/19/6)
 - 6.2 2018/19 FINANCIAL RECOVERY PLAN** **35 - 42**
Report by Chief Financial Officer (copy herewith G/19/7)
 - 6.3 AUDIT AND PERFORMANCE COMMITTEE UPDATE**
Verbal Report by Chair of Audit and Performance Committee
- 7 DEVELOPING STRATEGIC OBJECTIVES**
 - 7.1 CHIEF OFFICER STRATEGIC UPDATE** **43 - 46**
Report by Chief Officer (copy herewith G/19/8)
 - 7.2 AUDIT SCOTLAND REPORT - 'HEALTH AND SOCIAL CARE UPDATE ON PROGRESS'** **47 - 96**
Report by Chief Officer (copy herewith G/19/9)
- 8 STRATEGIC PROGRAMMES OF CARE**

8.1	CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18 Report by Chief Social Work Officer (copy herewith G/19/10) Note: There will be a presentation on the above item. Note: The above report was approved by Perth and Kinross Council on 19 December 2018.	97 - 166
8.2	PERTH AND KINROSS HEALTH AND SOCIAL CARE STRATEGIC COMMISSIONING PLAN HOUSING CONTRIBUTION STATEMENT Report by Head of Housing, Perth and Kinross Council (copy herewith G/19/11) Note: There will be a presentation on the above item.	167 - 196
8.3	STRATEGIC PROGRAMME OF CARE BOARDS - TERMS OF REFERENCE Report by Chief Officer (copy herewith G/19/12)	197 - 218
8.4	STRATEGIC PROGRAMME OF CARE BOARDS - PROGRESS UPDATE Report by Chief Officer (copy herewith G/19/13) Note: There will be a presentation on the above item.	219 - 230
8.5	APPLICATION TO AMEND GMS CONTRACT AND TO CLOSE THE BRANCH SURGERY PREMISES IN ST MADDOES FOR THE CARSE MEDICAL PRACTICE, ERROL Report by Associate Medical Director (copy herewith G/19/14)	231 - 250
9	INFORMATION Update Papers for Information	
9.1	PUBLIC BODIES CLIMATE CHANGE DUTIES Report by Chief Officer (Report No. G/19/15)	251 - 274
9.2	STANDARDS COMMISSION FOR SCOTLAND - STANDARDS UPDATE ISSUED 20 (DECEMBER 2018) (copy herewith G/19/16)	275 - 276
10	FUTURE IJB MEETINGS DATES 2019 Additional Special Meeting - Friday 22 March 2019, 2.00pm Wednesday 1 May 2019, 2.00pm Wednesday 26 June 2019, 2.00pm Friday 27 September 2019, 9.30am Wednesday 4 December 2019, 2.00pm	

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chamber, Ground Floor, Council Building, 2 High Street, Perth on Friday 30 November 2018 at 10.55am.

Present:

Voting Members

Dr R Peat, Tayside NHS Board (Chair)
Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor E Drysdale, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Professor N Beech, Tayside NHS Board (from Item 4 onwards)
Ms L Birse-Stewart, Tayside NHS Board

Non-Voting Members

Mr J Foulis, NHS Tayside
Mr R Packham, Chief Officer
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Dr D Lowden, NHS Tayside
Ms J Smith, Chief Financial Officer

Additional Members

Dr A Noble, External Adviser to Board
Dr D Walker, NHS Tayside

Stakeholder Members

Ms M Summers, Carer Public Partner (on behalf of B Campbell)
Mr A Drummond, Staff Representative, NHS Tayside
Ms C Gallagher, Independent Advocacy Perth and Kinross
Ms L Lennie, Service User Public Partner

In Attendance:

K Reid, Chief Executive, Perth and Kinross Council; S Hendry (Clerk) and A Taylor (both Perth and Kinross Council); V Aitken, C Jolly, R Duarte, D Fraser, M Rapley, E Devine and P Jerrard (all Perth and Kinross Health and Social Care Partnership); K Wilson, D Huband and L Denver (all NHS Tayside).

Apologies:

Ms G Costello, Tayside NHS Board
Dr D Carey, Independent Contractor
Ms B Campbell, Carer Public Partner
Ms F Fraser, Staff Representative, Perth and Kinross Council

1. WELCOME AND APOLOGIES

Dr Peat 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. MINUTE OF PREVIOUS MEETING

The minute of meeting of the Perth and Kinross Integration Joint Board of 28 September 2018 was submitted and approved as a correct record, subject to the date in section 3.7 (iii) being amended to 28 September 2019.

N BEECH ENTERED THE MEETING AT THIS POINT.

4. ACTION POINT UPDATE

There was submitted and noted the action point update for the Perth and Kinross Integration Joint Board as at 30 November 2018 (G/18/186).

5. MATTERS ARISING

There were no matters arising from the previous minute.

6. BOARD MEMBERSHIP UPDATE

There was submitted a report by the Clerk to the Board (G/18/187) updating the Board on a number of recent appointments to the voting members of the Board. The report also made a proposal in terms of the appointment of a non-voting member to the Board.

Resolved:

- (i) The appointment of Dr Robert Peat as Chair of the Integration Joint Board, by NHS Tayside Board, be noted.
- (ii) The appointment of Ms Gillian Costello as a voting member of the Integration Joint Board until the end of March 2019, by NHS Tayside Board, be noted.
- (iii) The reappointment of Mr Jim Foulis as the Registered Nurse Representative on the Integration Joint Board until 31 May 2019 be agreed.

7. FINANCE AND GOVERNANCE

7.1 2018/19 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/18/188) providing an update on the year-end financial forecast for 2018/19 based on the 6 months to 30 September 2018.

Resolved:

- (i) The overall projected overspend of £4.035m for the Perth & Kinross Integration Joint Board for 2018/19 be noted, including:
 - a. The forecast overspend of £2.009m on adult social care, an increase of £0.596m from the last report.

- b. The forecast overspend of £1.495m on GP prescribing, an increase of £0.669m from the last report.
- c. The forecast overspend of £0.755m on Tayside hosted services.
- (ii) The progress with 2018/19 savings delivery, as set out in Report G/18/188, be noted.
- (iii) The update regarding Integration Joint Board reserves, as set out in Report G/18/188, be noted.
- (iv) It be noted that Perth and Kinross Council would not support the use of slippage funds to manage any financial overspend, noting that monies are allocated for specific purposes and are recorded as restricted funds within the annual accounts.
- (v) It be noted that a Financial Recovery Plan had been prepared in line with the Integration Scheme and had been submitted to the Chief Executives of Perth & Kinross Council and NHS Tayside for approval at the earliest opportunity. The plan would then be submitted to the IJB and the both partners' relevant committee / board.
- (vi) The Chief Officer to bring a report to a future meeting of the Board on the impact of the Carers (Scotland) Act 2016.
- (vii) It be noted that the figure in paragraph 4 of section 3.4 of the report should read £142k.

7.2 AUDIT AND PERFORMANCE COMMITTEE

(i) Verbal Update by Chair of Audit and Performance Committee

Councillor Purves, Chair of the Audit and Performance Committee, provided the board with an update from the committee meeting that had taken place earlier in the day.

The committee had considered revised terms of reference prior to consideration by the IJB. A risk management progress update had been provided, and an update had been noted on the recent inspection by HM Inspectorate of Prisons for Scotland of Perth Prison with the resultant improvement plan approved for submission to Health Improvement Scotland.

The Board noted the position.

(ii) Revised Terms of Reference

There was submitted a report by the Chief Financial Officer (G/18/189) seeking approval of the revised Terms of Reference for the Audit and Performance Committee of the Integration Joint Board.

Resolved:

- (i) The revised Audit and Performance Committee Terms of Reference, as detailed in Appendix 1 to Report G/18/189, be approved.

- (ii) It be agreed that Ms Lorna Birse-Stewart be appointed as a replacement member for Dr Robert Peat on the Audit and Performance Committee.

7.3 STANDING ORDERS ANNUAL REVIEW

There was submitted a revised version of the Board's Standing Orders (G/18/190) for approval following feedback from the previous Board meeting of 28 September 2018.

Resolved:

The revised Standing Orders be approved subject to the following amendments:

- Sections 7.2 and 7.4 be amended to avoid any duplication;
- Section 2.12 be amended to clarify proxy member arrangements for both voting and non-voting members.

MR A DRUMMOND LEFT THE MEETING AT THIS POINT.

THERE FOLLOWED A RECESS AND THE MEETING RECONVENED AT 1.00PM.

IT WAS AGREED TO VARY THE ORDER OF BUSINESS ON THE AGENDA AT THIS POINT

7.4 DEVELOPMENT OF TAYSIDE PUBLIC HEALTH STRATEGY

There was submitted a report by the Director of Public Health, NHS Tayside (G/18/201) seeking contributions from partner organisations in the development of the Tayside Public Health Strategy.

Resolved:

The contents of Report G/18/201 be noted, with partners invited to submit any further comments on the final draft plan, participate in the development and implementation of an action plan and assist in the evaluation of the impact of the strategy.

8. PROGRAMMES OF CARE

Note: It was agreed that in relation to Items 8.1 – 8.4, all of the terms of reference for the programme boards were to be resubmitted to the Board for approval and that any references to individual posts should not include staff names.

8.1 PROGRESS MADE BY THE PERTH AND KINROSS PRIMARY CARE BOARD

There was submitted a report by the Associate Medical Director (G/18/196) updating the IJB on progress made to date by the Perth and Kinross Primary Care Board

Resolved:

- (i) The progress made in setting up the Primary Care Board be noted;
- (ii) Updates on the work of the Board to be provided at each meeting of the IJB.

8.2 PROGRESS MADE BY THE MENTAL HEALTH & WELLBEING CARE PROGRAMME

There was submitted a report by the Head of Health (G/18/197) providing an update on the establishment and progress of the Mental Health and Wellbeing Care Programme.

Resolved:

- (i) The progress made in setting up the Mental Health and Wellbeing Programme be noted;
- (ii) Updates on the work of the Board to be provided at each meeting of the IJB;
- (iii) The proposed spend for the Action 15 monies, allocated to the Health and Social Care Partnership by the Scottish Government to support the implementation of the Mental Health Strategy 2017-2027, by recruiting more dedicated mental health professionals, as set out in Annex 3 of Report G/18/197, be endorsed;
- (iv) The proposed spend for the Alcohol and Drug Partnership monies, allocated to the Health and Social Care Partnership by the Scottish Government to reduce problem drug and alcohol use, as set out in Annex 4 of Report G/18/197, be endorsed.

8.3 PROGRESS MADE BY THE OLDER PEOPLE & UNSCHEDULED CARE PROGRAMME BOARD

There was submitted a report by the Associate Medical Director (G/18/198) providing and update on the establishment and progress by the Older People and Unscheduled Care Programme.

Resolved:

- (i) The progress made in the development of the Older People and Unscheduled Care Programme Board be noted;
- (ii) Updates on the work of the Board to be provided at each meeting of the IJB;
- (iii) The Board to provide the Older People and Unscheduled Care Section of the overarching Perth and Kinross Health and Social Care Strategic Commissioning Plan by March 2019.

8.4 PROGRESS MADE BY THE CARERS PROGRAMME BOARD

There was submitted a report by the Head of Adult Social Work and Social Care (G/18/199) updating the Board on the work and challenges of the Carers' Programme Board.

Resolved:

- (i) The progress made in the development of the Carers' Programme Board be noted;
- (ii) Updates on the work of the Board to be provided at each meeting of the IJB;

- (iii) The Board to provide a section on the Carers' Programme for the overarching Perth and Kinross Health and Social Care Strategic Commissioning Plan by March 2019.

9.1 CLINICAL, CARE & PROFESSIONAL GOVERNANCE COMMITTEE TERMS OF REFERENCE

There was submitted a report by the Chief Officer (G/18/191) seeking (1) approval to establish an Integration Joint Board Clinical, Care & Professional Governance Committee; and (2) agreement of the Terms of Reference for the proposed Committee.

Resolved:

- (i) The establishment of an Integration Joint Board Clinical, Care & Professional Governance Committee and Terms of Reference for the proposed Committee, as set out in Appendix 1 to Report G/18/191, be approved.
- (ii) It be agreed that Councillor C Stewart be appointed as Chair, with Councillor X McDade, Mr R Peat, and Ms L Birse-Stewart appointed as voting members.
- (iii) Nominations for the two non-voting members on the Committee to be submitted to the Clerk.
- (iv) The appointment of professional advisers to the committee from pharmacy, social work and social care to be further investigated.

9.2 NATIONAL JOINT REVIEW OF LOCAL GOVERNANCE

There was submitted a report by the Chief Officer (G/18/192) seeking approval of the Integration Joint Board's response to the Scottish Governance/COSLA joint National Review of Local Governance.

Resolved:

The item be withdrawn for further discussion.

DR D WALKER LEFT THE MEETING AT THIS POINT.

9.3 INTEGRATION JOINT BOARD DATA PROTECTION POLICY

There was submitted a report by the Chief Officer (G/18/193) seeking approval of the Integration Joint Board Data Protection Policy.

Resolved:

The Integration Joint Board Data Protection Policy and outline action plan, as set out in Report G/18/193, be approved.

9.4 APPOINTMENT COMMITTEE FOR CHIEF OFFICER – HEALTH & SOCIAL CARE

There was submitted a joint report (G/18/194) by the Corporate Human Resources Manager, Perth and Kinross Council and Head of Human Resources, NHS Tayside seeking to confirm the two elected members and two non-executive committee members who would be on the Appointment Committee for the post of

Chief Officer – Health and Social Care for the Perth and Kinross Health and Social Care Partnership.

Resolved:

- (i) The proposals set out in section 2 of Report G/18/194 be approved;
- (ii) Dr R Peat (Chair), Councillor C Stewart, Councillor E Drysdale, Ms L Birse-Stewart and the Chief Executives of Perth and Kinross Council and NHS Tayside be appointed to the Appointment Committee;
- (iii) The job title for the advert to be Chief Officer (Equivalent to Director – Integrated Health and Social Care).

10. DEVELOPING STRATEGIC OBJECTIVES

10.1 CHIEF OFFICER STRATEGIC UPDATE

There was submitted a report by the Chief Officer (G/18/195) updating Board members on progress against tasks outlined in the rolling actions list.

Resolved:

The contents of Report G/18/195 and the following updates be noted:

- (i) Development of a Joint Workforce plan;
- (ii) The NHS Tayside Winter Plan;
- (iii) Joint inspection of Adult Services by Care Inspectorate and Health Improvement Scotland to be carried out during the first quarter of 2019;
- (iv) The update on the Strategic Plan refresh.

11. INFORMATION

There were submitted and noted the following reports for information:

11.1 PERTH AND KINROSS CHILD PROTECTION COMMITTEE (CPC) STANDARDS AND QUALITY REPORT 2017/18 (G/18/200)

11.2 HEALTH AND SOCIAL CARE INTEGRATION – UPDATE ON PROGRESS – REPORT BY ADULT SCOTLAND

Note – the above report to be considered further at the next meeting of the Board.

12 REVISED 2019 MEETING DATES

January 2019 (Special Meeting – date to be confirmed)

Friday 15 February 2019, 9.30am

Wednesday 1 May 2019, 2.00pm

Wednesday 26 June 2019, 2.00pm

Friday 27 September 2019, 9.30am

Wednesday 4 December 2019, 2.00pm



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

15 February 2019

Report No. G/19/5

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
90	26 January 2018	9.4	Improving Scotland's Health: A Healthier Future – Actions and Ambitions on Diet, Activity & Healthy Weight	Future IJB development session to take place.	Rob Packham	March 2019	
93	23 March 2018	9.2	Budget	Chief Officer to develop proposal for a collaborative budget process with NHS Tayside and Perth & Kinross Council for 2019/20	Rob Packham	June 2018 March 2019	<p>This action point was discussed at PKC EOT with a view that the CO and CFO would have further discussions with executives and finance leads within PKC & NHST.</p> <p>15/11/18 Update – A number of informal discussions have taken place with NHST & PKC. A Formal meeting will now be scheduled to support the joint approach for budget setting for 2019/20.</p> <p>22/01/19 Timing re SG Settlement. IJB to following the Council Provisional date for SG 20/02. Additional Budget Meeting to be arranged for March 2019</p>

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
15 February 2019

Report No. G/19/5

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
99	22 June 2018	8	Redesign of Substance Use Services in P&K	Chair of ADP to provide a further review report in June 2019.	Clair Mailer	June 2019	
100	22 June 2018	11.2	Self Directed Support	Update to be provided in June 2019	Diane Fraser	June 2019	
104 a	28 Sept 2018	6.2	Perth & Kinross Joint Strategy to support Independent Living & Quality of Life for Adults with a Physical Disability and /or Sensory Impairment 2014-17	Report to be submitted re Housing Contribution Policy	Claire Mailer	February 2019	15.02.19 - agenda item
104 b	28 Sept 2018	6.2	Perth & Kinross Joint Strategy to support Independent Living & Quality of Life for Adults with a Physical Disability and /or Sensory Impairment 2014-17	Progress report to be submitted	Claire Mailer	Sept 2019	
105	30 Nov 2019	7.1	2018/19 Financial Position	KR requested Chief Officer to bring a report on the impact of the Carers (Scotland) Act 2016 to a future meeting	Rob Packham	May 2019	

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

15 February 2019

Report No. G/19/5

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
106	30 Nov 2019	8	Programmes of Care	Terms of Reference for all the Programme of Care Boards were to be resubmitted for approval and any reference to individual post should not include staff names. .	E Devine D Fraser H Dougall	Feb 2019	15.02.19 – agenda item
107	30 Nov 2019	8	Programmes of Care	Update from each of the board to be provided at each of the IJB meeting	E Devine D Fraser H Dougall	Ongoing	15.02.19 – agenda item
108	30 Nov 2019	8	Programmes of Care	Strategic Plan to be submitted by March 2019 not May 2019	E Devine D Fraser H Dougall	March 2019	

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

15 February 2019

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	RESOLVED
59	04 Nov 2016	Item 14	Adult Support & Protection	Development Session to be arranged in 2017 for members on the work of the Adult Protection Committee, Child Protection Committee and Public Protection Work	Chief Officer	Dec 2017 Jan 2018 November 2018	Jan 18 - reschedule to June 2018-October 2018 Public Protection Development Session – 30 November 2018
71	24 Mar 2017	Item 10 – 7.5	Chief Officer Update – Governance & Assurance	Report to be submitted to IJB June 2017 re commissioning Governance and Assurance support.	Chief Officer	June 2017 October 2017 Nov 2017 Jan 2018 March 2018 Sept 2018 Nov 2018	30/06/17 In progress final report to be submitted in October 2017 - October Meeting cancelled 23/03/18 Agenda Deferred to June Sept 2018 At Forward Planning meeting on 5/9/18 with IJB Chair, Chief Officer, IJB Vice Chair and Audit & Performance Chair it was agreed that an IJB workshop would take place in November which will cover Risk Management and Governance and Assurance. Progress against Governance and Assurance action point to be reported following workshop. Risk Management Workshop 15 & 20 November 2018

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

15 February 2019

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	RESOLVED
85	26 January 2018	7.1	Redesigning Care - Perth & Kinross Mental Health & Wellbeing Strategy Progress Report	Draft plan with commissioning priorities for community based services	Rob Packham	September 2018 November 2018	<p>Deferred to November 2018. This action point will be covered within Progress reports from each of the four Strategic Care Programmes Boards:</p> <ul style="list-style-type: none"> • Mental Health & Wellbeing • Older People and Unscheduled Care • Primary Care • Carers Services <p>Each progress report will include alignment with financial plans.</p> <p>Progress Reports from each of the Programme Board on Agenda 30 November 2018</p>
95	23 March 2018	9.2	3 Year Financial Plan 2018/19:2020/21	Plan to be brought forward to meeting for consideration and approval of further longer term transformation plans.	Jane Smith	June 2018 Sept 2018	<p>Deferred to Sept 2018</p> <p>3 year plan 2018/19:20/21 has been used to support a range of discussions on the financial sustainability of the IJB over recent months</p>

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

15 February 2019

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	RESOLVED
							however it has no formal status. Draft 3 year plan 2019/20:21/22 will be brought to the IJB 30 November 2018 - resolved
101	28 Sept 2018	3.9	Standing Orders	Wording to be amended in Standing Orders.	Scott Hendry	November 2018	Agenda item 30 November 2018
102	28 Sept 2018	4.1	Chief Officer Update	Further update re Joint Inspection to be provided at next IJB Meeting	Rob Packham	November 2018	Included in Chief Officer Update on Agenda – 30 November 2018
103	28 Sept 2018	5.1	Programme of Care – Primary Care Improvement Plan & GMS Contract Implementation & Progress Update	Progress Updated to be provided at all future IJB Meetings	Hamish Dougall	Ongoing	Agenda Item – 30 November 2018



PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

2018/19 FINANCIAL POSITION

Report by Chief Financial Officer (Report No. G/19/6)

PURPOSE OF REPORT

This report provides an update to the Perth & Kinross Integration Joint Board (IJB) on the year-end financial forecast for 2018/19 based on the 9 months to 31 December 2018.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:-

- (i) Notes the overall projected overspend of £1.954m for Perth & Kinross IJB for 2018/19; an improvement of £2.081m from the last report;
- (ii) Note that a separate paper on the 2018/19 Financial Recovery Plan agreed by NHST and PKC is being brought forward to the IJB for homologation. This Plan includes £1.238m of recovery plan actions which are assumed to be delivered within this revised year end forecast;
- (iii) Notes progress with 2018/19 savings delivery;
- (iv) Notes the update regarding IJB reserves;

2. FINANCIAL POSITION AND YEAR END FORECAST

The report sets out the year end forecast for Perth & Kinross IJB. The main sections of the report are structured in the following way:-

- a. NHS Tayside Directed Services (Section 3).
- b. Perth & Kinross Council Directed Services (Section 4).
- c. Summary (Section 5).

The IJB's detailed projected financial position for 2018/19 is set out in Appendix 1. This shows that the overall projected financial position for Perth & Kinross IJB for year 2018/19 is an over spend of £1.954m.

3. NHS DIRECTED SERVICES – YEAR END FORECAST POSITION

3.1 Local Hospital and Community Health Services

An underspend of £0.599m is forecast, an improvement of £0.615m from the last report. The majority of services are currently projecting underspends or near breakeven. This reflects good progress made in delivery of savings and cost containment. The improvement in the year-end forecast this month reflects slippage in recruitment to key posts integral to the development of Older Peoples Services. Utilisation of reserves has now been built in to the year-end forecast in line with agreed financial recovery plan actions, improving the position by £0.110m.

All possible efforts are being made to identify further cost containment opportunities to support overall financial balance across Health and Social Care.

3.2 Services Hosted in Perth & Kinross on Behalf of Tayside IJBs

Due to pressures that remain within these services, particularly Inpatient Mental Health, progress with cost containment and delivery of savings proposals has been limited since the inception of the IJB, the projected overspend is £1.725m, an increase of £0.137m from the last report. This is largely driven by an increase in overspend within Learning Disabilities and the reasons for this are being established.

The overspend is driven by medical locum costs, supplementary nursing costs, and an historic brought forward balance of undelivered savings. Plans to remodel the service are slowly being progressed, however are yet to impact on current levels of overspending. Updates will be shared through future IJB reports and will also be shared with other Tayside IJBs.

An overspend of £0.099m is now forecast for Prison Healthcare reflecting the increased prisoner population and the impact of this on staffing and medicines cost.

The combined effect of the above, despite some off-setting under spends, is one of an overspend of £0.580m for the PKIJB share of these costs.

3.3 Services Hosted Elsewhere on Behalf of Perth & Kinross IJB

A number of devolved services are managed by other IJBs on behalf of Perth & Kinross IJB. The projected year-end position for these services is an overspend of £0.454m. The details are set out in Appendix 2.

The main contributors to this over-spending position are undelivered savings targets as well as pressures within Palliative Care, Brain Injury, and Psychotherapy (overseen by Dundee IJB), and Out of Hours (overseen by Angus IJB).

The effect of the net forecast overspend on these services is one of an overspend of £0.151m for the PKIJB share of these costs. This is an improvement of £0.059m from the last report. The PKIJB 2018/19 Financial Plan did not predict any level of overspend on other hosted services in Tayside and further work is required to establish the implications for the 2019/20 Financial Plan.

3.4 Family Health Service (FHS) Prescribing

Considerable work continues at both Tayside and local level regarding Prescribing. An over spend of £1.237m is being projected based on actual information to September 2018. This is an improvement of £0.258m from the last report. This projection is £0.799m higher than the anticipated gap of £0.438m set out in the PKIJB 2018/19 Financial Plan.

The key driver of the deterioration from plan relates to a £20million national level increase to the community pharmacy global sum to reflect tariff reductions. As a result, SGHSCD has top-sliced £1.8million from NHS Tayside's funding allocation, which therefore negates the benefit assumed within all 3 IJB's prescribing financial plan from tariff price reduction on specific drugs, including Pregabalin. The impact of this for PKHSCP is deterioration against plan of £0.503m.

As noted in previous reports, this projection in particular will be subject to further review, is subject to ongoing risks regarding price and tariff changes, and is dependent on continued progress with prescribing initiatives both locally and regionally.

3.5 General Medical Services and Family Health Services

Overall these services are forecast to breakeven. However within this projection PKHSCP has been attributed a share (£0.188m) of the budgetary pressures being incurred relating to 2C GP Practices in Dundee and Angus. This pressure is being partially offset by other underspends in the PKHSCP GMS budget.

Budgets associated with other Family Health Services (FHS) are projected to underspend by £0.032m at the year end.

3.6 Large Hospital Services

This is a budget that is devolved to the IJB for strategic planning purposes but is operationally managed by the Acute Sector of NHS Tayside.

As at 2018/19 this budget is initially quantified at £11.793m to reflect the direct costs associated with these services. The projected year-end financial position is presented as break even in advance of further development of associated financial reporting.

As noted previously the Scottish Government are very keen that the Large Hospital Services issue is further developed. While this presents opportunities to the IJB in terms of developing the overall strategic direction regarding Large Hospital Services, there are also risks associated with the provision of Acute Sector capacity. The development of this issue has not progressed significantly so far in 2018/19.

The Draft 3 Year Financial Plan has been developed in conjunction with the Acute Division to consider the large hospital budget. Therefore improved financial reporting will be required from 2019/20 onwards.

3.7 Overall Position Regarding NHS Directed Resources

The overall reported projected 2018/19 position for Health Services is an over spend of £1.339m. This is a significant improvement on the £2.026m forecast last reported to the IJB. This forecast must be considered in the context of the £0.920m gap in relation to NHS Directed Services as contained in the 2018/19 Financial Plan approved by the IJB in June 2018, and as set out below.

Comparison to 2018/19 Financial Plan Health Services

PKHSCP Health Services	Month 9 Total IJB	2018/19 Approved Financial Plan
	Forecast Over/(under) spend	Forecast Over/(under) spend
	£000	£000
Hospital & Community Health Services	(599)	46
Prescribing/Family Health Services	1,207	438
PKHSCP Hosted Services	580	427
Other IJB Hosted Services	151	0
Sub Total NHS Tayside Directed Services	1,339	920

All possible actions continue to be identified that will address the forecast overspend.

4. PERTH & KINROSS COUNCIL DIRECTED SERVICES – YEAR END FORECAST POSITION

4.1 Adult Social Care Services

The IJB is currently projecting a £0.615m year-end overspend for Adult Social Care Services based on spend levels to 31 December 2018. The 2018/19 Financial Plan assumed breakeven could be delivered.

Within Older People's and Physical Disability Services a net overspend of £0.654m is largely attributable to demographic growth issues. Within care at home services an overspend of £0.122m is mainly due to additional demand

and interim placements (£0.811m), off set by an underspend in internal care at home teams due to delays in recruitment (£0.227m), recovery of unused Direct Payments (£0.052m) and slippage on the implementation of a revised Intermediate Care Service model (£0.261m). The agreed financial recovery plan aims to reduce the overall overspend within Older People Services by £0.150m through a review of care at home services. The month 9 forecast assumes this will be delivered in full over the last 3 months of the financial year.

A net overspend of £0.200m on the Joint Equipment Loan Store and OT services relates principally to staff costs (£0.080m) and the provision of Adaptations and Equipment (£0.120m). The overspend on Adaptations and Equipment relates to the increasing frailty and individuals' service demand needs.

Within Care Home Placements, an overspend of £0.679m is forecast this month - a deterioration of £0.325m from the last report. The overspend is due to the number of people in care home placements as we strive to progress the implementation of the "Shifting the Balance of Care" project. The movement from the last report is due to a high demand in recent weeks for Older People care home placements, together with an increase above trend in the number of Physical Disability placements.

Within Carers services an underspend of £0.144m is being forecast, mainly attributable to part year implementation of approved spend plans. A number of underspends (£0.203m) across other Older Peoples services resulting from staff vacancies, uncommitted budgets and additional non-recurring income.

Within Mental Health & Learning Disabilities there has been a continued and sustained increase in the costs of individual care packages (both in residential settings and in the community). This is resulting in a forecast overspend against budget of £1.927m and this is due to individuals' deteriorating conditions and increased frailty/care needs, plus a number of cases where provision of care provided by family carers has broken down, or needs further supported as clients' needs increase. There has also been an unanticipated increase in the number of new clients entering the service as their needs have increased, and who were either in receipt of very low levels of care, or not receiving any services at all previously. Removal of previously approved savings from a review of care packages (£0.560m) has also contributed to the overspend. The ability to recycle budget resources freed up as individuals move into other types of care or cease their package of care, no longer exists.

There remain a number of one-off under spends including recovery of prior years surpluses from providers based on occupancy levels and contract payments (£0.761m). There is also non-recurring slippage in the Invergowrie project due to delays in progressing the building works (£0.381m).

The agreed financial recovery plan aims to reduce the overall overspend within Learning Disabilities and Mental Health Services by £0.350m through demand management. The month 9 forecast assumes this will be delivered in full over the last 3 months of the financial year.

A number of underspends (£0.341m) across Management, Commissioned Services and Mental Health and Learning Disabilities services mainly due to uncommitted monies, staff vacancies, and additional income.

There are also a number of approved 2018/19 savings which have not yet been fully realised. These total £0.497m and progress in delivering these is set out at Appendix 3.

Utilisation of reserves has now been built in to the year-end forecast in line with agreed financial recovery plan actions, improving the position by £0.628m.

4.2 Overall Position Regarding Perth & Kinross Council Directed Resources

The overall projected 2018/19 position is an over spend of £0.615m. This will continue to be affected by risks and refinement. All actions continue to be taken to reduce the forecast overspend.

5. SUMMARY IJB POSITION

Overall the current forecast is a potential year end overspend of £1.954m. This is an improvement of £2.081m from the last report to the IJB. The forecast position assumes actions set out in the 2018/19 Financial Recovery Plan will be delivered in full.

The forecast financial position is subject to multiple risks and refinement, particularly in relation to Prescribing projections.

6. PROGRESS WITH 2018/19 SAVINGS DELIVERY

- 6.1** Delivering financial balance across local Hospital and Community Health and Social Care Services is reliant on delivery of a very significant transformation and efficiency programme. Appendix 3 sets out the progress in delivery of approved savings in 2018/19. Good progress has been made and the forecast shortfall in delivery is fully reflected in the financial forecast set out above.

7. IJB RESERVES

- 7.1** This issue was described in the last finance report to the IJB (G/18/188). An updated position is set out in Appendix 4.

8. SUMMARY

- 8.1** The overall projected position is a £1.954m overspend. This is a significant improvement from the last report and is largely driven by £1.238m of financial

recovery actions. However, underlying improvements in forecasts have also been recorded in both Prescribing and Older Peoples Services.

9. DIRECTIONS

There are no Directions from the IJB to NHS Tayside or Perth & Kinross Council identified or required at this stage.

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APPENDICES

1. Projected Financial Position For 2018/19
2. Devolved Services
3. Approved 2018/19 Savings
4. IJB Reserves

PERTH & KINROSS INTEGRATION JOINT BOARD - FINANCIAL MONITORING REPORT 2018-19

as at December 2018 Monitoring

	Social Care		NHS Directed Services		Health & Social Care Partnership	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Older People & Physical Disability Services						
Medicine For Elderly			3,415	(17)	3,415	(17)
Psychiatry Of Old Age			5,856	29	5,856	29
Community Hospitals			4,769	(1)	4,769	(1)
Comm Nursing-Older People			3,604	(77)	3,604	(77)
Intermediate Care			886	(219)	886	(219)
Physiotherapy			1,885	(3)	1,885	(3)
Occupational Therapy			1,138	131	1,138	131
Joint Loan Store / Social Care Occupational Therapy / Telecare	1,972	200	289	5	2,262	205
Care at Home	14,681	122			14,681	122
Care Home Placements	18,220	679			18,220	679
Local Authority Care Homes	1,730	(41)			1,730	(41)
Services To Carers	664	(144)			664	(144)
Other Services Older People	1,993	(162)			1,993	(162)
Older People & Physical Disability Services	39,260	654	21,842	(151)	61,102	503
Learning Disability & Mental Health Services						
Residential Placements and Community Support	20,424	346			20,424	346
Learning Disability			813	28	813	28
Adults Mental Health And Wellbeing			52	30	52	30
General Adult Psychiatry			1,793	(90)	1,793	(90)
Learning Disability & Mental Health Services	20,424	346	2,658	(33)	23,082	313
Substance Misuse Services	84	(1)	943	20	1,028	19
Other Community Services						
Primary Care			434	0	434	0
Anticoagulation			343	(33)	343	(33)
Localities and Early Intervention & Prevention	4,703	2			4,703	2
Other Community Services	4,703	2	777	(33)	5,480	(30)
OTHER						
Management / Partnership Funding	(16,675)	(198)	22,101	(238)	5,426	(436)
Pchp Admin & Clerical			697	0	697	0
Commissioned Services	2,099	(188)			2,099	(188)
Med Training-Non Psychiatry			635	(165)	635	(165)
OTHER	(14,576)	(386)	23,434	(403)	8,858	(789)
Hospital Community Health and Social Care	49,896	615	49,654	(599)	99,549	16
Services Hosted in P&K on Behalf of Tayside IJBs						
Prison Health Services			3,217	99	3,217	99
Public Dental Service			2,007	10	2,007	10
Podiatry (Tayside)			2,833	(103)	2,833	(103)
Inpatient Mental Health Services			22,331	1,725	22,331	1,725
Hosted Services Recharges to Other IJBs			(20,075)	(1,151)	(20,075)	(1,151)
Services Hosted in P&K on Behalf of Tayside IJBs			10,313	580	10,313	580
Services Hosted Elsewhere on Behalf of P&K IJB			10,089	151	10,089	151
GP Prescribing			25,845	1,237	25,845	1,237
Other Family Health Services Prescribing			779	(31)	779	(31)
General Medical Services			24,043	33	24,043	33
Family Health Services			17,354	(32)	17,354	(32)
Large Hospital Set Aside			11,793	0	11,793	0
Grand Total	49,896	615	149,870	1,339	199,765	1,954

SERVICES HOSTED IN PERTH & KINROSS IJB ON BEHALF OF TAYSIDE IJBs	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
PERTH & KINROSS HOSTED SERVICES	30,388,000	1,731,000	
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	20,075,000	1,151,000	66.5%
BALANCE ATTRIBUTABLE TO PERTH & KINROSS	10,313,000	580,000	33.5%
SERVICES HOSTED IN ANGUS AND DUNDEE ON BEHALF OF PERTH & KINROSS IJB	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE			
Palliative Care	5,625,532	164,000	
Brain Injury	1,612,991	105,000	
Homeopathy	26,515	3,600	
Psychology	4,905,874	(536,000)	
Eating Disorders	0	0	
Psychotherapy (Tayside)	893,762	170,000	
Dietetics (Tayside)	2,765,894	(215,000)	
Sexual & Reproductive Health	2,065,485	(20,000)	
Medical Advisory Service	153,646	(47,500)	
Tayside Health Arts Trust	58,400	0	
Learning Disability (Tay Ahp)	769,208	(75,000)	
Balance of Savings Target	(598,516)	598,500	
Grand Total	18,278,791	147,600	
Perth & Kinross Share (33.5%)	6,123,395	49,000	
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS			
Forensic Service	914,533	(35,000)	
Out of Hours	7,431,950	310,000	
Tayside Continence Service	1,430,626	(90,000)	
Pharmacy	1,200,000	0	
Speech Therapy (Tayside)	982,650	(1,500)	
Balance of Savings Target	(122,365)	122,365	
Grand Total	11,837,394	305,865	
Perth & Kinross Share (33.5%)	3,966,000	102,000	
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE	10,089,395	151,000	
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	20,402,395	731,000	

	Savings Plan	Amount Forecast	Variance from Plan
	£000	£000	£000
Social Care			
Corporate Procurement Savings	302	36	266
Corporate Digital Services/My account/Mobile Working	86	58	28
Mainstream Care at Home	345	345	-
Redesign of Care at Home -Introduce HART Service	386	386	-
Housing with Additional Support	90	90	-
Review of Day Services	463	463	-
Review of Older People Residential Care	528	325	203
Review of Care Packages for Adults	560	560	-
Implement COSLA income and disregard thresholds	400	400	-
Redesign of Drugs and Alcohol Service	50	50	-
Review of Locality Teams/Management	50	50	-
Intermediate Care Review (crisis beds)	105	105	-
Intermediate Care Review (Intermediate care team)	156	156	-
Shifting the Balance of Care (reduction of placements)	775	775	-
Communities First	200	200	-
Increase slippage target	171	171	-
CAH - Single Handed Care	50	50	-
Total Social Care	4,717	4,220	497
Hospital & Community Health			
Redesign of Tay Ward	246	246	-
OT Workforce Redesign	121	121	-
LD Pay Protection	30	30	-
GP SLA Review	35	35	-
Integrated Management Structure	25	25	-
Integrated Care Teams	117	117	-
POA GP Costs	17	-	17
Physiotherapy Workforce Redesign	17	17	-
Total Hospital & Community Health	608	591	17
Total Social Care and Hospital Community Health	5,325	4,811	514

APPENDIX 4

IJB RESERVES

In March 2017 (IJB Report G/17/51) the IJB agreed its Reserves Policy. This set out that the IJB may hold both ear-marked reserves and general reserves. Ear-marked reserves will generally be for specific projects or ear-marked due to specific constraints or factors regarding funding, while general reserves are intended to assist the IJB manage its overall resources over the longer term. The IJB agreed it would set itself a target of having a general reserves equivalent to 2% of approved budgets (c£3.8m).

As at March 2018, the IJB's Annual Accounts showed that Perth & Kinross IJB had no earmarked or general reserves.

At the end of 2018/19 it is anticipated that the IJB will have ring-fenced reserves regarding Scottish Government funding to support the new GMS Contract (Primary Care Improvement Fund), Mental Health Funding (Action 15 funding), and Alcohol and Drug Partnership (ADP) Funding. These reserves need to be retained separately from general reserves.

The table below sets out the indicative position for the year-end based on the level of information on forecast spend regarding the IJB's reserves and also shows factors that may need to be added in during 2018/19.

Projected Movement in Reserves 2018/19	General Fund Balance (Usable Reserve)	General Fund Balance (Ear-Marked)	Total General Fund Balance (£K)
Opening Balance 31 March 2018	0	0	0
Potential Ear-marked Reserves			
Scottish Government - GMS Contract - Primary Care Improvement Fund 2018/19	0	527	527
Scottish Government - Mental Health - Action 15 Funding 2018/19	0	93	93
Scottish Government - GMS Contract - Primary Care Transformation Funding 2017/18	0	325	325
Scottish Government- ADP Funding 2018/19 and carry forward from previous years	0	216	216
Partnership Funding (Incl. Change Fund and ICF)	0	368	368
Closing Balance at 31 March 2019	0	1,529	1,529

Note - The Out of Hours funding for Tayside is being carried forward by Angus as the Host IJB. This is being carried forward on behalf of all 3 IJBs in a ring fenced reserve.



PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

2018/19 FINANCIAL RECOVERY PLAN

Report by Chief Financial Officer (Report No. G/19/7)

PURPOSE OF REPORT

The purpose of this report is to seek the homologation of the Integration Joint Board (IJB) to the financial recovery plans actions agreed to mitigate the forecast overspend on Adult Social Care Services and Healthcare Services in 2018/19.

1. RECOMMENDATIONS

The Integration Joint Board is asked to:

- Note the 2018/19 projected outturn position for Perth & Kinross IJB based on expenditure to Month 8.
- Homologate the decision by the Chair and Vice-Chair, along with the Chief Executives of both Perth and Kinross Council and NHS Tayside, to approve the recovery plan as outlined in this report for Perth and Kinross Council (PKC) Directed Adult Social Care Services and NHS Tayside (NHST) Directed Health Services.
- Direct the Chief Officer and Chief Financial Officer to continue to seek all possible in year opportunities over the remaining weeks of the financial year to deliver an improved financial out-turn.
- Note that the details of the recovery plan have also been formally reported to Perth and Kinross Council and will be reported to NHS Tayside Board.

2. OVERALL SUMMARY FINANCIAL FORECAST

The Month 8 Financial Forecast projected an overspend of £4.139m. The table below provides a break down of this forecast:

Table 1

Summary Year-End Forecast as at 30th November 2018	Month 8 Total IJB	2018/19 Approved Financial Plan
	Forecast Over/(under) spend	Forecast Over/(under) spend
	£000	£000
PKC Directed Social Care Services	2,088	0
Hospital & Community Health Services	(290)	46
Prescribing/Family Health Services	1,585	438
PKHSCP Hosted Services	578	427
Other IJB Hosted Services	178	0
Sub Total NHS Tayside Directed Services	2,051	920
Total	4,139	920

The 2018/19 Financial Plan approved by the IJB contained a net gap of £920,000 arising from Prescribing and Inpatient Mental Health.

The 2018/19 Finance Update provided to the IJB in June 2018 gave a very early indication of a £1,100,000 unanticipated pressure on Learning Disabilities and Mental Health Complex Care Packages within PKC Directed Adult Social Care Services that was formally discussed with PKC.

The Perth & Kinross IJB Integration Scheme sets out that partners may increase the payment in-year to the IJB for supplementary allocations in relation to the Integrated Functions that could not have been reasonably foreseen at the time the IJB requisition for the year was agreed. Discussions are continuing with both PKC and NHST in this respect however at this stage no additional budget has been agreed.

The Perth & Kinross IJB Integration Scheme sets out that where an overspend is projected the Chief Officer and Chief Financial Officer must take remedial action to prevent the overspend materialising. In the event that the remedial action cannot prevent the overspend the IJB will present a recovery plan to the Partners to address in year overspends and any recurring overspends for those years without impeaching on achievement of performance outcomes. In the event that the recovery plan is unsuccessful and an overspend is still projected, uncommitted Reserves held by the IJB would firstly be used to address any overspend. Thereafter should a overspend remain to be forecast then a revised Strategic Plan must be developed to enable the overspend to be managed in future years.

The Integration Scheme was agreed on the assumption that the initial budget devolved to the IJB was sufficient. Following the due diligence process, budgets for Inpatient Mental Health and Prescribing were not agreed as sufficient at the inception of the IJB and NHST and P&K Health and Social Care Partnership (HSCP) agreed to work jointly to deliver a three year

recovery plan for both services. This report therefore provides a recovery plan in three areas as follows:-

- Adult Social Care Services
- Prescribing (jointly with NHST)
- Inpatient Mental Health Services (jointly with NHST)

The Chief Officer, Chief Financial Officer and Heads of Service have worked in collaboration with the Executive Teams from both PKC and NHST to develop and agree the actions set out below.

3. ADULT SOCIAL CARE SERVICES MITIGATING ACTIONS

As highlighted above, the 2018/19 projected overspend on PKC Directed Services is £2,088,000. This is broken down as follows:

- Older People and Physical Disability Service £890,000
- Learning Disability and Mental Health Services/Substance Misuse £834,000
- Other Community Services/Other £364,000

The demand in each area was not anticipated. For Older People and Physical Disabilities Services, it is driven by complexity as opposed to increasing numbers. The demand correlates with the increasing number of over 85's who are living at home for longer. There has been a rise in the number of people with learning disabilities requiring additional care and new care packages.

We have identified actions to mitigate the overspend and support achievement of financial balance. A number of core principles have underpinned the full risk assessments which have been undertaken for each action which include those most vulnerable and at risk are prioritised, minimal disruption to services users and the need to maintain quality care to those in receipt of support. These proposals are set out below.

a. PKC RESERVES HELD FOR ADULT SOCIAL CARE

In 2017/18 Adult Social Care Service underspent by £2,637,000 driven largely by accelerated savings in advance of the transformation and efficiency programme to be implemented by 1st April 2019. PKC withdrew this budget from the IJB and £1,840,000 was passed back to the IJB non-recurringly as part of the core budget settlement. A further £206,000 has been used to meet the Voluntary Severance Scheme (VSS) costs arising from the closure of Beechgrove Care Home. A balance of £518,000 remains. It has been agreed with PKC to utilise the £518,000 to offset the financial forecast. This does however mean that no specific Adult Social Care PKC reserves remain to support transformational change including potential VSS costs.

b. MANAGE DEMAND FOR MH/LD COMPLEX CARE PACKAGES

Over the past two years a significant, financial pressure has arisen due to the cost of Complex Care. This has been caused by a number of factors:

- Increased costs of care packages for existing clients.
- New clients are requiring large packages of care.
- Budget removed from Adult Social Care budget to achieve “Review of Care Packages” saving.
- Complex Care Reduction in funding from Independent Living Fund (ILF). changes

The current pressure on Learning Disability and Mental Health Packages is £1,604,000 although in year this is being offset in-year by non-recurring income from a review of contracts and occupancy levels and the delay in the Invergowrie Assisted Living project (£964,000).

A comprehensive audit was carried out on complex care requests, and it was found that the majority were requests for increased care for clients already known. The requests were due to deterioration in their physical and mental health, and there were often behavioural issues. There have also been 24 new clients requiring support at an additional in- year cost of £280,000. There were four new clients with packages over £35,000. Three had been cared for at home by their parents and had a Learning Disability and Autism and the other was a long stay hospital inpatient with mental health issues.

A working group has been set up to progress a number of actions aimed at establishing a financially sustainable model of care. It is likely that there will be a recommendation to implement a higher limit on the cost of community placements. Therefore for 2018/19, it is proposed that complex care packages will only be funded if no alternative, more cost-effective option can be identified. This is estimated to save £350,000 during the remaining months of 2018/19. A full risk assessment and equalities impact assessment has been completed.

c. CARE AT HOME

There are a number of actions proposed to mitigate the overspend in Care at Home and these are outlined below:

SINGLE HANDED CARE

Single Handed care is a person-centered approach to risk assessing a person’s moving and handling requirements using new techniques and equipment. Where appropriate this can result in a reduction of double up (two person) care packages enabling an individual to be supported by a single carer. The project has only been up and running for a few

weeks we are already making some progress with projected cost prevention savings of approx. £25,000 by the end of this financial year.

CARE AT HOME MANAGEMENT OF DEMAND

The increase in care at home hours has primarily come via an increase in individuals opting for Option 1 and 2 to have their care delivered. One of our strategic priorities has been to increasingly personalise care provision. The way in which resources are allocated requires reviewed as there are inequities in the system. Improving the way that resources are allocated may improve the efficiencies in the services. This reduction can be achieved by moving to a centralised unit for allocating all care at home services to create a single approach. This proposal will be implemented within a month with an estimated saving for the remainder of 2018/19 of £125,000.

To reduce the pressure on community services, there needs to be increased use of Technology Enabled Care (TEC) and more engagement of providers in reducing the need for two workers wherever possible. This is critical to this recovery plan, and we will embed TEC in all of our care pathways.

d. PARTNERSHIP FUNDING

A full review of commitments against centrally held partnership funding (Integrated Care Fund/Change Fund), has identified an in year underspend of £220,000. This can be appropriately offset against the year end forecast position. This has been apportioned across Health and Social Care and agreed by PKC and NHST.

e. SUMMARY OF MITIGATING ACTIONS ADULT SOCIAL CARE

The following table provides a summary of the mitigating actions as above identified for Adult Social Care Services in 2018/19:-

Table 2

	£000
Adult Social Care Services projected funding gap	2,088
PKC Reserve Adult Social Care	(518)
Complex Care Demand Management	(350)
Care at Home Demand Management	(150)
Slippage in Partnership Funds	(110)
Sub total	1,128
Balance	960

f. Risk Assessment and Equality Impact Assessment

Mitigating actions that relate directly to service delivery have been fully risk assessed and considered for their wider impact not only on service

users and carers, but for their impact upon the longer term sustainability of provider organisations. Mitigating Actions have been subjected to Equalities Impact Assessment. (EQIA)

Mitigating Actions, Risk Assessment and EQIA have been scrutinised and approved by the Chief Officer, the Head of Adult Social Work and Social Care and the Chief Social Work Officer.

4. FINANCIAL RECOVERY PLAN GP PRESCRIBING

The 2018/19 Financial Plan for GP Prescribing was jointly developed with NHST. A range of opportunities were identified to reduce the £1,910,000 overspend in 2017/18 to a gap of £438,000. Any further reduction in this gap in year was reliant on the agreement on a pan-Tayside basis of 'difficult decisions' that could be taken to reduce expenditure.

The Finance Update to the IJB in June 2018 however identified very significant risks associated with anticipated national price changes (£295,000) and levels of growth (£280,000). The overall financial impact of both was estimated at £575,000 taking the anticipated gap to £1,013,000.

The Month 8 Finance Report sets out a year end forecast of £1,585,000 for 2018/19. The main driver of this further movement has been increased price/volume growth. The information provided by the NHST Finance Team indicates that growth above planned levels is driving a £604,000 increase in expenditure above plan.

All efforts will be made to identify mitigating actions to reduce forecast prescribing spend. In particular the rolling programme of engagement with GP's will be accelerated.

However given the scale of the current forecast overspend it is now necessary to consider other actions that can be taken in year within Hospital and Community Services to offset the forecast position. The Head of Service and operational managers (supported by Finance staff) have considered further mitigating actions. At this stage the review of commitments against centrally held funds (as referred to above) has identified an in-year underspend of £220,000 and £110,000 will be set against the overall health position as agreed by PKC and NHST.

5. FINANCIAL RECOVERY PLAN INPATIENT MENTAL HEALTH

The 2018/19 Financial Plan developed by P&K HSCP for Inpatient Mental Services in partnership with NHST set out plans to reduce a forecast overspend of £2,665,000 to £1,276,000 through savings anticipated from the Mental Health/Learning Disabilities (MH/LD) Transformation Programme, non-recurring bridging support from NHST associated with service contingency arrangements and other savings opportunities. Discussions at that stage were ongoing around further bridging for medical locum costs, a significant driver of the anticipated overspend. The 2018/19 Financial Plan was part of

a wider draft 3 Year Plan that set out the intention to deliver recurring financial balance in 2019/20 from the further implementation of the MH/LD Transformation Programme and the full year effect of other efficiencies identified in 2019/20.

Against the £1,276,000 gap anticipated in the financial plan, a gap of £1,359,000 has now been forecast. A shortfall in delivery of savings from transformation has been offset by significantly lower than anticipated contingency costs and as well as lower than anticipated medical locum costs and nursing costs. However anticipated bridging finance of £448k anticipated from NHST within the 2018/19 Financial Plan was subsequently been withdrawn.

All possible options to offset the forecast overspend have been formally considered by the new management team and whilst a large number of efficiency, transformation and cost reduction opportunities have been identified, none of these will impact in 2018/19. The focus has therefore shifted to develop a robust 3 Year Financial/Service Plan for Inpatient Mental Health Services which is being led by the General Manager for Mental Health Transformation and the Deputy Director of Finance for NHST. A meeting to review progress is being set up for Mid January 2019 with the Chief Officer and Chief Financial Officer.

6. SUMMARY OF MITIGATING ACTIONS HEALTH

The following table provides a summary of the mitigating actions as above identified for Health Services in 2018/19.

Table 3

	£000
Healthcare Services projected funding gap	2,051
Slippage in Partnership Funds	(110)
Balance	1,941

7. REVIEW OF SLIPPAGE IN UTILISATION OF SCOTTISH GOVERNMENT FUNDING

As part of the mid-year review process a review of potential slippage in Scottish Government funding has been undertaken. Slippage in expenditure against plans for the following has been identified:

Utilisation of slippage to support in year financial recovery will require reinstatement of the funds in the following financial year. The HSCP Executive Management Team has agreed that the ability of P&K HSCP to reinstate £450,000 through non-recurring savings elsewhere across services is very limited and therefore utilisation of slippage to support in year recovery cannot be supported. Instead slippage will be carried forward in a ringfenced reserve to be used in line with the Scottish Governments clearly stated priorities.

8. CONCLUSION

To fulfil the requirements of the P&K IJB Integration Scheme a financial recovery plan is required to be presented to both parent bodies. The financial recovery plan set out, whilst not yet delivering financial balance, represents significant progress. The IJB are asked to homologate the decision taken to approve the financial recovery actions as set out in the recommendations.

9. DIRECTIONS

There are no Directions from the IJB to NHS Tayside or Perth & Kinross Council identified or required at this stage.

Author(s)

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PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

CHIEF OFFICER STRATEGIC UPDATE

Report by Chief Officer (Report No. G/19/8)

PURPOSE OF REPORT

The purpose of this report is to update board members on progress against tasks outlined in the rolling actions list.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board note the following updates:

- Winter Planning - update
- Joint Inspection - update
- Refresh of the Strategic Plan - update

2. Winter Plan – support of capacity and flow

- 2.1 The 2018/19 NHS Tayside Winter Plan was developed jointly with the three Health and Social Care Partnerships in Tayside. The fully developed plan was presented to the NHS Board on October 25th 2018, building on learning from previous years. The Tayside plan is held as an exemplar of good practice in Scotland.
- 2.2 In 2018/19, Perth and Kinross HSCP have additional measures in place to anticipate and address issues known to contribute to winter pressures. Greater attention to capacity and flow with daily reports on status, overall reductions of delays in comparison to previous years and regular communication across Tayside. In year developments have assisted in building system resilience. The Home Assessment and Recovery Team is well embedded and managing the process of transition from care back to home. Capacity and response is still constrained by the escalating demand for hours of Care at Home. This is largely a reflection of increasing complexity rather than any significant increase in rates of referral.

- 2.3 P&K still has the highest proportion of people delayed in Tayside, however, there has been a significant drop in the number of occupied bed days meaning that the length of delay has reduced significantly
- 2.4 Support for people awaiting discharge is boosted by the availability of rehabilitation over 7 days, a significant feature of future plans that will seek strategic investment in increased levels of Rehabilitation and Reablement to keep people as independent as possible for as long as possible
- 2.5 Changes to distribution of beds in PRI has distinguished emergency admissions from planned care. This means that people are able to come in for planned procedures at the same time we are working to support people to return home after acute illness.

3. Joint Inspection

- 3.1 On the 10th December 2018, Perth and Kinross Health and Social Care Partnership (HSCP) received notice of a joint inspection of Adult Services by Care Inspectorate and Health Improvement Scotland commencing January 18th 2019. An initial meeting with inspectors set out the timetable (See below)

3.2	<table> <tr> <td>15 January - 11 February</td><td>- Staff Survey</td></tr> <tr> <td>18 January 2019</td><td>- Professional Discussion 1 – Inspectors initial briefing</td></tr> <tr> <td></td><td>- HSCP briefing to IJB</td></tr> <tr> <td>31 January 2019</td><td>- EMT sign off</td></tr> <tr> <td>4 February</td><td>- Distribution to Board Members and Partners</td></tr> <tr> <td>6 February 2019</td><td>- Submission of pre-inspection Information</td></tr> <tr> <td>25 February 2019</td><td>- Fieldwork Week 1 (4.5 days)</td></tr> <tr> <td>18 March 2019</td><td>- Fieldwork Week 2 (2.5 days approx)</td></tr> <tr> <td>5 April 2019</td><td>- Professional Discussion 2 – inspection initial feedback</td></tr> <tr> <td>15 May 2019</td><td>- Professional Discussion 3 – final feedback</td></tr> </table>	15 January - 11 February	- Staff Survey	18 January 2019	- Professional Discussion 1 – Inspectors initial briefing		- HSCP briefing to IJB	31 January 2019	- EMT sign off	4 February	- Distribution to Board Members and Partners	6 February 2019	- Submission of pre-inspection Information	25 February 2019	- Fieldwork Week 1 (4.5 days)	18 March 2019	- Fieldwork Week 2 (2.5 days approx)	5 April 2019	- Professional Discussion 2 – inspection initial feedback	15 May 2019	- Professional Discussion 3 – final feedback
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5 April 2019	- Professional Discussion 2 – inspection initial feedback																				
15 May 2019	- Professional Discussion 3 – final feedback																				

- 3.2 The purpose of the inspection is to help P&K HSCP answer the question “*How well do we plan and commission services to achieve better outcomes for people*”?
- 3.3 The inspection involves distribution of a staff survey to almost 2000 employees of the partner organisations and a self evaluation document the Inspectors will use in designing their inspection for the needs of Perth and Kinross. We are required to submit evidence of good practice

Self Evaluation / Position Statement

- How good are we now?
- How do we know?
- How good can we be?

Good Practice Examples

- Evidence supporting information provided within the above.

- 3.4 The inspection will assess the extent to which the HSCP is making progress towards efficient, effective and integrated services that are likely to lead to better experiences and improved outcomes over time. The inspectors do not evaluate how individuals and groups experience services in their area; however, they will be informed by the overall impact of improved outcomes.

Quality Indicators

- Self evaluation is based around the following QIs
- Each will be evaluated highlighting strengths and areas for improvement
- Backed up by strong evidence:

1. Key Performance outcomes:

QI 1.1. Improvements in integrated authority performance in both health care and social care

6. Policy development and plans to support improvements in service:

QI 6.1. Operational and strategic planning arrangements

QI 6.5 Commissioning arrangements

9. Leadership and direction that promotes partnership:

QI 9.1 Vision, values and culture across the partnership

QI 9.2 Leadership of strategy and direction

- 3.5 Inspection has two fieldwork events:

W/c 25/2/19

- Inspectors meet with staff, senior managers, IJB members, external providers, and other stakeholders.
- Focus Group meeting and observation of our key meetings e.g. IJB/Strategic Commissioning Board/ Audit and Performance Committee/ EMT/ IMT/Locality Partnership meetings.

W/c 18/3/19

- Specific Officers and Stakeholders interviews

Inspectors will join the IJB on the 15th February and the Audit and Performance Committee on the 19th February 2019

Inspectors will conduct a meeting with IJB members immediately after the IJB.

- 3.6 Professional Discussions take place before and after the inspection. The initial professional discussion was held on January 18th and was attended by 52 senior representatives of the IJB, the NHS Tayside Board, Perth and Kinross Council and the Third Sector. A presentation by the Inspectors was followed by a development session to inform IJB members about the process in more detail. The discussion on the 5th April will present initial findings and a final discussion on the 15th May will present the final report.

4 REFRESH OF STRATEGIC PLAN

- 4.1 The Strategic Plan will be refreshed and presented for approval by the IJB at the March 2019 IJB meeting. The document will be a smaller, high level strategic summary of intentions for the next phase of the partnership. A consultation process will involve IJB members, Partner Organisations and the public. Officers are working towards conclusion by the end of the financial year with approval to follow thereafter. The refreshed plan builds upon the original strategic ambitions set in 2016. The plan will focus upon the ambitions set out by four Care Programme Boards that will contribute more detail to support modernisation and further integration of services, addressing matters of service distribution across Perth and Kinross where historical location of services is no longer sensitive to the population need.
- 4.2 The plan will be informed by recent available population trend data and public health intelligence. A needs analysis will be considered by locality and will seek to accommodate changes in the wider NHS and Council services across Perth and Kinross
- Older People and Unscheduled Care
 - Mental Health and Well-being
 - Primary Care
 - Carer Support
- 4.2 The refreshed Strategic Plan will consider, sustainability and affordability. It will fully evaluate the workforce planning requirements.
- 4.3 This work will be developed in partnership with service users, carers and staff and overseen by the Strategic Planning Board

5.0 Strategic Programme of Care Boards

IJB members are asked to note that a single paper for information is being presented today to update progress across the four Strategic Programmes of Care Boards.

In support of the ongoing development of these Boards, a “Strategic Programme of Care Framework” is being finalised and will be presented to the IJB for scrutiny and approval at the additional IJB meeting scheduled for March 2019. The Strategic Framework has been developed in line with the needs of the programme boards.

Terms of Reference for the four Strategic Programme of Care Boards are presented for approval at this meeting of the IJB.

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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.



PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

Audit Scotland Report – ‘Health and Social Care Update on Progress’

Report by Chief Officer (Report No. G/19/9)

PURPOSE OF REPORT

This report shares Audit Scotland’s recently published report ‘Health and Social Care Integration – with the Integration Joint Board.’

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- notes the recommendations contained in the report;
- considers which areas highlighted should be reviewed with partner agencies;
- notes that the IJB management team will review this document to form an action plan.

2. BACKGROUND

This report (see Appendix 1) is the second of three National Performance Audit Reports on Health and Social Care Integration. It contains a series of key messages as follows:

- a. Integration Authorities have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but Integration Authorities are operating in an extremely challenging environment and there is much more to be done.
- b. Financial planning is not yet fully integrated, long-term or focused on providing the best outcomes for people who need support. This is a fundamental issue that will constrain the ability of Integration Authorities to improve the health

and social care system. Financial pressures across health and care services are making it difficult for Integration Authorities to achieve meaningful change. Integration Authorities were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not yet been enacted in most areas.

- c. Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in Integration Authority leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.
- d. Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.

The report includes a series of recommendations including :

- 1) Commitment to collaborative leadership and building relationships.
- 2) Effective strategic planning for improvement.
- 3) Integrated finances and financial planning.
- 4) Agreed governance and accountability arrangements.
- 5) Ability and willingness to share information.
- 6) Meaningful and sustained engagement.

Author(s)

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

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.

Health and social care series

Health and social care integration

Update on progress

**EMBARGOED UNTIL
00.01 HOURS
THURSDAY 15 NOVEMBER 2018**

ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
November 2018


The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about-us/accounts-commission 


Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

The Auditor General is independent and reports to the Scottish Parliament on the performance of:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Environment Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website: www.audit-scotland.gov.uk/about-us/auditor-general 

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

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Audit team

The core audit team consisted of Leigh Johnston, Neil Cartlidge, Christopher Lewis and Lucy Jones, under the direction of Claire Sweeney.

Links



PDF download



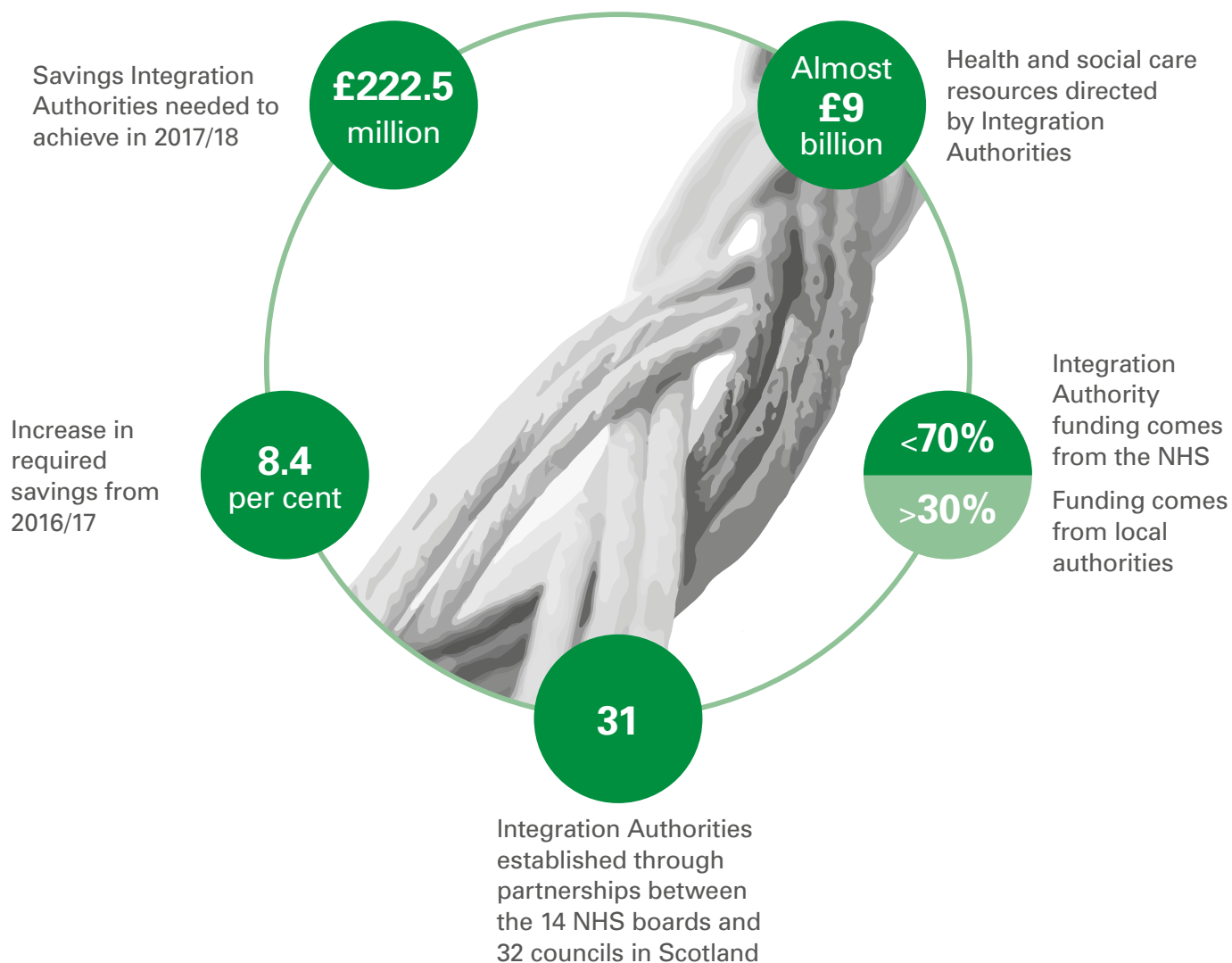
Web link



Exhibit data

When viewing this report online, you can access background data by clicking on the graph icon. The data file will open in a new window.

Key facts



Summary



Key messages

- 1** Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done.
- 2** Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. This is a fundamental issue which will limit the ability of IAs to improve the health and social care system. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.
- 3** Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.
- 4** Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.

**several
significant
barriers must
be overcome
to speed up
change**

Recommendations

It is not possible for one organisation to address all the issues raised in this report. If integration is to make a meaningful difference to the people of Scotland, IAs, councils, NHS boards, the Scottish Government and COSLA need to work together to address six areas outlined below.

Commitment to collaborative leadership and building relationships

The Scottish Government and COSLA should:

- ensure that there is appropriate leadership capacity in place to support integration
- increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively.

Effective strategic planning for improvement

Integration Authorities, councils and NHS boards should work together to:

- ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA
- monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish Government should:

- ensure that there is a consistent commitment to integration across government departments and in policy affecting health and social care integration.

Integrated finances and financial planning

The Scottish Government should:

- commit to continued additional pump-priming funds to facilitate local priorities and new ways of working which progress integration.

The Scottish Government and COSLA should:

- urgently resolve difficulties with the 'set-aside' aspect of the Act.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care.

Integration Authorities, councils and NHS boards should work together to:

- view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.

Agreed governance and accountability arrangements

The Scottish Government and COSLA should:

- support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen.

Ability and willingness to share information

The Scottish Government and COSLA should:

- monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

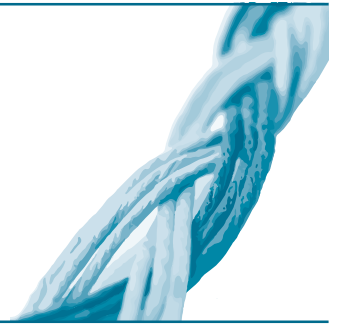
- share learning from successful integration approaches across Scotland
- address data and information sharing issues, recognising that in some cases national solutions may be needed
- review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly.

Meaningful and sustained engagement

Integration Authorities, councils and NHS boards should work together to:


- continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.

Introduction



Policy background

1. The Public Bodies (Joint Working) (Scotland) Act, 2014 (the Act) is intended to ensure that health and social care services are well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care. The reforms affect everyone who receives, delivers and plans health and care services in Scotland. The Act requires councils and NHS boards to work together to form new partnerships, known as Integration Authorities (IAs). There are 31 IAs, established through partnerships between the 14 NHS boards and 32 councils in Scotland.

2. As part of the Act, new bodies were created – Integration Joint Boards (IJBs) ([Exhibit 1, page 9](#)). The IJB is a separate legal entity, responsible for the strategic planning and commissioning of the wide range of health and social care services across a partnership area. Of the 31 IAs in Scotland, 30 are IJBs and one area, Highland, continues with a Lead Agency model which has operated for several years. In Highland, the NHS board and council each lead integrated services. Clackmannanshire and Stirling councils have created a single IA with NHS Forth Valley. You can find more information about integration arrangements in our [short guide](#) .

3. Each IA differs in terms of the services they are responsible for and local needs and pressures. At a minimum, IAs need to include governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults. In some areas, partners have also integrated children's services and social work criminal justice services. Highland Lead Agency, Dumfries and Galloway IJB, and Argyll and Bute IJB have also integrated planned acute health services. IAs became operational at different times but were all established by April 2016. The policy context for IAs is continually changing, and many policies have an impact on IAs, such as the new GP contract and changes to payments for social care services.

About this audit

4. This is the second of three national performance audits of health and social care integration following the introduction of the Act. The aim of this audit is to examine the impact public bodies are having as they integrate health and social care services. The report sets out six areas which need to be addressed if integration is to make a meaningful difference to the people of Scotland. This audit does not focus in detail on local processes or arrangements and it complements the programme of strategic inspections by the Care Inspectorate and Healthcare Improvement Scotland.¹ [Appendix 1 \(page 41\)](#) has more details about our audit approach and [Appendix 2 \(page 42\)](#) lists the members of our advisory group who provided help and advice throughout the audit.



What is integration?
A short guide to the integration of health and social care services in Scotland

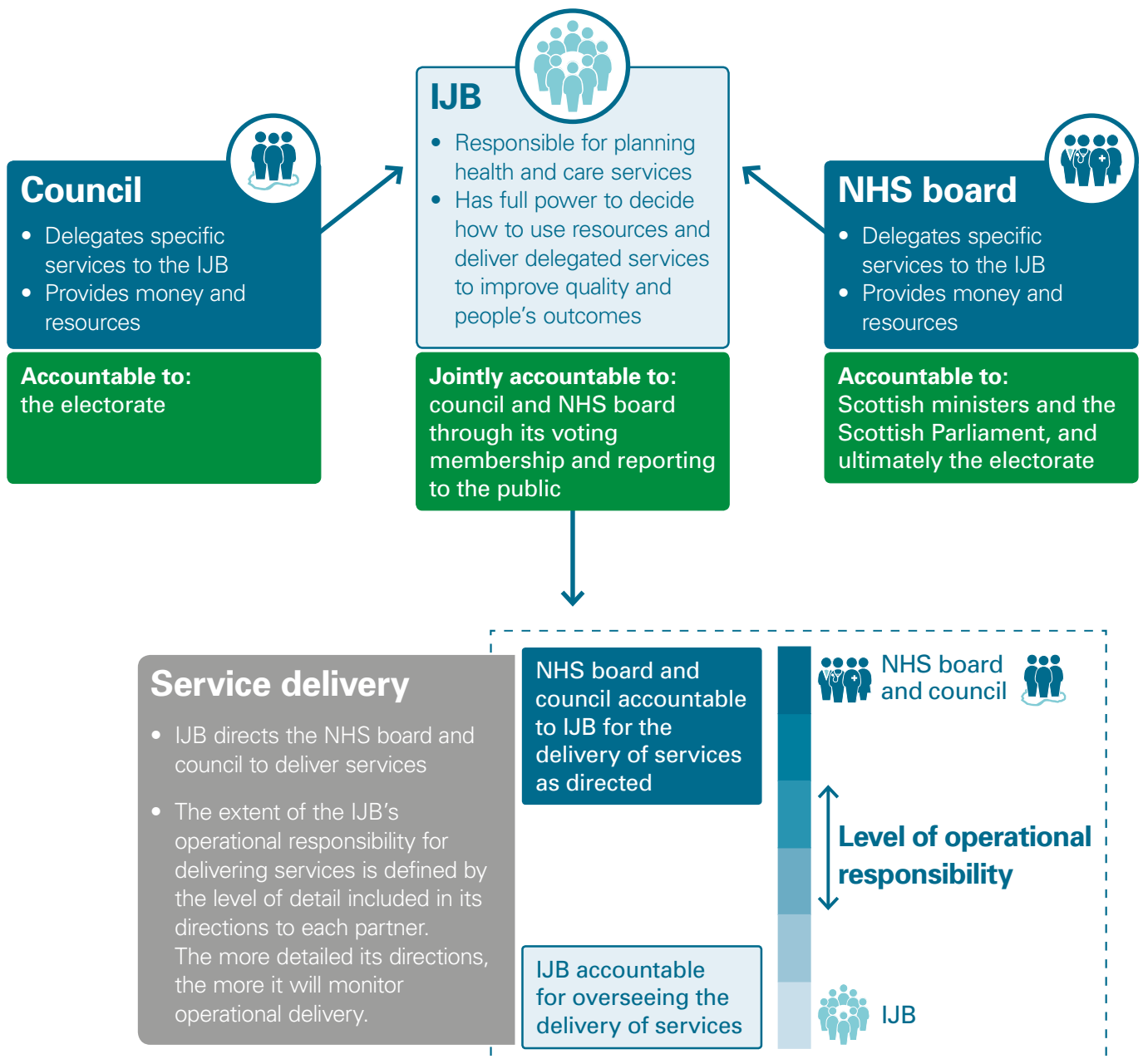
**the reforms
affect
everyone
who receives,
delivers and
plans health
and social
care services
in Scotland**

5. Appendix 3 (page 43) summarises progress against the recommendations in our first audit, which looked at transitional arrangements and highlighted several risks that needed to be addressed.² We will carry out a third audit in this series later in our work programme, which will report on the impact that integration has had and how health and social care resources are used.

Exhibit 1

Integration Joint Boards

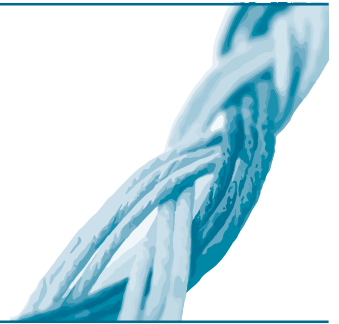
There are 30 Integration Joint Boards across Scotland.



Source: Audit Scotland

Part 1

The current position



Integration Authorities oversee almost £9 billion of health and social care resources

6. Our findings show that integration can work and that the Act can be used to advance change. Although some initiatives to integrate services pre-date the Act, there is evidence that integration is enabling joined up and collaborative working. This is leading to improvements in performance, such as a reduction in unplanned hospital activity and delays in hospital discharges. But there is much more to be done.

7. IAs are responsible for directing almost £9 billion of health and social care resources, money which was previously separately managed by NHS boards and councils ([Exhibit 2, page 11](#)). Over 70 per cent of this comes from the NHS, with the remainder coming from councils. As with councils and NHS boards, IAs are required to find efficiency savings from their annual budgets to maintain financial balance. Demands on services combined with financial pressures have led to many IJBs struggling to achieve this balance, with many needing additional financial contributions from partner organisations.

8. Each IA is underpinned by an integration scheme. This is the agreement between the council and the NHS board which shows how the IA will operate. For example, the scheme sets out arrangements for dealing with any budget overspends, which usually involves implementing a recovery plan. As local government bodies, IJBs can hold reserves if permitted by their integration schemes, although not all schemes allow this. Reserves are amounts of money that are built up from unspent budgets for use in future years. Generally, reserves are used for one of three purposes:

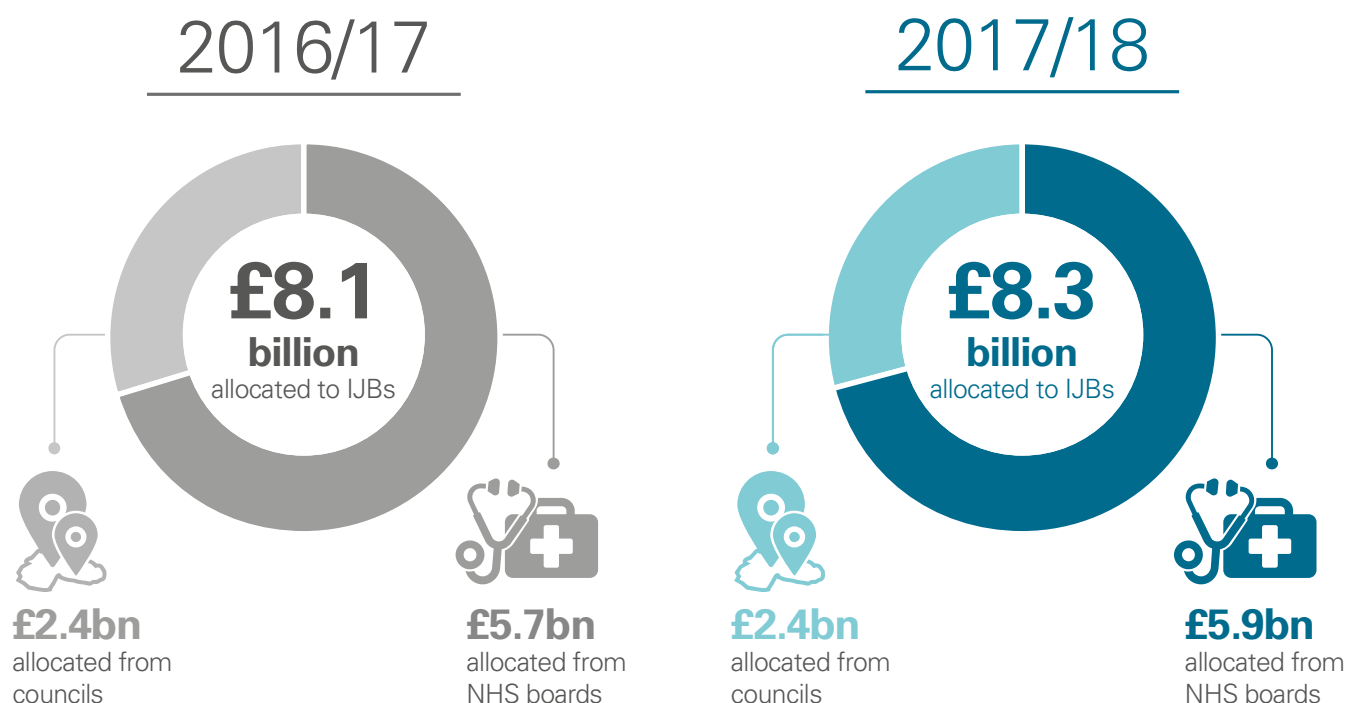
- as a working balance to help prevent the impact of uneven cash flows
- as a contingency to cushion the impact of unexpected events or emergencies
- held to fund known or predicted future requirements – often referred to as ‘earmarked reserves’.³

there is evidence that integration is enabling joined up and collaborative working

Exhibit 2

Resources for integration

IAs are responsible for directing significant health and social care resources.



Lead Agency – the allocation for Highland Health and Social Care Services was:

£595 million in 2016/17

£619 million in 2017/18

Note: Council allocations in 2016/17 and 2017/18 include criminal justice social work contribution.

Source: Audit Scotland, 2018



Financial pressures make it difficult for IAs to make sustainable changes to the way services are delivered

9. The Act was intended to help shift resources away from the acute hospital system towards preventative and community-based services. However, there is still a lack of agreement about whether this is achievable in practice – or whether rising demand for hospital care means that more resource is needed across the system. We have seen some examples of small-scale changes in the balance of care, which are explored further in [Part 2 \(page 23\)](#). These examples show that change can be achieved, but IAs now need to take the next steps to achieve wider-scale impact on outcomes over the coming years.

10. IAs needed to achieve savings of £222.5 million in 2017/18. This is an increase of 8.4 per cent on the previous year and is 2.5 per cent of the total allocation to IAs from NHS boards and councils. The level of savings, as a percentage of IA income, varied from 0.5 per cent in Moray, Orkney, Renfrewshire and South Lanarkshire, to 5.3 per cent in Shetland and 6.4 per cent in Highland Lead Agency. In several instances, budgets were agreed at the start of the financial year based on achieving savings which had yet to be identified.

Financial position

11. It is not easy to set out the overall financial position of IAs. This is due to several factors, including the use of additional money from partner organisations, planned and unplanned use of reserves, late allocations of money and delays in planned expenditure. This makes it difficult for the public and those working in the system to understand the underlying financial position.

12. In 2017/18, IJBs reported an overall underspend of £39.3 million. This represented 0.4 per cent of their total income allocation for the year.⁴ However, this masks a much more complex picture of IJB finances. [Appendix 4 \(page 47\)](#) sets out more details about the financial position of IJBs in 2017/18. Many IAs have struggled to achieve financial balance at the year-end. The reasons for this vary but include rising demand for services, financial pressures and the quality of financial planning. In 2017/18, this resulted in several IJBs needing additional, unplanned allocations from their partners and adding to, or drawing on, reserves as follows:

- 16 needed additional money from NHS boards amounting to £32.8 million
- ten needed additional money from councils amounting to £18.6 million
- eight drew on reserves amounting to £9.1 million
- 14 put money into reserves, amounting to £41.9 million.

13. Twenty-two IJBs are required by their integration schemes to produce a recovery plan if they forecast an overspend on their annual budget. Several IAs have had to produce recovery plans and are finding it harder to achieve the actions contained within them:

- In 2016/17, 11 IJBs needed to draw up a recovery plan. Of these, four IJBs achieved the actions set out in their recovery plans, but the remaining seven needed additional allocations from either their council or NHS board.
- In 2017/18, 12 IJBs needed to produce a recovery plan but only two achieved their recovery plans in full. In some cases, where additional allocations are required, the integration scheme allowed the NHS board or council to reduce the following year's allocation to the IJB by the same amount. In these circumstances there is a risk that IJBs will not have sufficient resources to deliver the services needed in future years.

14. An IA's integration scheme states how the IA will manage any year-end overspend and the responsibilities of the NHS board and council. For example, Fife IJB's integration scheme states that any overspend will be funded by partner bodies based on the proportion of their current year contributions to the IJB. In 2017/18, this meant that NHS Fife and Fife Council agreed to make additional contributions of 72 per cent and 28 per cent respectively.

15. The Highland Lead Agency model is also facing financial pressures. In 2017/18, NHS Highland overspent on adult social care services by £6 million. This was largely due to pressures on Highland Lead Agency adult social care services. This contributed to NHS Highland needing a loan of £15 million from the Scottish Government in 2017/18. Due to the way the Lead Agency model was established and the underlying agency agreement, the risks all rest with NHS Highland. Any increases in costs must be met by the NHS board.

16. Fourteen IJBs reported underspends in 2017/18 and these have arisen for a variety of reasons, for example: achieving savings earlier than expected; contingencies not being required; slippages in spending plans and projects; and staff vacancies.

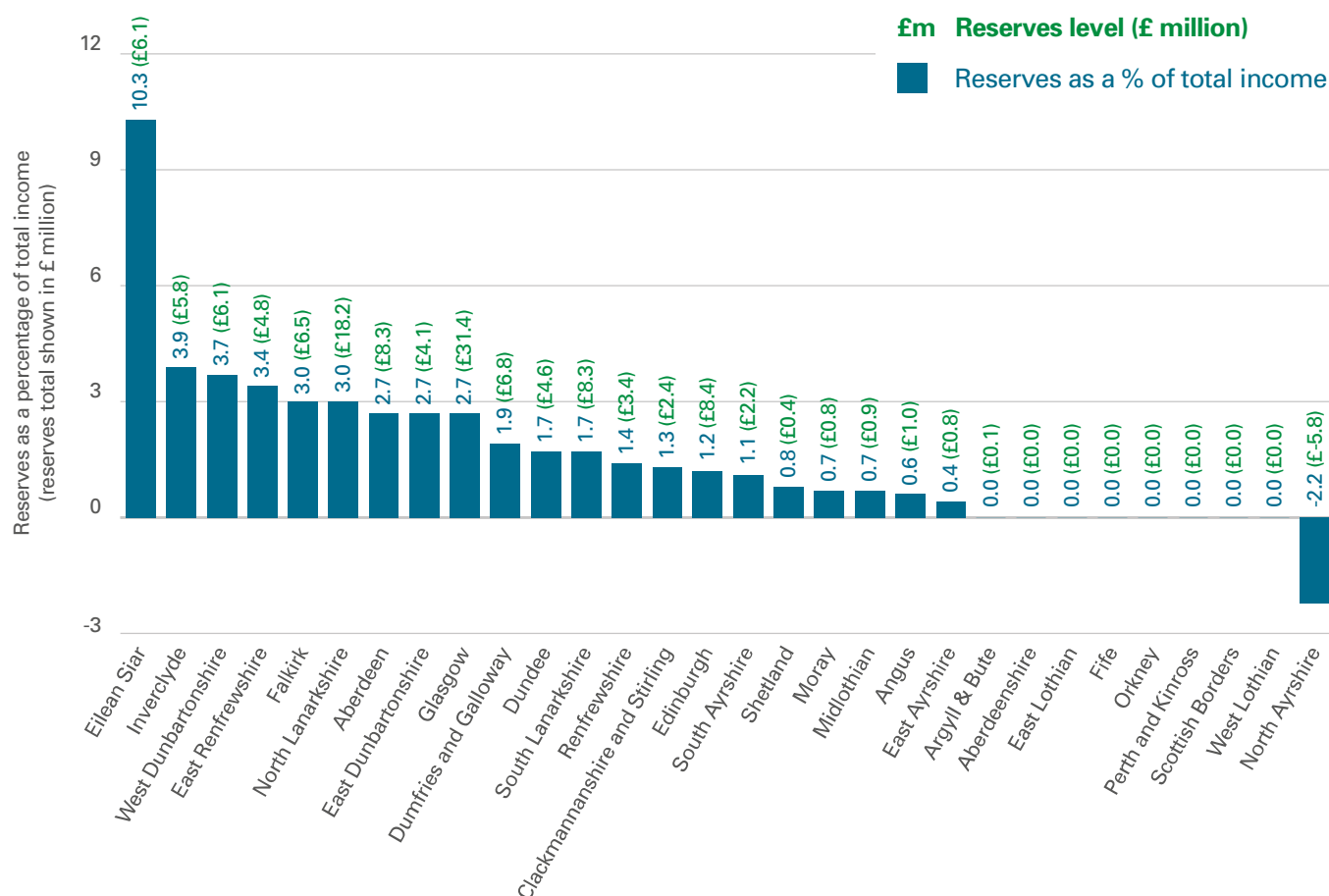
Reserves

17. The level of reserves held varies across IJBs, and not all integration schemes allow IJBs to hold reserves ([Exhibit 3](#)). In 2017/18, IJBs had built up reserves of £125.5 million, 1.5 per cent of their total income. This is not always a planned approach, and in some areas, reserves have arisen for several reasons including: the IJB receiving a late allocation of money; unspent strategic funding; staff vacancies; or year-end timing differences where money is received and allocated but unspent. Eilean Siar held the highest level of reserves as a percentage of its income at 10.3 per cent. The pressures on IJB budgets and the savings they need to achieve are significant, therefore the level of reserves in 2017/18 is not forecast to continue in future.

Exhibit 3

Reserves held by IJBs in 2017/18

There are significant differences in the levels of reserves held by IJBs.



Source: Integration Authority annual accounts, 2017/18



Hospital services have not been delegated to IAs in most areas


18. A key part of the reforms is that IJBs would direct some services provided directly within acute hospitals, to move care closer to people's homes and provide more joined-up care. Integration schemes, as approved by ministers, state that hospital services will be delegated to the IJB, as required under the Act. However, in practice, in most areas, the services have not been delegated. This has been a major source of debate and disagreement at a national and local level and is a fundamental issue which will hinder IJBs' ability to change the system.

19. The money for functions that are provided by large hospitals but are delegated to IJBs, such as unplanned care, is referred to as a 'set-aside' budget. Instead of paying this money to the IJBs along with payment for other delegated services, it is identified as a budget which should be directed by the IJB. The complexities around accurately preparing set-aside budgets has presented challenges to fulfilling this element of the Act. To date, the set-aside aspect of the Act is not being implemented. In line with Scottish Government guidance, NHS boards continue to manage the set-aside as part of their own resources.

20. In 2017/18, £809.3 million was included within IJBs' budgets for set-aside (where they were able to include a set-aside figure). This is 9.0 per cent of IJBs' income and is therefore a significant element of the health and social care budget that is not being directed by the IJBs. If IJBs are to use resources more strategically to prioritise prevention and care in a community setting, this issue needs to be resolved.

21. There are several reasons why all partners have struggled with this aspect of the Act, including fundamental issues in the data available to analyse set-aside-related activities. However, these technical issues do not appear to be the main issue. The main problem is a lack of common understanding and agreement on how to identify the set-aside budget and shared agreement on how to implement this aspect of the legislation.

Monitoring and public reporting on the impact of integration needs to improve

22. The context for integration is challenging, with many public bodies trying to work in partnership to achieve major changes while at the same time managing rising demand for services, financial pressures and continuing to deliver services and treat people. As we reported in [NHS in Scotland 2018](#) , the number of patients on waiting lists for treatment continues to rise while performance against targets is declining and an increasing number of NHS boards are struggling to deliver with the resources they have.⁵ We have also reported that local government operates in an increasingly complex and changing environment with increasing levels of uncertainty.⁶

23. A significant number of measures are being used to monitor national and local progress which means IAs are reporting against a range of different measures to demonstrate progress ([Exhibit 4, page 16](#)). For the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way.

24. It is important that the Scottish Government can demonstrate that resources provided have led to improvements in outcomes, in line with its national health and wellbeing outcomes. These outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration. These national outcomes are not being routinely reported at a national level, although IAs refer to them as part of their annual performance reports.

25. The Scottish Government introduced the National Performance Framework (NPF) in 2007 and launched a new framework in 2018. The NPF is made up of 11 national outcomes, each with indicators and aligned to the United Nations' sustainable development goals. There is a clear alignment between the aims of integration and several of the outcomes and indicators.⁷

26. The Ministerial Strategic Group for Health and Community Care brings together representatives from the Scottish Government, NHS, local government and IAs to monitor a set of six national indicators. These are used as indicators of the impact of IAs ([Exhibit 5, page 18](#)). These measures focus on the aim of integration helping to care for more people in the community or their own homes and reducing unnecessary stays in hospital. While these measures focus on health, performance can only improve with input from health and social care services. One of the six national indicators is supported by two measures: A&E attendances and achievement of the four-hour A&E waiting time target ([3a and 3b at Exhibit 5, page 18](#)).

27. Four of the indicators show improved performance, but there is significant local variation in performance between IAs. The performance measures do not themselves provide a direct indication of whether people's outcomes have improved, although they do represent key aspects of care which should ultimately improve people's lives.

Exhibit 4
Health and wellbeing outcomes and indicators

A significant number of measures are being used to monitor local and national progress.

National Performance Framework



Purpose

To focus on creating a more successful country, with opportunities for all of Scotland to flourish, through sustainable and inclusive economic growth

Values

We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way

11 outcomes and 81 national indicators, for example:

- ✓ **Outcome:** We are healthy and active
- ✓ **Indicators:** Healthy life expectancy, mental wellbeing, healthy weight, health risk behaviours, physical activity, journeys by active travel, quality of care experience, work-related ill health, premature mortality
- ✓ **Sustainable development goals:** gender equality, reduced inequalities, responsible consumption and production, good health and wellbeing



9 national health and wellbeing outcomes

- ✓ People are able to look after and improve their own health and wellbeing and live in good health for longer
- ✓ People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- ✓ People who use health and social care services have positive experiences of those services, and have their dignity respected
- ✓ Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- ✓ Health and social care services contribute to reducing health inequalities
- ✓ People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- ✓ People using health and social care services are safe from harm
- ✓ People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- ✓ Resources are used effectively and efficiently in the provision of health and social care services

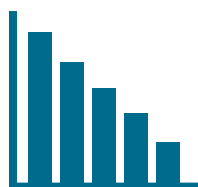
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Exhibit 4 (continued)



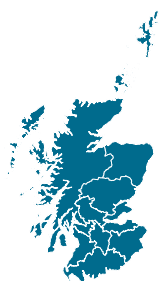
12 principles within the Act

- ✓ Be integrated from the point of view of the people who use services
- ✓ Take account of the particular needs of service users in different parts of the area in which the service is being provided
- ✓ Respect rights of service users
- ✓ Protect and improve the safety of service users
- ✓ Improve the quality of the service
- ✓ Best anticipate needs and prevent them arising
- ✓ Take account of the particular needs of different service users
- ✓ Take account of the particular characteristics and circumstances of different service users
- ✓ Take account of the dignity of service users
- ✓ Take account of the participation by service users in the community in which service users live
- ✓ Is planned and led locally in a way which is engaged with the community
- ✓ Make best use of the available facilities, people and other resources



6 national indicators

- ✓ Acute unplanned bed days
- ✓ Emergency admissions
- ✓ A&E performance (including four-hour A&E waiting time and A&E attendances)
- ✓ Delayed discharge bed days
- ✓ End of life spent at home or in the community
- ✓ Proportion of over-75s who are living in a community setting



Various local priorities, performance indicators and outcomes

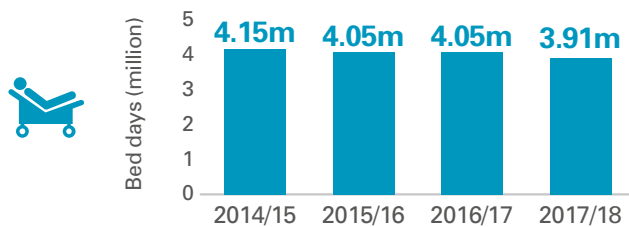
Source: Audit Scotland

Exhibit 5

National performance against six priority areas

National performance shows signs of improvement in some of the six key national indicators.

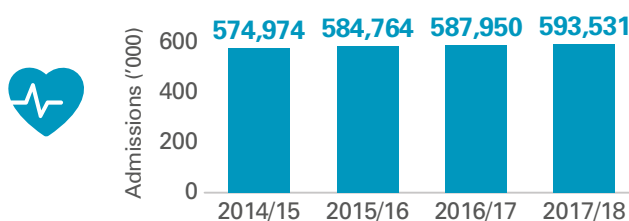
1. Acute unplanned bed days



Integration aims to reduce unplanned hospital activity

The number of acute unplanned bed days has reduced since 2014/15

2. Emergency admissions

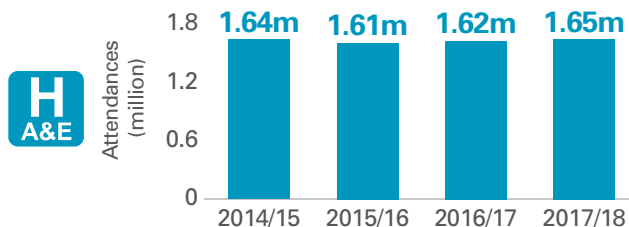


Integration aims to ensure that people's health and care needs are anticipated and planned appropriately, reducing unplanned hospital activity

The number of emergency admissions has risen each year since 2014/15

In 2017/18, local performance varied from 0.08 emergency admissions per head of population in NHS Orkney to 0.15 in NHS Ayrshire and Arran

3a. A&E attendances

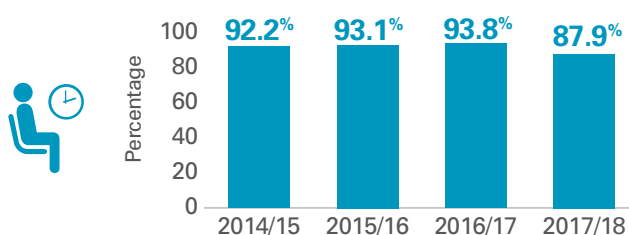


A&E attendances can be an indication of the degree to which community services are helping people receive care in the right place at the right time.

The number of A&E attendances has marginally increased since 2014/15

In 2017/18, local performance varied from 0.2 A&E attendances per head of population in NHS Grampian to 0.4 in NHS Greater Glasgow and Clyde

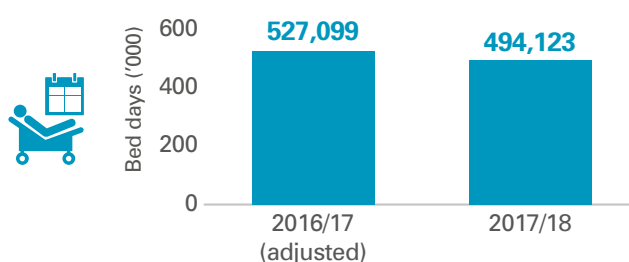
3b. Achievement of the four-hour A&E waiting time target



The achievement of the four-hour waiting time target has declined since 2014/15

Local performance varied in 2017/18 from 98.0% NHS Tayside to 75.4% NHS Lothian

4. Delayed discharge bed days (for population aged 18+)



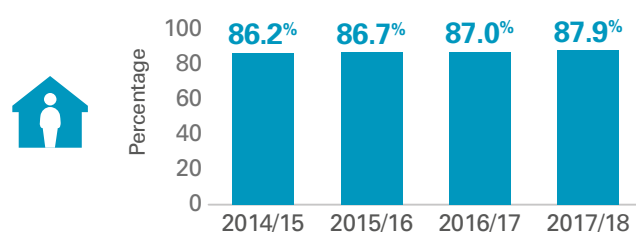
Reducing delays in discharging people from hospital has been a long-standing aim for health and care services. With rising demand, some areas have struggled with this. Due to changes in data collection, comparable data is only available for two years.

Delayed discharge rates have fallen since 2016/17

In 2017/18, local performance varied from 2.5% in Inverclyde to 26.5% in Eilean Siar delayed discharge bed days as a percentage of their population (18+)

Exhibit 5 (continued)

5. End of life spent at home or in the community

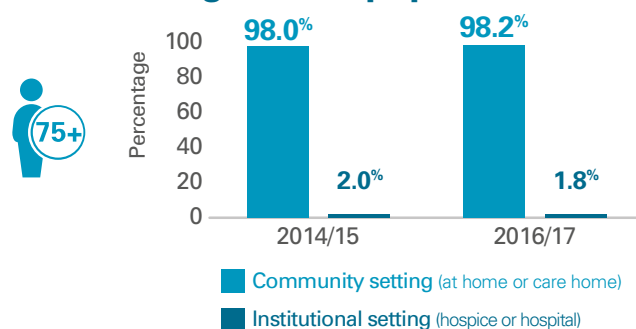


Integration aims to support people with health and care needs in their own home or in a community setting, especially at the end of life.

A gradual increase in the percentage of people's time spent at home or in a homely setting at the end of their life

In 2017/18, local performance varied from 95.1% of people's time spent at home or in a homely setting at the end of their life in Shetland to 85.2% in East Renfrewshire

6. Percentage of 75+ population in a community or institutional setting



Integration aims to shift the balance of care from an institutional setting to a community setting.

There has been a slight increase in the percentage of individuals aged over 75 who are living in a community setting. This is in line with the intentions of the Act.

Notes:

Indicator 1

- These statistics are derived from data collected on discharges from non-obstetric and non-psychiatric hospitals in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded.
- Bed days for each year have been calculated based on the year in which the bed days were occupied. This differs from other analysis where length of stay or occupied bed days are reported by the year of discharge.
- Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency or urgent admission.
- The Scotland total presented is the sum of all those resident in IA areas and excludes non-Scottish residents.
- Approximately a quarter of IAs returned figures for people aged over 18 only. Where this is the case, bed days from 2016/17 for people aged under 18 in those partnerships have been applied to 2017/18 figures.
- Based on data submitted to ISD in August 2018.

Indicator 2

- ISD published data as at September 2018.

Indicator 3a

- ISD published data as at August 2018.

Indicator 3b

- ISD published data as at June 2018.
- Performance for the month ending March for each year.

Indicator 4

- ISD published data as at September 2018.
- 2016/17 figures adjusted to reflect revised definitions across the whole year.

Indicator 5

- ISD published data as at October 2018.

Indicator 6

- Percentage of 75+ population in a community or institutional setting:

- Community includes the following:
 - Home (unsupported) – refers to the percentage of the population not thought to be in any other setting, or receiving any homecare, on average throughout the year.
 - Home (supported) – refers to the percentage of the population estimated as receiving any level of homecare. Estimated from social care census carried out at the end of the reporting year (eg, Census carried out in March 2014 used to estimate home (supported) population during 2013/14).
 - Resident in a care home – based on care home census at the end of the reporting year (eg, Census at 31 March 2014 used to estimate 2013/14 care home population). The care home data is based on long-stay residents only. The proportion of incomplete long-stay residents aged 75+ cannot be calculated. Therefore, a scaling factor, based on the 65+ proportions, has been employed for the 75+ data. This assumes that there is the same degree of incompleteness in the census data returned for adults in each of the age bands.
 - Institutional includes the following:
 - Average population in hospital/hospice/palliative care unit throughout the year.
 - Hospital includes both community and large/acute hospitals.
 - Hospice activity is based on SMR records and will be incomplete as not all hospices submit this information.
- Figures provided by ISD.

General

- Population figures used taken from the National Records of Scotland mid-2017 estimates published in 2018.
- Figures relate to all ages unless otherwise stated.



Integration Authorities' performance reports show local improvement

28. IAs are required to publish annual performance reports which contain information on local priorities and a range of local initiatives ([Exhibit 6](#)). These reports are an important way for IAs to inform the public about how well they have been performing against their stated priorities. The improvements that are set out in the performance reports are welcome and current pressures across the system have made them difficult to achieve. However, core indicators of performance are not improving in all areas of Scotland and nationally it is clear that there is much more to be done.

Exhibit 6

Examples of impact from integration

IAs have set out a number of local improvements in their performance reports.



Prevention and early intervention

Dumfries and Galloway

The D&G Handyvan provides information, advice and practical assistance with adaptations to people's homes. This is available to disabled people of any age and older people aged 60 and over. People are also supported to access financial assistance for major adaptations. This service helps people to feel more confident about continuing to live independently in their own home and to feel safe and secure in their home. People are less likely to have a fall, have improved health and wellbeing, and have a better quality of life. Often adaptations support people to be better connected with their friends and family and their wider community. 1,626 referrals were received during 2017/18. These resulted in 2,149 tasks being carried out by the service. 808 people were referred to prevent a fall, 577 people for home security, 16 people for minor adaptations and 225 people for small repairs.

Dundee

Social prescribing 'Sources of Support' (SOS) is one means of supporting people to better manage their health conditions. Link workers, working within designated GP practices, take referrals for people with poor mental health and wellbeing affected by their social circumstances and support them to access a wide range of non-medical services and activities that can help. In 2017/18, 256 patients were referred to three link workers and 220 people were supported. An external evaluation demonstrated that the service had a positive impact on both clients and on GPs themselves. 65 per cent of patient goals were met and 84 per cent had some positive outcome, including decreased social isolation, improved or new housing, financial and benefits issues being addressed, and increased confidence, awareness and self-esteem.

Outcomes from a GP perspective include reduced patient contact with medical services, providing more options for patients, raising awareness of non-clinical services, and increased GP productivity. 2017/18 saw a major scale-up of the SOS scheme through the Scottish Government Community Link Worker programme, extending the service from four GP practices to 16.



Delays in people leaving hospital

East Ayrshire

The Red Cross Home from Hospital Service supported about 1,700 people in 2017/18. The service is delivered across Ayrshire and Arran from University Hospitals Crosshouse and Ayr and supports people to be discharged as early as possible, reducing their length of stay and re-settling them in their home. Once home, the service helps to prevent falls and reduce social isolation, supporting people to regain their confidence, skills for living independently and organises telecare to support families to continue to care. A total of 1,730 bed days have been saved, equivalent to £302,750. 73 admissions to hospital have been avoided, and 625 bed days saved, equivalent to £109,375.

Perth and Kinross

There have been increases in staffing within social care discharge teams, Perth Royal Infirmary liaison services, and care home nursing. This, alongside improved funding procedures for care home placements, has supported speedier discharge to a care home setting or repatriation to such. There has been a reduction of 2,391 (12.5 per cent) delayed discharge bed days between 2016/17 and 2017/18 to 16,785.

Cont.

Exhibit 6 (continued)



Preventing admission to hospital

East Dunbartonshire

Rapid Response Service has established a different referral route for patients between A&E and the Community Rehabilitation Team to provide next-day response. During 2017/18, the service prevented approximately 33 per cent of people referred being admitted to hospital.

South Ayrshire

The Intermediate Care Team provide rapid multidisciplinary team support to people to support them to return home from acute hospital and to remain at home through GP referral. In particular, they have worked closely to establish pathways with the Combined Assessment Unit to prevent admission. The service provided by the Intermediate Care Team resulted in 674 hospital admissions being avoided and 301 early supported discharges during 2017/18. It is estimated locally that each avoided hospital admission saves five hospital bed days and each supported discharge saves three hospital bed days. Overall, it is estimated that the intervention provided by the Intermediate Care Team saved 3,370 bed days due to avoided admissions and 903 bed days due to early supported discharges.

Aberdeenshire

Set up in 2016, Aberdeenshire's Virtual Community Ward (VCW) aims to avoid unnecessary hospital admissions through bringing together multidisciplinary health and social care teams who provide care for patients who need regular or urgent attention. This GP-led approach involves the teams working closely together, generally meeting daily under a huddle structure. They identify and discuss vulnerable/at risk patients and clients, and coordinate, organise and deliver services required to support them. The VCW identifies individuals who need health and social care services at an earlier stage, which can improve patient outcomes and experience. Based on an evaluation carried out by the VCW team, 1,219 hospital admissions have been avoided because of the VCWs.



Referral/care pathways

Aberdeenshire

During 2017/18 a test of change was carried out in one GP practice to trial people's first appointment with a physiotherapist rather than a GP. Ongoing evaluation suggests that this has been successful and has proved popular with patients who now have immediate access to a physiotherapist for assessment and advice. If follow up is required, this can be booked at the time. 221 people have been directed to the physiotherapist first; only 58 per cent required a face-to-face appointment and 26 per cent were discharged following telephone advice.

Renfrewshire

Over the past three years, the Primary Care Mental Health Team (Doing Well) has introduced a self-referral route to the service. This has led to a decrease in clients attending a GP to be referred to the mental health team. The number of self-referrals to the service has increased from 207 in 2013/14 to 1,237 in 2017/18. This self-referral route has successfully redirected work away from GP surgeries.

Midlothian

An advanced practitioner physiotherapist for Chronic Obstructive Pulmonary Disease (COPD) was appointed to support people attending hospital frequently because of their COPD to help them manage their symptoms at home and avoid admission to hospital. In the first year the service has worked with 65 patients and successfully avoided 30 hospital admissions. This delivered a potential reduction of 520 days spent in hospital by Midlothian residents and a much better patient experience. It was also a more cost-effective approach to delivering services for the partnership.

Cont.

Exhibit 6 (continued)



Reablement

Falkirk

A Reablement Project Team (RPT) was developed in Social Work Adult Services Assessment and Planning service in January 2017 to test out various reablement approaches and processes. The team consists of occupational therapists (with community care worker background) and social care officers. The reablement team support service users for up to six weeks. Individuals are reviewed on a weekly basis and care packages are adjusted as the person becomes more independent. Fewer people required intensive packages at the end of six weeks, which has freed up staff time and has reduced the use of external providers. Early indications suggest this work has led to a £200,000 reduction in purchasing care from external homecare providers.

Scottish Borders

The Transitional Care Facility based within Waverley Care Home is a 16-bed unit which allows older people to regain their confidence and independence so that they can return to their own homes following a stay in hospital. The facility is run by a multidisciplinary team of support workers, allied health professionals and social workers. 81 per cent of individuals discharged from Transitional Care return to their own homes and the hospital readmission rate for these individuals is six per cent.



Pharmacy

South Lanarkshire

The pharmacy plus homecare initiative has created an opportunity to amend consultant and GP prescribing practices. A reduction in prescribing can lead to less homecare visits. The IA estimates that savings could be in the region of £1,800 per patient (within the trial).

Angus

The Angus IA has improved how care homes manage medication. A new process developed by a Locality Care Home Improvement Group with GPs and pharmacy has led to zero medication waste in care homes.

Source: Audit Scotland review of Integration Authorities' Performance Reports, 2018

Part 2

Making integration a success

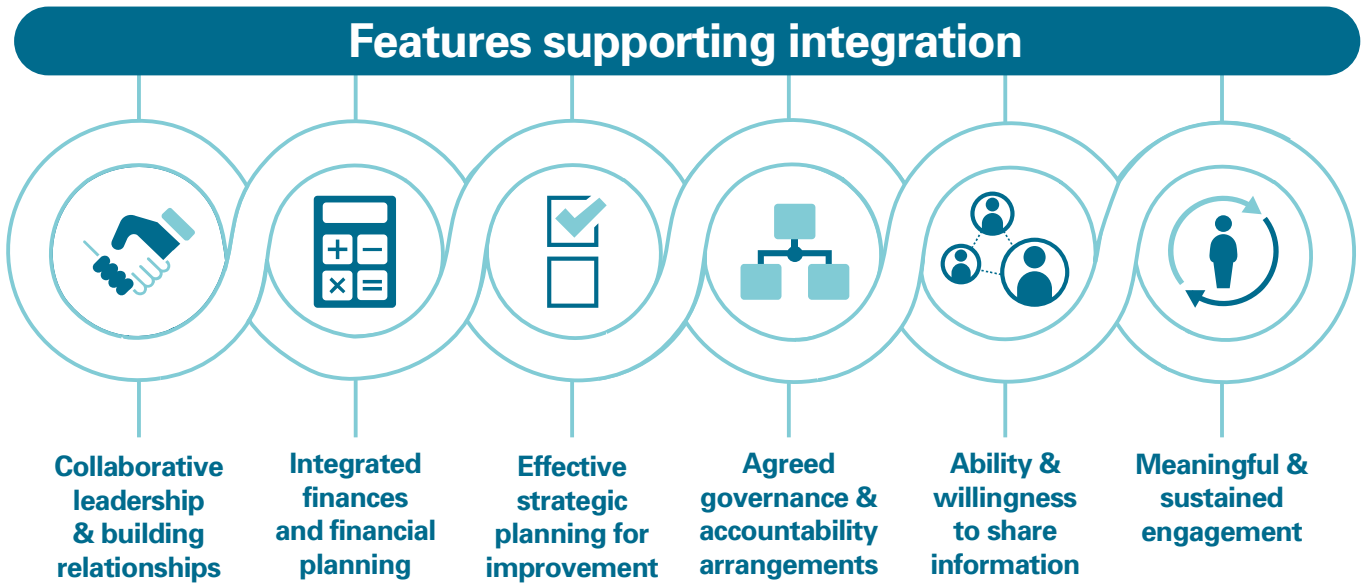


29. IAs are addressing some significant, long-standing, complex and inter-connected issues in health and social care. Our work has identified six key areas that, if addressed, should lead to broader improvements and help IAs to take positive steps toward making a systematic impact on health and care outcomes across their communities ([Exhibit 7](#)).

Exhibit 7

Features central to the success of integration

Six areas must be addressed if integration is to make a meaningful difference to the people of Scotland.



Source: Audit Scotland

A lack of collaborative leadership and cultural differences are affecting the pace of change

30. High-quality leadership is a critical part of the success of an organisation or programme of reform. Given the complexity of health and social care integration, it is important that leaders are highly competent, have capacity to deliver and are well supported. For transformation to succeed, the right leadership and strategic capacity need to be in place. Without this, the reforms will not succeed. We identified several risks in this area which need to be addressed:

- A significant number of IAs have had leadership changes with 57 per cent having had changes in their senior management team. As at October 2017, seven IJBs have a different Chief Officer (CO) in post than two years previously.
- There is significant variation in the role and remuneration of COs and Chief Financial Officers (CFO). Many have dual roles with positions held in partner organisations and there is a mix of full and part-time CFOs. This is a significant challenge, given the scale of the task facing IAs and the strategic role COs and CFOs have in directing change. In 2017/18, £3 million was spent on IJBs' CO remuneration and there are differences in salary levels, in part reflecting differences in roles and responsibilities.
- There is evidence of a lack of support services for IAs, in relation to HR, finances, legal advice, improvement, and strategic commissioning. This will limit the progress that they are able to make. It is important that the partner bodies support the IJB, including support services.

31. Top-down leadership which focuses on the goals of a single organisation does not work in the context of integration. NHS Education Scotland has described 'systems leaders' as having an ability to 'have a perspective from the wider system. They recognise that it is necessary to distribute leadership responsibilities to bring about change in a complex interdependent environment... They change the mind-set from competition to cooperation. They foster dialogue... which can result in new thinking... When leadership involves such a collective endeavour, the way people see their accountability matters.'⁸ A lack of collaborative systems leadership and difficulties in overcoming cultural differences are proving to be significant barriers to change.

32. Leaders from all partners are operating in a complex and continually changing landscape and, without appropriate support in place, cannot fulfil their role effectively. Leaders need support if they are to deliver public services to improve wider outcomes and work collaboratively across organisational boundaries. This is hard to achieve, especially where there have been changes in key staff and local politicians, and in the context of the current financial and performance pressures. Accountability arrangements are important to encourage and incentivise the right kinds of leadership characteristics.

33. Cultural differences between partner organisations are proving to be a barrier to achieving collaborative working. Partner organisations work in very different ways and this can result in a lack of trust and lack of understanding of each other's working practices and business pressures. In better performing areas, partners can identify and manage differences and work constructively towards achieving the objectives of the IA. Overcoming cultural differences and improving understanding of each other's businesses will help partner organisations progress towards integration, particularly regarding integrated finances. Joint leadership development for people working in NHS boards, councils and IJBs can help with this. [Exhibit 8 \(page 25\)](#) provides an overview of the common leadership traits which are important in integrating health and social care services.

Exhibit 8

Traits of effective collaborative leaders

There are a number of leadership traits which are important in integrating health and social care services.



Influential leadership

- ☐ Clear and consistent message
- ☐ Presents a positive public image
- ☐ Ability to contribute towards local and national policy
- ☐ Shows an understanding of the value of services



Ability to empower others

- ☐ Encourages innovation from staff at all levels
- ☐ Non-hierarchical and open to working alongside others
- ☐ Respectful of other people's views and opinions
- ☐ Inspiring to others
- ☐ Creates trust
- ☐ Willing to work with others to overcome risks and challenges



Promotes awareness of IA's goals

- ☐ Confidence and belief in new technology to facilitate progress
- ☐ Facilitates planning of sustainable services
- ☐ Recruitment of staff to fit and contribute to a new culture
- ☐ Sets clear objectives and priorities for all
- ☐ Develops widespread belief in the aim of the integrated approach to health and social care



Engagement of service users

- ☐ People who use services feel able to contribute to change
- ☐ Ability to facilitate wide and meaningful engagement
- ☐ Open to and appreciative of ideas and innovation
- ☐ Ensures voices are heard at every level
- ☐ Transparent and inclusive



Continual development

- ☐ Encourage learning and development, including learning from mistakes
- ☐ Belief in training and understanding of who could benefit from it
- ☐ Encourage innovation, debate and discussion
- ☐ Driven to push for the highest quality possible

Source: Audit Scotland, 2018; from various publications by The Kings Fund; Our Voice; Scottish Government; Health and Sport Committee and the Scottish Social Services Council.

34. We have seen examples of good collaborative and whole-system leadership, including in Aberdeen City, where relationships have been built across the partnership. Although differences of opinion still exist and there is healthy debate, Aberdeen City is now better placed to implement widespread changes to improve outcomes. We saw:

- the promotion of a clear and consistent message across the partnership
- a willingness to work with others to overcome differences
- recruitment of staff to fit and contribute to a new culture
- development of openness and appreciation of ideas
- encouragement of innovation, learning and development, including learning from mistakes.

35. The Scottish Government and COSLA are co-chairing a group involving leaders from across councils and NHS boards. The aim of the group is to identify and overcome barriers to integration. The group has produced a joint statement on integration, confirming the shared responsibility of the Scottish Government, NHS Scotland and COSLA for ensuring the successful integration of Scotland's health and social care services. The statement acknowledges that the pace of integration needs to improve, and that the group needs to work together to achieve integration and to overcome challenges to better meet people's health and social care needs. The group is developing further support and training to support leadership for integration. The Scottish Government and COSLA are also co-chairing an Integration Review Reference Group. This group is reviewing progress on integration and will report its findings to the Ministerial Strategic Group for Health and Community Care. The group will conclude its work in January 2019. We will continue to monitor any actions resulting from the work of the group.

Integration Authorities have limited capacity to make change happen in some areas

36. IJBs are very small organisations, all of which have a CO and a CFO. Not all IJBs have the support they need, for example only half of IJBs have a full-time CFO and there have been difficulties in filling those posts in some areas. Each IJB has a chair and vice chair, but we have been told that many IJBs rely on its members working much more than contracted hours, and chairs and vice chairs have told us that they struggle to attend to IJB business during contracted time. Each IJB is made up of voting and non-voting members.

37. Typically, an IJB meets about six times a year. The IJB also has one or more Strategic Planning Group, which are consulted and give feedback on strategic plans and significant changes to integrated functions. For this structure to work, the IJB needs to draw on, and be supported by, skills and capacity from its partner NHS board and council. This can lead to a reliance on information and advice being provided by the statutory partner organisations which influences the decisions made by the IJB. In areas where information is being shared across the partnership, we can see that more progress is being made with integration. We saw this happening in Aberdeen City IJB, where senior officer and finance officer groups bring together staff from across partner organisations to share information and skills which are essential for joint decision-making. If this does not happen, the IJB has less capacity to make change and address challenges.



What is integration?
A short guide to the integration of health and social care services in Scotland



IJB membership
(page 10)

38. We saw several barriers affecting the way that IJBs are operating, and more action is needed to increase knowledge and understanding of those involved in the decision-making process:

- Topics for discussion at IJB and committee meetings are affected by problems with both the lack of time available and with people's knowledge.
- IJB papers are often lengthy and issued to members within timescales that do not allow for proper consideration.
- Papers are often technical and contain complicated financial information that lay representatives and representatives from voluntary sector bodies may struggle to understand.
- Officers are limited in the time available to provide IJBs with information. Many officers of the IJB fulfil their role alongside roles held within statutory partner bodies.
- High turnover of people in key positions in IJBs has affected the skills available and has led to a lack of continuity and extra time being spent in building trust and relationships.

Good strategic planning is key to integrating and improving health and social care services

39. In the past, health and social care services have not linked the resources they have to their strategic priorities or longer-term plans. IAs still have work to do to ensure that priorities are linked to available resources, and to demonstrate that new ways of working will be sustainable over the longer term. IAs can only achieve this change with the support and commitment of NHS boards and councils.

40. IJBs, with the support of council and NHS board partner bodies, should be clear about **how** and **when** they intend to achieve their priorities and outcomes, in line with their available resources; and ultimately how they intend to progress to sustainable, preventative and community-based services. This includes working with NHS boards and councils to: agree which services will be stopped or decommissioned to prioritise spend; plan effective exit strategies from current ways of delivering services; and being clear how they will measure improvements in outcomes. Exit strategies are an important element in the ability to move from one service provision to another.

41. Scenario planning will help IAs build a picture of what they will need in the future. This involves looking at current trends, such as the effects of an ageing population, current lifestyles and future advances in health and social care. IAs should then use this analysis to anticipate potential changes in future demand for services and any related shortfalls in available finances. Strategic planning groups of the IJB have a role to play in ensuring the needs of the community are central to service decisions ([Case study 1, page 28](#)).

Case study 1

Shetland Scenario Planning



As part of its Strategic Commissioning Plan, the Shetland IA identified a growing gap between service demand and resources. To support strategic planning, NHS Shetland hosted a session with health and social care staff, IJB representatives, NHS board representatives, councillors, community planning partners, third-sector organisations and representatives of people using services. It considered several high-level scenarios:

1. the lowest level of local healthcare provision that it could ever safely and realistically imagine being delivered on Shetland 5-10 years from now
2. a lower level of local healthcare provision in 5-10 years than it has now on Shetland – a 'step down' from where it is now in terms of local service delivery
3. a higher level of local healthcare provision in 5-10 years than it has now on Shetland – a 'step up' from where it is now in terms of local service delivery
4. a future that describes the highest level of local healthcare provision that it could ever realistically imagine being delivered on Shetland 5-10 years from now.

The group then concentrated on scenarios 2 and 3 and explored them in more detail.

This systematic approach towards strategic planning, involving a wide variety of stakeholders, allowed them to build consensus on the main priorities of the IJB. The key outputs from the scenario planning exercise involved clear actions that were linked to a wide range of plans and policies. The key messages from the scenario planning formed discussion points within the IJB meetings. Actions identified were then incorporated into the business programme and an action tracker is a standing agenda item.

Source: Shetland IJB, 2018

42. Although strategic planning is the statutory responsibility of the IAs, councils and NHS boards should fully support the IJB and provide the resources needed to allow capacity for strategic thinking. In addition, the Scottish Government has an important role to play in leading and enabling change to take place. There must be a consistent message and understanding of integration, but this is not always the case. For example, the current move towards some aspects of health planning taking place at a regional level is causing uncertainty for IAs. Many IAs are unclear as to how this fits with the need for local strategic planning and decision-making. For IAs to think long term, they must have confidence that Scottish Government policy will support integrated thinking.

43. Strategic planning also helps to encourage and promote joined-up working and a commitment to scaling up new ways of working. Angus IJB has shown a strong long-term commitment to its enhanced community support model. This has now been implemented in three of its four locality areas and therefore has the potential for long-term impact on people's outcomes ([Case study 2, page 29](#)).

Case study 2

Angus – Enhanced community support model



Angus IJB's Enhanced Community Support (ECS) workstream involves several multi-professional teams working together, including the third-sector. The teams provide care and support in people's own homes so that, where possible, hospital admission is avoided. As a result, staff can be more proactive, coordinate care and make referrals for additional support more quickly. The teams also hold weekly meetings to review the care that is being provided in a more coordinated way.

ECS has increased community and primary care capacity leading to an average of 37 empty hospital beds across Angus per day in 2017. This helped the IJB to close 21 of its 126 community hospital inpatient beds which are no longer needed. ECS has improved hospital readmission rates. It has also improved prevention and early intervention activity through an increase in the number of anticipatory care plans.


ECS has led to a more joined-up approach between the professional disciplines which has improved referral times and access to support. This has allowed people to be more independent, access local services and be supported to stay in their homes or a homely setting for longer.

The success of this approach has allowed the IJB to roll ECS out to three of its four localities, with plans to roll out to the final locality during 2018/19. The localities that have adopted this approach for the longest have seen improvements in the average length of stay and a reduction in the number of hospital admissions for people aged over 75.

Source: Angus IJB, 2018

44. A small number of IAs do not have detailed implementation/commissioning plans to inform their strategic plan. Of those which do, about half of these provide a link to resources. More needs to be done to show how the shift from the current ways of working to new models of care will happen and when positive changes to people's lives will be achieved.

45. Workforce pressures are a clear barrier to the implementation of integration plans and workforce planning is a particularly important element of strategic planning. Workforce planning remains the formal responsibility of councils and NHS boards. However, IJBs need to work closely with their partners to ensure that their plans for service redesign and improvement link with and influence workforce plans. IAs must be able to demonstrate what skills are required to ensure they can deliver services in the right place at the right time. IAs identify not being able to recruit and retain the workforce they need as a risk. The contribution of the third and independent sector should be part of workforce planning.

46. All three parts of the Health and Social Care National Workforce Plan have now been published, with the final part on the primary care workforce published in April 2018.⁹ In our 2017 report, [NHS workforce planning](#) , we recommended that there is a need to better understand future demand and to provide a breakdown of the cost of meeting this demand.¹⁰ We will publish a further report on workforce planning and primary care in 2019.

Housing needs to have a more central role in integration

47. Not enough links are being made between housing and health and social care which will improve outcomes and wellbeing. Housing services are an integral part of person-centred approaches and the wider delivery of health and social care integration. All IAs are required to include a housing contribution statement in their strategic plans and housing representation is mandatory on Strategic Planning Groups. [Case study 3](#) illustrates strategic thinking within Glasgow City IJB which has used housing as a central aspect of health and social care. Three-quarters of IJBs reported some involvement of housing services in the planning of integrated health and social care services, although we found that the extent of this involvement varied greatly between partnerships.

Case study 3

The Glasgow Housing Options for Older People (HOOP) approach



The HOOP approach involves a small team working closely with social work, health and Registered Social Landlords (RSLs). The approach aims to: ensure a smooth transition for people from hospital to a homely setting; work closely with RSLs to prioritise people who are experiencing a delay in being discharged from hospital; develop knowledge of housing stock availability; and provide reciprocal information about RSLs tenants in hospital.

The team has worked on about 1,200 cases with surgeries in 19 sites across seven hospitals, six social work offices and six intermediate care units. The outcomes of the approach include helping:

- older people make informed choices along with their families, irrespective of tenure issues
- older people to return home or to community settings supported by a care package
- to reduce delayed discharge where there are housing issues
- prevent hospital admission and readmission, supporting older people with housing issues remain in the community
- secure appropriate accommodation for older people across the city suitable for their medical needs
- to increase knowledge of Glasgow's complex housing landscape among social workers and health professionals
- housing colleagues increase their knowledge about social work and health assistance to support older people returning home from hospital
- to future proof the city's new build investment by sharing information on customer needs and demand.

Source: Glasgow City IJB, 2018

Longer-term, integrated financial planning is needed to deliver sustainable service reform

48. Partners are finding it very difficult to balance the need for medium- to long-term planning, typically three to five years and five years plus, alongside annual settlements, current commitments and service pressures. We have called for longer-term financial planning in the health sector and local government for many years. While all IAs have short-term financial plans, only a third have medium-term plans and there were no longer-term plans in place at the time of our fieldwork. This is a critical gap as the changes under integration are only likely to be achieved in the longer term.

49. The Accounts Commission has previously reported that the 'Evidence from councils' annual audit reports generally demonstrates good medium-term (three to five years) financial planning, with some councils using scenario planning to provide a range of options'.¹¹ IAs should draw on the experience from councils to inform development of longer-term financial plans.

50. There is little evidence that councils and NHS boards are treating IJBs' finances as a shared resource for health and social care. This is despite the requirement to do this in the legislation, and budget processes set out in integration schemes describing budget-setting based on need. Partners must work with the IJBs to establish an approach to financial planning that considers the priorities of health and social care in the local community. Councils and NHS boards can be unwilling to give up financial control of budgets and IJBs can struggle to exert their own influence on the budget-setting process.

51. National data on the balance of spending between institutional care and care in the community is only available up to 2015/16. While this does not reflect any impact from IAs, it shows that the balance of spending changed little between 2012/13 to 2015/16 ([Exhibit 9, page 32](#)). Although this data is still collated, it is no longer published. This data should be publicly available and is a helpful indicator of whether IAs are influencing the shift of resources.

52. In October 2018, the Scottish Government published its *Medium Term Health and Social Care Financial Framework*.¹² The Framework is intended to help partners to improve strategic planning. It covers the period 2016/17 to 2023/24, and sets out trends in expenditure and activity, future demand and the future shape of health and social care expenditure.

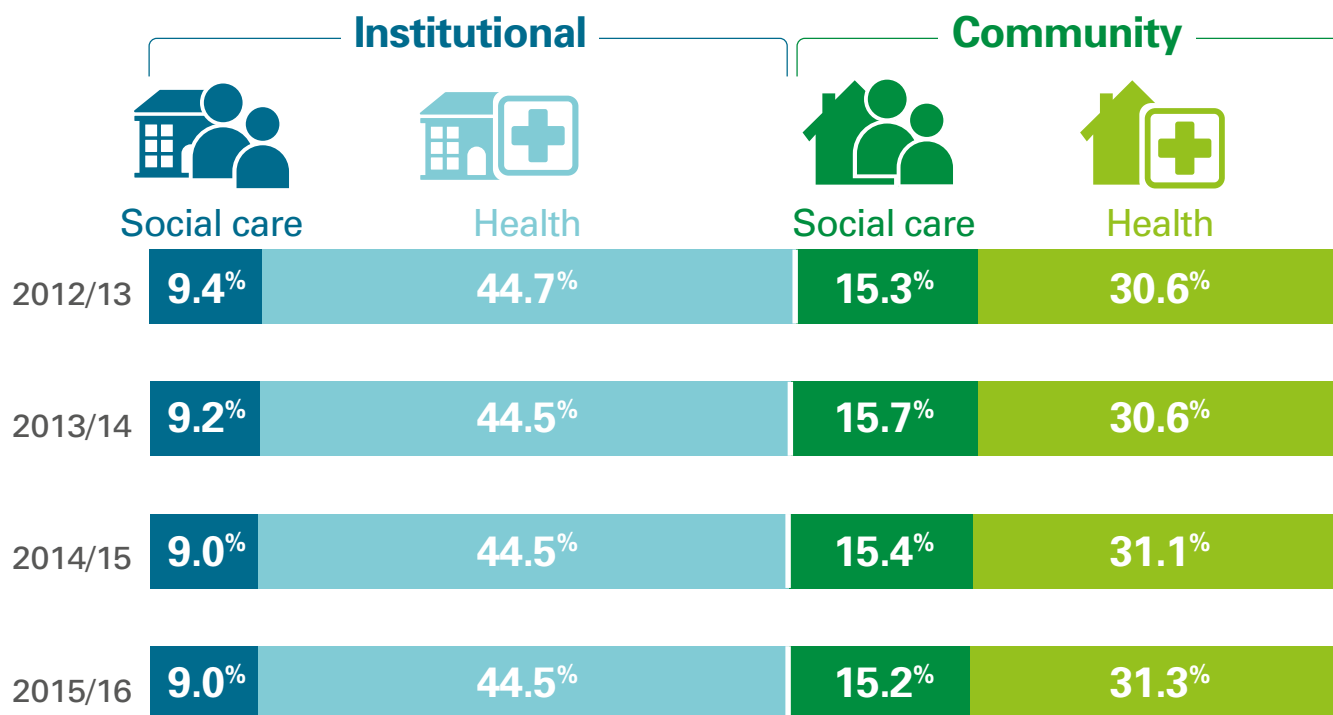
53. Attempts at integrating health and social care go back several years and it is not possible to identify the full cost of the reforms. This, in part, is due to the scale of the reforms and the interconnectedness with the rest of the health and social care system.

54. Due to ongoing financial pressures, most new service initiatives have been funded using additional financial support from the Scottish Government, rather than through the re-distribution of health and social care resources. Therefore, there should be an ongoing commitment from the Scottish Government to provide continued additional funding over coming years. This will provide financial stability to IAs while they implement new ways of working and plan how to redirect funding from current services.

Exhibit 9

The percentage of expenditure on institutional and community-based care

The percentage of expenditure on institutional and community-based care remained static between 2012/13 – 2015/16.



Source: Information Services Division, 2018



55. Major reforms have benefited from a degree of ‘pump priming’ money to help with change. In 2017/18, IAs total income included national funding which has been directed through NHS budgets, of:

- £100 million from the Integrated Care Fund to help shift the balance of care
- £30 million to help tackle delayed discharges
- £250 million to support payment of the living wage and help establish integration in its first year. This increased by £107 million in 2017/18.

56. The ring-fencing of funding intended to support delegated functions has not helped IAs' efforts to redirect resources, reducing their ability to use their resources flexibly. There are examples of small-scale transfers of resources and we appreciate that more time is needed for IAs to achieve this change ([Case study 4, page 33](#)). IAs need to demonstrate how they will sustain any improvements if specific dedicated funding is no longer available.

Case study 4



South Lanarkshire redirecting resources to provide more community-based care

In 2017, South Lanarkshire IJB decided to close 30 care of the elderly beds within Udston Hospital and invest in alternative community-based models of care. An assessment of need found that two-thirds of individuals on the ward could have been better cared for within a community setting. Recurring funding of about £1 million per annum was released as a result. The IJB planned for £702,000 of this to be redirected to community-based services, such as homecare and district nursing to build the area's capacity to support more people at home. To achieve this:

- engagement plans were developed to ensure people using care and their families, staff and elected members of the Udston area were involved in the changes
- financial modelling was undertaken to understand the profile of people on the ward and reallocate resources to more appropriate, alternative health and social services
- the IA worked in partnership with NHS Lanarkshire to ensure good governance.

The £702,000 provided a degree of financial flexibility to further develop intermediate care services and increase community-based rehabilitation services. The IJB plans to redesignate the Udston beds for use by step-down intermediate care patients to support a reduced reliance on the hospital and residential care.

Source: Bed Modelling in South Lanarkshire, IJB board paper, 30 October 2017

Agreeing budgets is still problematic

57. Fifteen IAs failed to agree a budget for the start of the 2017/18 financial year with their partners. This is partly down to differences in the timing of budget settlements between councils and NHS boards. It can also be due to a lack of understanding between councils and NHS boards of each other's financial reporting, accounting arrangements and the financial pressures faced by each. This lack of understanding can cause a lack of trust and reluctance to commit funds to an integrated health and social care budget.

58. There are difficulties with short-term and late budget settlements, but this should not preclude longer-term financial planning. IAs will only be able to plan and implement sustainable services if they are able to identify longer-term costs and funding shortfalls. This will also help to plan effective exit strategies from current services and larger-scale transfers of resources to community-based and preventative services.

It is critical that governance and accountability arrangements are made to work locally

59. Integrating services is a significant challenge, particularly when partners are dealing with current demand and constrained resources, while trying to better understand how services need to change. The Act should be a basis for all local partners to come together to implement changes. A perceived lack of clarity in the Act is adding to local disagreements and is delaying integration. This lack of clarity and misunderstanding is evident even among people working at senior levels and can impede good relationships.

60. Having a clear governance structure where all partners agree responsibility and accountability is vital. Disagreements can be particularly apparent when it is perceived that accountability for a decision rests with individuals who no longer have responsibility for taking them. Chief executives of councils and NHS boards are concerned that they will be held accountable for failures in how services are delivered when they are no longer responsible for directing those services. In practice, partners need to set out how local accountability arrangements will work. Integration was introduced to shift from a focus on what worked for organisations to what works for the person who needs a health and social care service. Applying this approach should help partners to implement the Act. In some areas partners are working through governance challenges as they implement the Act, and more should be done to share this experience.

61. Our first report on the integration of health and social care recommended that integration partners 'need to set out clearly how governance arrangements will work in practice...This is because there are potentially confusing lines of accountability...People may also be unclear who is ultimately responsible for the quality of care.' Clarity is still needed for local areas over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty is hampering decision-making and redesign of services provision. Not enough has been done locally to address this.

62. IJBs have a commissioning role but most IJB COs also have delegated operational responsibility for those functions and services that are delegated to the IJB, with the exception of acute care. There are difficulties in understanding how the 'operational responsibility' aspect works in practice. Auditors report that members of IA leadership teams have differing views about governance, especially clinical governance, and roles and responsibilities. In some areas, councils and NHS boards are putting in place additional layers of reporting as if each were accountable for the actions of the IJB. The IJB approach was introduced in part to simplify arrangements, not to add complexity. There are also significant concerns about the impact of integration on the rest of the acute hospital system.

63. It is the IJB's role, through the CO, to issue directions to its partner council and NHS board about service delivery and allocation of resources. This can be made more difficult by disagreements about governance arrangements. It is complicated further by the reporting lines of the CO, who directly reports to both chief executives of the council and NHS board. COs have reported that it can be difficult to direct those who are effectively their line managers. This reinforces the need for strong relationship building and the establishment of a collective agreement over policy direction, funding arrangements and vision for integration.

Decision-making is not localised or transparent in some areas

64. The Act envisaged that decision-making would be devolved as locally as possible. In some areas, IAs, councils and NHS boards have not yet devolved decision-making in the spirit of the Act and locality plans and management structures are still in development. Officers, staff and local service providers have reported that this is because of a risk-averse response to integration that sees NHS boards and councils retain central control over decision-making. Decision-making by IAs is often influenced by statutory partners' priorities. Often, IJB members rely on their statutory partners for information, advice and policy formulation rather than taking the lead on planning and implementing new ways of providing services.

65. There are examples of IAs working hard to establish decision-making arrangements in their partnership. Aberdeen City has put in place governance systems to encourage and enable innovation, community engagement and participation, and joint working. This should leave it well placed for progressing integration and implementing new services in its community ([Case study 5](#)). We have also seen how IAs such as South Lanarkshire and Dundee City are beginning to develop locality-based approaches to service delivery ([Case study 6, page 36](#)).

Case study 5

Governance arrangements in Aberdeen City IA



Aberdeen City IJB worked with the Good Governance Institute to develop its risk appetite statement and risk appetite approach. The IJB wanted to consider which decisions and risks should, and importantly those which should not, be considered by the IJB. The idea was to ensure there was capacity for decisions to be made locally, so that staff could influence the outcomes of individuals by ensuring that care was tailored to individual needs. Staff and managers say they now feel trusted to make decisions and implement new ideas to benefit individuals in their communities.

The IJB considers that it has demonstrated an aspiration to develop and encourage innovation in local service provision, and local managers and staff understand that decision-making within localities and input of ideas is welcomed and encouraged within agreed risk parameters. Aberdeen City has worked hard to build relationships and trust throughout the partnership. It accepts that achieving its priorities will involve balancing different types of risk and that there will be a need to balance the relationship between different risks and opportunities. There is also an acceptance and tolerance that new ideas will not always be successful.

Source: Aberdeen City IJB, 2018

Case study 6



Locality approach in South Lanarkshire

In 2017, South Lanarkshire IJB realigned its management structure around its four localities. Each locality has a manager responsible for a range of multidisciplinary teams and a health and social care budget. Moving the management of services to a locality level has empowered local teams to review the models of care in their area to see what fits best for the local community. A public forum in each locality gives the local community a voice in shaping local services. Each locality has produced a local strategic needs assessment setting out local needs and priorities and directing attention towards more locally specific outcomes. A 'community first' model of care places the emphasis on developing more community capacity and support.

Staff report that multidisciplinary working and, where possible, co-location, has improved communication and learning across disciplines. They have better knowledge of skills within the wider integrated team, allowing the most appropriate professional to see people at the right time. Working with separate IT systems is a source of frustration and requires less efficient work arounds. Another challenge is balancing trying to change at pace with a need to maintain day-to-day workload. Teams have taken an incremental approach to change, starting with a small number of staff and people using the health and social care services, and, if the new model goes well, gradually increasing this until the change becomes normal practice.

Source: North Lanarkshire IJB, 2018

Best value arrangements are not well developed

66. As IJBs are local authority bodies, the statutory duty of Best Value applies to them. This means that IJBs, from the outset, must clearly demonstrate their approaches to delivering continuous improvement. In July 2017, IJBs submitted their first annual performance reports in accordance with statutory requirements. One of the reporting requirements is that they demonstrate Best Value in the delivery of services.

67. We found that some aspects of Best Value are widely covered within IJBs' annual performance reports and annual accounts, including financial planning, governance and use of resources. About half of all IJBs had a section in their annual performance reports setting out how they intended to demonstrate the delivery of Best Value. Overall the coverage varies between IJBs and is often not in enough detail to allow the public to judge the IJB's activity on continuous improvement.

IAs are using data to varying degrees to help plan and implement changes to services but there are still gaps in key areas

68. Information Services Division (ISD) is part of NHS National Services Scotland, a special NHS board. ISD provides Local Intelligence Support Team (LIST) analysts to each IA area, along with social care information known as SOURCE. Using a LIST analyst to tailor and interpret local data helps IAs to better understand local need and demand and to plan and target services. LIST also works with Community Planning Partnerships in several areas including care for prison leavers presenting to the Homeless Service and children affected by parental imprisonment.

69. Part of the work IAs are doing, supported by the LIST, is to better understand how to support the top two per cent of people using services who account for 50 per cent of hospital and GP prescribing expenditure. By doing this, they can better direct resources and take preventative steps to ensure these users receive more targeted care. This prevents unnecessary hospital admissions and improves personal outcomes through providing more appropriate care in a homely setting.

An inability or unwillingness to share information is slowing the pace of integration

70. There are several areas which need to further improve to help IAs and their council and NHS board partners make better use of data. These include:

- GP practices agreeing data-sharing arrangements with their IA
- IAs being proactive about sharing performance information, ideas and new practice with other IAs
- IAs and ISD agreeing data-sharing protocols for using data in national databases
- IAs identifying gaps in data about community, primary care and social care services and establishing how this information will be collected. This is something we have highlighted in several of our previous reports
- improving consistency in IAs' data, making comparisons easier.

71. Sharing of information, including both health and performance information, is a vital part of providing effective care that is integrated from the point of view of the people who use services. It is also vital in helping to anticipate or prevent need. Throughout our work we were told of examples where this was not happening in practice, because of local systems or behaviours. Examples include: GP practices being unwilling to share information from new service pilots with other IAs; IAs themselves being unwilling to share performance and good practice information with others; and difficulties in setting up data-sharing agreements between IAs and ISD. Different interpretations of data protection legislation are not helping with the ease with which information is being shared.

72. NHS and social care services are made up of many different specialties and localities, often with different IT systems, for example, systems to record X-ray results or record GP data. Many of these systems have been built up over years and commissioned separately for different purposes. Some services still rely on paper records.

73. This disjointedness has an impact on people who need care and on the ability of health and care professionals to provide the best support that they can. For example, people with multiple and complex health and care conditions can have to explain their circumstances to many different professionals within a short space of time. This can delay people getting the help they need, waste resources and gets in the way of care provision being more responsive to people's needs. Local data-sharing arrangements need to be in place so that professionals can appropriately share and protect the data they hold.

74. Time and money are being spent on fixing local IT problems when national solutions should be found. Local fixes are being put in place to help overcome data-sharing barriers. This includes bringing teams of staff together under one roof, so

they can discuss individual cases, rather than relying on electronic systems such as internal emails to communicate. Local areas are spending time and money implementing solutions which may continue to be incompatible in the future. There is a need for a coordinated approach to the solution, which includes the need to consider a national, single solution for Scotland.

75. New IT systems and technology are crucial to implementing new ways of working. For example, many areas are beginning to introduce virtual means of contacting people using care services, such as video links to people's homes so they do not have to visit a health or care centre. To do this successfully, a reliable communication infrastructure is needed, particularly in rural areas.

76. In April 2018, the Scottish Government published *Scotland's Digital Health & Care Strategy: Enabling, Connecting & Empowering*. As part of this, a new national digital platform is to be developed to enable the sharing of real-time data and information from health and care records as required, across the whole care system. We will monitor developments as part of our work programme.

Meaningful and sustained engagement will inform service planning and ensure impact can be measured

77. IAs were set up to have active public involvement, for example through the make-up of their boards and requirements that they publish and engage with communities about their plans. We found some good local examples of engagement. From our analysis of IA strategic plans, we saw evidence of community engagement that influenced the IA's priorities ([Case study 7, page 39](#)). Levels of ongoing engagement, and how much it shapes service redesign, are more difficult to judge, but several IAs explicitly mention the importance of engagement and see it as a priority.

78. Several third and independent sector organisations reported that they do not feel that IAs seek or value their input, although they have innovative ways to improve local services that will positively affect the lives of local people. Providers believe that service decisions are based on the funding available over the short term, rather than the needs of the community. Third-sector providers also report that there is often not time to attend engagement meetings, gather information for consultations or research lengthy committee papers. Therefore, IAs have a responsibility to help them become involved and to work with them earlier. IAs must discuss potential changes to services and funding with providers as early as possible.

79. Early engagement with staff, as with the public, has reduced since IAs published strategic plans. Staff want to know how they are contributing to the progress of integration. More communication and involvement will both help increase knowledge of the services available across partnerships and help overcome cultural differences and reluctance to accept change in ways of working.

80. Throughout this report we have recognised the challenging context IAs are operating in. This is inevitably having an impact on the extent to which they can meaningfully engage communities in discussions about improvements to services. IAs need to have in place wide-ranging and comprehensive arrangements for participation and engagement, including with local communities. Where local arrangements for engagement have been shown to work, these should continue. Engagement does not have to be managed and directed solely by the IA. If a local department or service has established relationships and means of engaging with third and independent sector providers which have proved successful, these should continue as before.

Case study 7

Edinburgh IJB: public engagement



The enhanced and proactive engagement approach adopted by Edinburgh IJB facilitated the involvement of the voluntary sector organisations in the co-production of strategic planning. Via the Edinburgh Voluntary Organisation Council, which sits on the IJB board as a non-voting member, the IJB invited the Lothian Community Health Initiatives' Forum (LCHIF) onto its Strategic Planning Groups (SPG). This allowed the LCHIF to get involved in developing the IJB's five strategic Commissioning Plans: Older People, Mental Health, Physical Disabilities, Learning Disabilities, and Primary Care.

LCHIF was subsequently invited to be part of the Older People's and Primary Care Reference Groups. Through involvement on the two reference groups, LCHIF and its members were able to contribute to the work that most reflected the services being delivered by them. The initial involvement of LCHIF on the SPG led to further engagement with other key influencing groups and networks which they felt ultimately benefited the sector, the forum and its members.







In addition to this involvement, the IJB has also embarked upon a review of its grants to the third-sector. This has been done in full collaboration and partnership with the third-sector. Through the SPG, a steering group was appointed, again with the involvement of LCHIF. This involvement contributed to a commitment being made to establish a grants forum in recognition of the ongoing dialogue that is required to ensure that prevention, early intervention and inequalities remains a priority for the IJB.

Source: Edinburgh IJB, 2018.

81. In September 2017, the Scottish Parliament's Health and Sport Committee published *Are they involving us? Integration Authorities' engagement with stakeholders*, an inquiry report on IAs' engagement with stakeholders.¹³ The Committee also found a lack of consistency in stakeholder engagement across IAs. While some areas of good practice were cited, the Committee heard concerns over engagement being 'tokenistic', 'overly top down' and 'just communicating decisions that had already been made'. The Committee argued that a piecemeal approach to engagement with stakeholders cannot continue and that meaningful engagement is fundamental to the successful integration of health and social care services.

82. There is also a role for the Scottish Government in continuing to develop how learning from successful approaches to integration is shared across Scotland. IAs are not being proactive about sharing success stories and the principles behind the planning and implementation of new ways of working which have worked well. Much could be learnt from the work done to date in local areas and IAs should be encouraged to engage with each other and share knowledge and performance information.

Endnotes

- 1 More details about the joint inspections are available at the [Care Inspectorate website](#) .
- 2 [Health and social care integration](#) , Auditor General and Accounts Commission, December 2015.
- 3 *English local authority reserves*, Chartered Institute of Public Finance and Accountancy, June 2015.
- 4 This takes account of North Ayrshire IJB, which was the only IJB to have an accumulated negative reserve balance. This amounted to £5.8 million and was because of overspends in social care services that were not funded by additional allocations from the NHS board or council.
- 5 [NHS in Scotland 2018](#) , Auditor General, October 2018.
- 6 [Local government in Scotland: Challenges and performance 2018](#) , Accounts Commission, April 2018.
- 7 National Performance Framework, Scottish Government, June 2018.
- 8 *Systems thinking and systems leadership*, NHS Education for Scotland, 2016.
- 9 *National Health and Social Care Workforce Plan Part 3 – improving workforce planning for primary care in Scotland*, Scottish Government, April 2018.
- 10 [NHS workforce planning](#) , Auditor General, July 2017.
- 11 [Local government in Scotland: Challenges and performance 2018](#) , Accounts Commission, April 2018.
- 12 *Medium Term Health and Social Care Financial Framework*, Scottish Government, October 2018.
- 13 *Are they involving us? Integration Authorities' engagement with stakeholders*, Health and Sport Committee, Scottish Parliament, September 2017.

Appendix 1

Audit methodology

Our objective: To examine the impact public bodies are having as they work together to integrate health and social care services in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

Our audit questions:


- What impact is integration having and what are the barriers and enablers to this change?
- How effectively are IAs planning sustainable, preventative and community-based services to improve outcomes for local people?
- How effectively are IAs, NHS boards and councils implementing the reform of health and social care integration?
- How effectively is the Scottish Government supporting the integration of health and social care and evaluating its impact?

Our methodology:

- Reviewed documents, such as integration schemes, IAs' strategic plans, IJBs' annual audit reports, annual performance reports, national performance data and other key documents including the Scottish Government's National Health and Social Care Financial Framework.
- Interviews, meetings and focus groups with a range of stakeholders including third-sector and independent sector providers. Our engagement involved hearing about experiences of engaging with IAs and how services had changed through integration.
- Interviews at four case study sites – Aberdeen City IJB, Dundee City IJB, Shetland Islands IJB and South Lanarkshire IJB. We met with:
 - Chief Officers and Chief Finance Officers
 - Chairs and vice-chairs of IJBs
 - NHS and council IJB members
 - Chief social work officers
 - IJB clinical representatives (GP, public health, acute, nursing)
 - IJB public representatives (public, carer and voluntary sector)
 - Heads of health and social care, nursing, housing and locality managers and staff
 - NHS and council chief executives and finance officers
 - IT, communications and organisational development officers.

Appendix 2

Advisory group members



Audit Scotland would like to thank members of the advisory group for their input and advice throughout the audit.

Member	Organisation
Alison Taylor	Scottish Government
Alistair Delaney	Healthcare Improvement Scotland
Allison Duncan	IJB Vice Chair
Eddie Fraser	IJB Chief Officer
Fidelma Eggo	Care Inspectorate
Gerry Power	Health and Social Care Alliance
Jeff Ace	NHS Chief Executive
John Wood	Convention of Scottish Local Authorities (COSLA)
Julie Murray	Society of Local Authority Chief Executives
Robin Creelman	IJB Vice Chair
Tracey Abdy	IJB Chief Finance Officer

Note: Members sat in an advisory capacity only. The content and conclusions of this report are the sole responsibility of Audit Scotland.

Appendix 3

Progress against previous recommendations



Recommendations



Progress



Scottish Government should:

- work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this:
 - work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system.
- monitor and publicly report on national progress on the impact of integration. This includes:
 - measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans
 - reporting on how resources are being used to improve outcomes and how this has changed over time
 - reporting on expected costs and savings resulting from integration.
- continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.

IAs are reporting locally on outcomes but this is not being drawn together to give a national picture of outcomes for health and social care.

We found there are a significant number of indicators and measures being used nationally and locally to understand whether integration is making a difference and to monitor changes. But, for the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way.

The Scottish Government has introduced a series of national outcomes for health and social care. The outcomes are not being routinely reported at a national level.

The savings estimated to be made from integration were expected to derive from a reduction in unplanned bed days, fewer delayed discharges, improved anticipatory care and less variation in bed day rates across partnerships. The savings from these have not been specifically monitored by the Scottish Government, although actual and projected performance across these measures is reported to the Scottish Government's Ministerial Steering Group.

Some leadership development has been commissioned from the Kings Fund by the Integration Division at Scottish Government but there is a lack of joint leadership development across the health and social care system to help to embed and prioritise collaborative leadership approaches.

There is an appetite for examples of good practice from local partnerships but still a lack of good learning resources.

Cont.



Recommendations





Progress



Integration Authorities should:

<ul style="list-style-type: none"> provide clear and strategic leadership to take forward the integration agenda; this includes: <ul style="list-style-type: none"> developing and communicating the purpose and vision of the IJB and its intended impact on local people having high standards of conduct and effective governance, and establishing a culture of openness, support and respect. 	<p>We found that a lack of collaborative leadership and cultural differences are proving to be significant barriers to change in some areas.</p>
<ul style="list-style-type: none"> set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny. This includes: <ul style="list-style-type: none"> setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB. 	<p>There is a lack of agreement over governance and a lack of understanding about integration which is acting as a significant barrier to progress in some areas.</p> <p>There are still circumstances where clarity is needed over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty is hampering decision-making and redesigning how services are provided. Not enough has been done locally to address this.</p>
<ul style="list-style-type: none"> ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes: <ul style="list-style-type: none"> setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required ensuring relationships between the IJB, its partners and the public are clear, so each knows what to expect of the other. 	<p>IAs have helped to improve engagement with the public and providers in the local area in some instances but there is more to do.</p>
<ul style="list-style-type: none"> be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including: <ul style="list-style-type: none"> developing and maintaining open and effective mechanisms for documenting evidence for decisions putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice developing and maintaining an effective audit committee ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints. ensuring that an effective risk management system is in place. 	<p>We found that decision-making is not localised or transparent in some areas and risk management arrangements are not well developed.</p>

 Recommendations	 Progress
<ul style="list-style-type: none"> develop strategic plans that do more than set out the local context for the reforms; this includes: <ul style="list-style-type: none"> how the IA will contribute to delivering high-quality care in different ways that better meets people's needs and improves outcomes setting out clearly what resources are required, what impact the IA wants to achieve, and how the IA will monitor and publicly report their progress developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act. 	<p>IAs are beginning to link their resources to strategic priorities but more needs to be done to show when their planned outcomes will be achieved. They also need to show how the shift from the current ways of working to new models of care will happen.</p>
<ul style="list-style-type: none"> develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes: <ul style="list-style-type: none"> developing financial plans for each locality, showing how resources will be matched to local priorities ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively. 	<p>There is some evidence of small-scale transfers of resources, but most IAs have funded changes to services using ring-fenced funding, such as specific additional integrated care funding provided by the Scottish Government. This is instead of shifting resources from an acute setting, such as hospitals, to community settings such as local clinics and GP surgeries. While this may have achieved performance improvement in things such as delayed discharges, ring-fenced funding may not be available long term. Therefore, IAs need to ensure the financial sustainability of ongoing support for changes made.</p> <p>Financial planning is not integrated, or long term and financial pressures make meaningful change hard to achieve.</p> <p>Arrangements for understanding and measuring Best Value arrangements are not well developed.</p>
<ul style="list-style-type: none"> shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time. 	<p>We found there has been limited change in how resources are being used across the system at this stage – see above.</p>

Cont.



Recommendations



Progress




Integration Authorities should work with councils and NHS boards to:

<ul style="list-style-type: none"> recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early in the relationship and that a shared understanding of the roles and objectives is maintained. 	<p>We found a lack of agreement over governance and a lack of understanding about integration remain significant barriers in some areas.</p> <p>There are still circumstances where clarity is needed over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty was hampering decision-making and redesigning how services are provided. In our opinion, not enough has been done locally to address this.</p>
<ul style="list-style-type: none"> review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils. 	<p>Auditors report that members of IA leadership have differing views about governance, especially clinical governance, and roles and responsibilities.</p>
<ul style="list-style-type: none"> urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners. 	<p>We found that at present, not all councils and NHS boards view their finances as a collective resource for health and social care. Some councils and NHS boards are still planning budgets around their own organisations rather than taking account of their IJBs local strategic priorities. The ambition for integration is that the health and social care resources in the local area would be brought together and used to deliver integrated services with improved outcomes for people. While this is happening in some areas, councils and NHS boards in other areas can be unwilling to give up financial control of budgets and IJBs can struggle to exert influence over their budgets. Some IAs have little or no involvement in the budget-setting process.</p> <p>At a very basic level IJBs struggle in some areas to agree budgets. Fourteen IJBs failed to agree a budget for the start of the 2017/18 financial year.</p>
<ul style="list-style-type: none"> establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and social care services. 	<p>We have seen that IJB board papers are shared with council and NHS board partner organisations. In some areas though, rather than streamlining governance and scrutiny arrangements, councils and NHS boards are putting in place additional layers of reporting as if each were accountable for the actions of the IJB.</p>
<ul style="list-style-type: none"> put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland. 	<p>IAs and ISD are have difficulties in agreeing data-sharing protocols for using national databases.</p>

Appendix 4

Financial performance 2017/18



IJB	Position (pre-additional allocations) Overspend/ (underspend)	Additional allocation/ (reduction)		Use of reserves	Year-end position Deficit/ (Surplus)
	(£million)	Council (£million)	NHS board (£million)	(£million)	(£million)
Aberdeen City	2.1	0	0	2.1	0
Aberdeenshire	3.5	1.5	2.0	0	0
Angus	(0.4)	0	0	0	(0.4)
Argyll and Bute	2.5	1.2	1.4	0	0
Clackmannanshire and Stirling	1.1	0	0	1.1	0
Dumfries and Galloway	(2.5)	0	0	0	(2.5)
Dundee City	2.5	0	2.1	0.4	0
East Ayrshire	3	2.2	1.3	0	(0.5)
East Dunbartonshire	1.1	0	0	1.1	0
East Lothian	0.7	0.6	0.1	0	0
East Renfrewshire	(0.4)	0	0	0	(0.4)
Edinburgh	7.4	7.2	4.9	0	(4.7)
Eilean Siar	(3.0)	0	0	0	(3.0)
Falkirk	1.3	0	1.4	0.2	(0.3)
Fife	8.8	2.5	6.4	0	0
Glasgow City	(12.0)	0	0	0	(12.0)
Inverclyde	(1.8)	0	0	0	(1.8)
Midlothian	(0.7)	0.2	0	0	(0.9)
Moray	1.9	0	0	1.9	0
North Ayrshire	3.5	0	1.0	0	2.6
North Lanarkshire	(11.7)	0	0.6	0	(12.3)
Orkney	0.7	0.2	0.5	0	0
Perth and Kinross	(1.4)	(2.6)	1.3	0	0
Renfrewshire	4.8	2.7	0	2.1	0
Scottish Borders	4.5	0.3	4.2	0	0
Shetland	2.4	(0.3)	2.9	0	(0.2)
South Ayrshire	0.3	0	0	0.3	0
South Lanarkshire	(1.2)	0	1.0	0	(2.2)
West Dunbartonshire	(0.6)	0	0	0	(0.6)
West Lothian	1.8	0	1.8	0	0

Note: Arithmetic differences arising from roundings.

Source: Audited Integration Authority annual accounts, 2017/18

Health and social care integration

Update on progress

This report is available in PDF and RTF formats, along with a podcast summary at:

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ISBN 978 1 911494 77 5 AGS/2018/9

This publication is printed on 100% recycled, uncoated paper





PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

Chief Social Work Officer Annual Report 2017/18

Report by Jacquie Pepper, Chief Social Work Officer (Report No. G/19/10)

PURPOSE OF REPORT

This report provides the Chief Social Work Officer's overview of social work and social care in Perth and Kinross during financial year 2017/18. It sets out how social care and social work services are being delivered and the key challenges in planning and delivering statutory social work functions. The report highlights how social care and social work services are responding to new responsibilities associated with major changes in legislation and shifts in policy direction as well as increasing demand and associated budget pressures.

1. RECOMMENDATION

It is recommended that the Integration Joint Board notes the CSWO Annual Report as set out in Appendix 1.

2 BACKGROUND / MAIN ISSUES

- 2.1 The Social Work (Scotland) Act 1968 requires every Local Authority to appoint a single Chief Social Work Officer (CSWO).
- 2.2 In July 2016, Scottish Ministers revised the guidance on the role of the CSWO which was first issued in 2009 and published statutory guidance under section 5 of the 1968 Act. This guidance is for local authorities and partnerships to which local authorities have delegated certain social work functions. It provides an overview of the CSWO role, outlining the responsibility for values and standards, decision making and leadership. The guidance also covers accountability and reporting arrangements. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of the full range of the local authority's statutory functions and this updated guidance sets out the importance of the CSWO role in integrated arrangements brought about by the introduction of the Integration Joint Board.

2.3 The CSWO is accountable to elected members of the Council and must be:

- a qualified social worker, registered with the Scottish Social Services Council;
- designated as a 'proper officer' of the local authority;
- of sufficient seniority and experience in both the operational and strategic management of social work services; and
- a non-voting member of the integration authority.

2.4 The CSWO is a role and function, rather than a specific job description and in practice, the role is usually held by a senior officer who also carries out management responsibilities for a range of services. The role is therefore distinct from the post holder's operational management responsibilities and from the role of the chief officer of the integration authority. It is for the CSWO to use their authority to challenge and intervene when proposals may have a detrimental impact on vulnerable citizens or to the workforce on whom they depend. In leading the social care and social work profession, the CSWO provides:

- professional independent advice to the Chief Executive and elected members in relation to the discharge of the local authority's statutory functions as outlined in the Social Work (Scotland) Act 1968;
- strategic and professional leadership in the delivery of social work services;
- assistance to local authorities and their partners in understanding the complexities and cross-cutting nature of social work services and the key role they play in meeting local and national outcomes; and
- support for performance management and the management of corporate risk.

2.5 Both CSWOs and elected members have duties to oversee effective, professional and high quality social care and social work services delivered to the highest of professional standards. The CSWO annual report is a tool that the Council and the Integration Joint Board can use to gauge the quality of performance of social care and social work services as well as to develop services which meet the needs of local people and communities into the future.

2.6 The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery, including corporate parenting, child protection, adult protection and the management of high risk offenders. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk. The annual CSWO report and its consideration by Perth and Kinross Council and the Perth and Kinross Integration Joint Board is one important way to accomplish this.

2.7 The Office of the Chief Social Work Adviser (CSWA) has devised a template for all 32 CSWO Reports which allows the CSWA to produce a national summary report and provides us with an opportunity to set our local social care and social work services in the wider national context.

- 2.8 The CSWO role was taken up by Jacquie Pepper alongside her responsibilities as Head of Services for Children, Young People and Families from May 2017 and she continued in the role of CSWO on appointment to Depute Director (Education and Children's Services) in April 2018.

3. PROPOSALS

- 3.1 The report considers how social care and social work services have been delivered over the last financial year (1 April 2017 to 31 March 2018). It identifies challenges which will arise in the following year and describes how these will be addressed. The Council has a well-developed performance management framework reported via individual Business Management and Improvement Plans and the Council's Annual Performance Report. The Integrated Joint Board (IJB) receives annual reports on progress against the Health and Social Care Partnerships Strategic Commissioning Plan. This annual CSWO report needs to be considered in conjunction with these.
- 3.2 This year, the report attempts to be more evaluative by assessing the quality of service using the findings of external inspection, service self-evaluation and practice highlights which show creativity and examples where the experience of service users comes to the fore. In response to feedback, the report also includes for the first time case studies and examples of the positive impact social work and social care services are having on our citizens. There is still headroom for improving the way in which the impact of social care and social work services is measured and reported and for the individual stories of people who use services to be told.
- 3.3 The report illustrates how social care and social work services have delivered sustained and improving outcomes for service users over 2017/8 against a backdrop of increasing demand and budget pressures. These include:
- Very positive evaluations within the report of the Joint Inspection of Services for Children and Young people highlighting many areas of strength across social work services. This report concludes that there is good practice of national interest in the area of Kinship Care for looked after children; the support offered to children with disabilities and their families from Woodlea; and the business model of the Child Protection Committee.
 - High quality care services provided by the Council for children, young people, adults with learning disabilities and older people.
 - Sustained strong performance in the balance of care for looked after children with a high percentage in family placements.
 - An encouraging sign that young people are confidently opting for Continuing Care and that a high percentage of young people remain in touch after leaving care.
 - Sustained strong performance in reconvictions rates for adult offenders against national comparisons.
 - Continued upward trend in the numbers of people opting for Self Directed Support.

- 3.4 The report sets out how key priorities for the last year have been taken forward within a context of integration and multi-agency partnership working. This includes the actions to address demand pressures in services of older people and for looked after children. Substantial progress has been made in taking forward the transformational change programmes across social care and social work services. All of these are aimed at prevention and earlier intervention and new models of service delivery which are sustainable and more coherent to better meet the needs of our communities.
- 3.5 The Perth and Kinross Community Justice Partnership was established over 2016/17 with the aim of preventing and reducing offending and to support those who have committed offences to integrate into their local community. The Community Justice Outcomes Improvement Plan for 2017 – 2020 has been published and the contribution of criminal justice social work services to these aims is particularly strong.
- 3.6 The integration of health and social care continues to take hold and after two full years of operation the Perth and Kinross Health and Social Care Partnership published its second annual performance report for 2017-2018. This report sets out the extent to which the partnership has addressed the priorities within its Strategic Commissioning Plan 2016-2019 and provides evidence of notable achievements as well as those areas which need to improve. Those that relate to social care and social work services are referenced within the CSWO Annual Report for 2017/18.
- 3.7 The key challenges that face social care and social work services over the next few years are highlighted in the report and include:
- Population projections and an increasing number of older people with complex care needs;
 - Increasing expectations on social care and social work services arising from legislative and policy change;
 - Increasing demand for services across all care groups in Perth and Kinross and the need to shift the balance of care into locally provided community services;
 - Transforming the social care and social work landscape moving away from traditional models of care to more person and family centred arrangements; and
 - The impact of anticipated budget savings over the next 2 to 3 years on the ability to maintain high quality social care and social work services.

4. CONCLUSION

- 4.1 The CSWO's assessment of performance over the last year is that good progress has continued, despite major challenges. The strong partnership approach that exists in Perth and Kinross is evident in the shared aspirations for vulnerable people but these significant achievements and the high quality of service delivered to our citizens is entirely due to determined and committed staff.

- 4.2 There is significant evidence throughout this report of social work and social care practitioners and managers leading the way in redesigning and reshaping the way in which services are delivered. To protect essential services and at the same time ensure a continued focus on prevention, earlier intervention, personalisation and to constraints will require courageous leadership at all levels. There are encouraging signs that innovation and investment in new ways of working are addressing longstanding pressures in some areas for example the reliance on residential care for young people is reducing. It will require continued investment to maintain the skilled, flexible and adaptable workforce through learning and development and effective support.
- 4.3 Key strategic priorities for 2018/19 include:
- responding to the improvements highlighted in the Joint Inspection of Services for Children and Young People;
 - implementation of the Carers (Scotland) Act 2016;
 - implementation of the Duty of Candour Arrangements;
 - continued efforts to embed the Health and Social Care Standards throughout our quality assurance arrangements and across the partnership;
 - implementation of the National Health and Social Care Workforce Plan;
 - preparing for a Joint Inspection of the work of the Health and Social Care Partnership; and
 - preparing for an inspection of Criminal Justice Social Work services focusing on Community Payback Orders.
- 4.4 The social care and social work workforce will continue to experience considerable organisational change as well as adjustment to their professional roles over the next few years. Without a skilled, flexible and adaptable workforce which has access to learning and development and effective support there is a risk that we will be unable to achieve the planned programme of change and business transformation. This remains a key priority for the next few years.

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Chief Social Work Officer Annual Report

A 3D geometric graphic consisting of several overlapping, semi-transparent, trapezoidal shapes in various colors (blue, green, orange, purple, and grey). The text "2017/18" is centered on a light green face of the graphic.

2017/18

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1 Introduction

Since the Social Work (Scotland) Act 1968 was introduced 50 years ago there have been significant changes in legislation and policy, substantial reorganisation of public services alongside a complete transformation of how we live our lives. The needs and key challenges faced by our communities have altered dramatically. The social work role is complex and wide ranging. It spans the protection of the public through the management of risk, managing the restriction of liberty for some, to leading decision-making about vulnerable people who are not able to protect themselves. The role is also about empowering people to make positive change in their lives as well as the direct provision of care for those who need it.



A strong social work service is therefore pivotal in the promotion of social justice and tackling inequalities. Social work is all about people and at its core is the importance of human worth and relationships. It is my view that the social work profession is fundamental to modelling the values and behaviours which are essential for addressing the inequalities faced by the communities we serve.

Social work and social care services delivered across the statutory, third sector and independent organisations and therefore strong partnership working across all sectors is essential in order to be effective. The national Vision and Strategy for Social Services 2015-20 sets out the unique contribution social work and social care services can provide towards achieving a socially just Scotland. This vision continues to guide us towards excellent social work and social care services delivered by a strong and valued workforce that works with others to empower, support and protect people, with a focus on prevention, early intervention and enablement.

This Chief Social Work Officer Annual Report provides an overview of social work and social care delivery, statutory social work functions as well as local achievements and challenges. Social work and social care services are currently facing the challenges of significant increased demand and increasing complexity of needs; reducing resources; further public sector reform; significant legislative and policy change across various sectors; and the imperative to realise transformational change. This last year has been no exception and this report demonstrates how the workforce continues to respond positively to these challenges. Case studies, practice highlights and proud moments illustrate the way in which our skilled and highly committed staff go above and beyond every day to improve the quality of people's lives.

Jacquie Pepper
Chief Social Work Officer

2 Executive Summary

The Chief Social Work Officer's assessment of performance over the last year is that good progress has continued despite major challenges. The strong partnership approach that exists in Perth and Kinross is evident in the shared aspirations for vulnerable people but these significant achievements and the high quality of service delivered to our citizens is entirely due to determined and committed staff.

The challenges ahead for social care and social work services are un-paralleled. Rising demand, the need to redesign and change while maintaining business continuity all at a time of diminishing resources creates significant pressures on the workforce.

- Population projections and an increasing number of older people with complex care needs;
- Increased expectations on social care and social work services arising from legislative and policy change;
- The rising demand for services across all care groups in Perth and Kinross is set to continue and there is a stronger imperative to shift the balance of care into locally provided high quality but cost-effective community services;
- The increased demand being experienced by Mental Health Officers and Criminal Justice Social Work Services needs to be monitored closely;
- The need to transform the social care and social work landscape moving away from traditional models of care to more person and family centred arrangements.
- The impact of anticipated budget savings over the next 2 to 3 years on the ability to maintain high quality social care and social work services.

There is significant evidence throughout this report of social work and social care practitioners and managers leading the way in redesigning and reshaping the way in which services are delivered. To protect essential services and at the same time ensure a continued focus on prevention, earlier intervention, personalisation and to constraints will require courageous leadership at all levels. It will require continued investment to maintain the skilled, flexible and adaptable workforce through learning and development and effective support.

There are encouraging signs that innovation and investment in new ways of working are addressing longstanding pressures in some areas for example the reliance on residential care for young people.

Key strategic priorities for 2018/19 will include:

- responding to the improvements highlighted in the Joint Inspection of Services for Children and Young People;
- implementation of the Carers (Scotland) Act 2016;
- implementation of the Duty of Candour Arrangements;
- continued efforts to embed the Health and Social Care Standards throughout our quality assurance arrangements and across the partnership;
- managing key challenges associated with recruitment and workforce development and focusing on areas of pressure such as home care and mental health officers;
- implementation of the National Health and Social Care Workforce Plan;
- preparing for a Joint Inspection of the work of the Health and Social Care Partnership; and
- preparing for an inspection of Criminal Justice Social Work services focusing on Community Payback Orders.

3 Awards and Good Practice

Awards and Good Practice

Over 2017/18 the work of social work and social care services staff in Perth and Kinross has been recognised both locally and nationally. It is significant that almost all of these awards involve strong partnership working and collaboration many involve people who use services directly in their design, implementation and evaluation. There has also been recognition of the notable achievements of some of the people who use our services.

3.1 Scottish Social Services Awards 2017

The first national awards ceremony took place in June 2017 at Crieff Hydro and the work of the *Star Project: The Right Support at the Right Time with the Right People* by Woodlea Outreach was recognised and nominated as a finalist in the category of *Courage to Take a Risk*. The judging panel recognised the creative approach to supporting children, young people and families through relationship based support within the family home to develop strategies to manage their children's complex needs and to help avoid the need for more intrusive intervention.



3.2 Securing the Future Awards 2017/18 Gold Winners

Perth and Kinross Child Protection Committee

The Chief Executive's Exceptional Achievement Award was presented to the Child Protection Committee (CPC). It was recognised that the CPC embraces highly effective partnership working. Its unique contribution to public protection depends on the support and commitment of everyone within Perth and Kinross Council and across the Community Planning Partnership. Recognised as an outstanding model of its type by the Care Inspectorate in April 2018, it has attracted interest from across Scotland. The CPC [*Business Model*](#) was also a Gold Winner in the **Achieving Better Outcomes in Partnership** Category. This multi-agency partnership is creating a child protection community and securing a culture where the protection of children and young people is at the heart of everyone's job.



Bridging the Gap

Gold winner in the **Tackling Inequalities and Improving Health** category was [Bridging the Gap](#); a partnership project for all people from black and minority ethnic communities who are over 50. The project tackles inequalities in health and social care by improving awareness of any access to services; building up a better understanding of relevant services; and supporting people to access those services more easily. The project has increased the use of Self-Directed Support within minority communities and there is evidence of positive impact and tangible improvements in people's health and wellbeing.



Supporting Kinship Carers

When children are no longer able to live with their birth parents, Kinship Carers provide secure and nurturing homes within their own families and communities. Our kinship pathway goes beyond statute and achieved a gold award in the **Local Matters** category. The pathway provides consistent practical, emotional and financial support for carers and delivers better outcomes for families in Perth and Kinross. The support for kinship carers and the work of the Kinship Panel was highlighted as sector leading by the Care Inspectorate in April 2018.



3.3 Securing the Future Awards 2017/18 Bronze Winners



Perth City South Social Work Team: Health and Wellbeing Café

This health and wellbeing café is built on many years of listening to people and the desire for a place where Information was readily available: "...a library but in a café setting, like having a search engine on the computer but without having to know anything about IT". The Wellbeing Café enables many organisations to pass on information, and, gain valuable insight into their product through those who use the Café. This concept supports the vision to reduce crises and support early interventions to keep people happy, safe and well cared for in their own homes and communities. This Café provides a relaxed and welcoming environment for carers and cared for people to socialise and a good outlet to chat freely about appropriate services and support.

Technology Enabled Care

The Technology Enabled Care Project (TEC) aims to increase the use of technology to provide high quality, sustainable support to help people be as independent as possible. It is about raising awareness of the technologies available, increasing confidence in the use of these and evidencing the benefits. Our ageing population with increasingly complex health and social care needs within a rural local authority demands more flexible and creative services. TEC offers new ways to connect people, improve access and reduce isolation and inequalities through Home Health Monitoring; Video Conferencing; Digital Platforms; Telecare; developing the next generation of telecare devices and connectivity.

OWLS – One-stop Women’s Learning Service

OWLS supports marginalised vulnerable women at risk of offending. The service is directed towards reducing the number of women in prison and provides a statutory alternative to the custody. OWLS supports women within their local community and allows the courts to access a community disposal instead of a custodial sentence. Women who access OWLS report positive life changes. OWLS offers a person centred, welcoming, and supportive space, where participants often reciprocate support by sharing skills with others.

PROUD MOMENT



Women on the inside: A discussion on the impact of prison on the woman offender. In June 2018 at Oxford University’s Centre for Criminology, Kirstie Morrison spoke movingly about her life and experiences as a past offender and her work as a peer mentor with OWLS. She took part in this event alongside The Rt Hon Dame Elish Angiolini DBE QC FRSE, Professor Mary Bosworth and Dr Shona Minson. The discussion covered the work of the Commission on Women Offenders; problems of mental health, alcohol and drug addiction; the unique circumstances for women in the justice system and the disproportionate harm to women and their dependants when they serve jail sentences.

The Contact Team

The Contact Team provides supervised contact for Looked After and Accommodated Children. Providing consistency and expertise, working towards rehabilitation or to help a child permanently separate from their family and develop a meaningful understanding of their life story. Moving to Strathmoor has allowed us to develop and grow a team identity. We have two contact rooms, a kitchen and a garden space. This provides consistency and privacy for the children and families who use it and allows the team to provide a welcoming and realistic family environment. The team has also negotiated a number of venues throughout Perth and Kinross that provide the best, child friendly venues available to ensure that contact takes place as close to where the child is living as possible. Several local authorities and a delegation from Sweden have expressed an interest in the concept of the Contact Team and the model we use.

Transforming Learning and Development in social work and social care

Due to the changing environment within Perth and Kinross, Learning and Development needed to respond, see beyond the current situation and imagine what could be recognising the changing context for social work and social care requires a different approach to support a workforce in an increasingly complex arena. Skilled and confident workers need to support to participate in collaborative, creative and innovative work. With a focus on people and relationships and a series of reviews have led to the following improvements:

- Development of <http://pklearning.org.uk/> and @participatepk
- SVQ review to result in a partnership approach to reduce costs and create blended group learning, peer support and improve progress rates

- Workforce supported learning sessions to meet needs/gaps
- The creation of an Easy Manual Handling APP
- Increased networks and partnerships with Angus, Dundee, Tayforth, Universities, Scottish Social Services Council (SSSC), and private businesses.
- E-learning, development of opportunities, presentations
- Programme to support 3 to 4 staff per annum to achieve Social Work qualifications.
- Collaboration with Stirling University on supervision practice.
- Handling and moving in collaboration with Occupational therapy to develop a framework for carers and families within the community to maximise effective care and support in a personalised way.
- Use of photographs and video to document development sessions with teams.
- Re-engaging and supporting existing Practice Educators to increase the number of social work students.

SPLASHTOTS

A partnership between the Family Focus Team and Live Active Leisure, Splashtots encourages vulnerable parents to attend a swimming group with their young children. The group has significant impact on building confidence, decreasing social isolation, promoting attachment and an active lifestyle. The project aims to encourage vulnerable parents to get involved in healthy leisure activities with their babies and young children and use Live Active Facilities. The project is helping babies and children get an active start in their lives whilst promoting healthy attachments and bonding opportunities for children with their parent. By working in partnership with Health Visitors and the Family Nurse partnership, it means that we are reaching the most vulnerable families and families.



3.4 The David White Award 2018

This Perth and Kinross Council award is about celebrating employees who demonstrate outstanding determination to improve themselves through learning and applies this to all areas of their work, making a valuable contribution to the performance of their team. Four of the seven award winners work in social work and social care and their professional and personal contributions are outstanding. Congratulations to Claire, Laura, Amy and Katharine.

Exceptional Achievement

Claire Ferrier

Claire Ferrier is a Social Work Assistant who works part time whilst studying for her social work degree and balances work with placements, study and volunteering in her 'spare' time. Claire has a great passion for social justice and for working collaboratively with partners to achieve social justice and equality and is very keen to share her learning from her experiences with the people she supports with her colleagues and other partner agencies to achieve an enlightened approach to practice.

Laura Carse

Laura is a highly competent, extremely effective qualified Social Worker, she is also a qualified and very enthusiastic Practice Educator. Laura holds several post qualifying qualifications which she has sought out to enhance her practice such as Excellence in Practice Dementia Champion and she has qualified as a 'Sensory Champion'. What makes Laura stand out and entirely worthy of this award is her absolute boundless energy, passion and enthusiasm for her work and for learning and development – not just for her own practice but for the rest of the team

Highly Commended

Amy Robertson

Amy came to the South Kinross Social Work Team to cover maternity leave. She came as a newly qualified worker bursting with enthusiasm and cheerfulness. Due to her hard work, determination and infectious personality, she has now secured a full time post. Amy fully embraced her role from the minute she arrived taking on a fairly complex caseload and she made it clear from day one that although she had some knowledge from her previous employment, she was keen to do lots of learning wherever possible to enhance her skill base.

Katharine Shepherd

Katharine as project assistant has shown dedication to learning and developing both herself and the teams that she is a part of. This drive and motivation has enabled Katharine to play a pivotal role in several innovative initiatives with Health and Social Care. Katharine played a significant role in the design and implementation of a single point of contact for social work and social care clients.

3.5 CAPA (Care About Physical Activity) Award

The Care Inspectorate has been commissioned by the Scottish Government to lead the 'Care about physical activity (CAPA) improvement programme'. Working with eight partnerships across Scotland, with Perth and Kinross one of these. The programme will build on the skills, knowledge and confidence of social care staff to enable those they care for to increase their levels of physical activity and move more often. Social care staff will also discover ways to be more active themselves. Perth and Kinross set up a pilot scheme to improve the physical and mental health and wellbeing of service users within care homes. This includes activities ranging from swimming, cycling, physical activity classes and walking routes. This resource "Paths for All" could then be used throughout Scotland. Parkdale Care Home has been nominated for CAPA Award. The Care Inspectorate acknowledged Parkdale's involvement in the development and trials and due to the success of the pilot, Care Inspectorate are now using these Perth and Kinross materials as a resource for other care providers. Residents at Dalweem care home are also benefiting from the programme.



Parkdale residents enjoying exercise classes with Live Active Leisure.



Parkdale resident enjoying swimming for the first time at 102 years of age

**PROUD
MOMENT**



Parkdale residents enjoying swimming

3.6 Tayside Oral Health Award 2017

Three Care Homes Parkdale, Dalweem & Beechgrove implemented training and resources from the Oral Health Improvement Team which provides staff with training and guidance to enable residents to maintain their own oral hygiene. Parkdale and Beechgrove both achieved the Tayside Oral Health Award in 2017 and Dalweem is currently working towards this. This award is given after several visits from the improvement team to evidence that the standard of oral hygiene is embedded in practice and sustained.

3.7 Testimonial: changing lives

Community Justice Scotland visited OWLS and heard the story of one of the woman who had experience of the criminal justice system and had turned her life around with support from a number of key services. Her story is so inspirational it was printed in the Scotsman and forms part of a national film campaign by Community Justice Scotland, 'Second Chancers'. Lucy's Story is reproduced here as a testament to the power of relationships and the personal transformation that is possible.

Lucy's Story
Prepared for Community Justice Scotland's Second Chancers Series

<https://t.co/J85CbrmTD8>

"I lost 20 years of my life to heroin. Now I'm studying for a second degree."

For years, no one saw Lucy as Lucy. It was 'Lucy the junkie'. Thanks to a second chance, she's now an award-winning student embracing life as a scholar, dog owner and a grandma. Lucy started taking drugs aged 13. By 18 she had three children in her care, two of her own and one step-daughter. She was in an abusive relationship, violence a daily occurrence, including a fractured cheekbone. Drugs became a coping mechanism. Fast forward to age 25, Lucy found herself in front of a judge, for drug related crime. She was fully expecting a custodial sentence.

"I stood, terrified, expecting a prison sentence, with tears in my eyes. It had been a year and a half since I had been arrested and in that time I had got clean, undertaken peer training and really started to turn my life around. But I knew I had to face the punishment for the crime."

And that's when Lucy was given her second chance. The judge looked at the exceptional circumstances of her recent life and gave her 300 hours of community service, recognising that Lucy was already trying and succeeding down a new, positive path. One-stop Woman's learning service (OWLS) Tayside Council on Alcohol (TCA) and Venture Trust were the three services that supported Lucy's second chance.

"I started working in the charity shop, talking to people just going about their lives, just being part of the community was massive for me. As a drug user, you feel like the scourge of society, it was massive to be part of the community, recognised as a person."

"Being recognised seems small but it's not, it's not easy turning your life around. It's just words, unless you've been through it, finding people who believe help you - even though they don't know you."

**PROUD
MOMENT**

Lucy hopes to be ready to start a degree next year.

"Now, I'm just Lucy, I'm a mother, grandmother, dog owner, student."

4 Governance and Delivery of Statutory Social Work Services

4.1 Role of Chief Social Work Officer

The Local Government (Scotland) Act 1973 places a statutory duty on local authorities to appoint a Chief Social Work Officer. The role of Chief Social Work Officer is set out in national guidance issued by Scottish Ministers in July 2016 to hold professional leadership and accountability for the delivery of safe and effective social work services. This reflects the particular responsibilities which fall on social work services and take account of the extent to which they affect personal lives, individual rights and liberties.

In April 2015, Integration Joint Boards (IJB) were established and Health and Social Care partnerships (HSCP) formed across Scotland. Although some social work and social care services for adults were delegated to the Perth and Kinross IJB, the role of Chief Social Work Officer cannot be delegated to the Integration Joint Board.

In the year 2016-17, the CSWO was the Director of Housing and Social Work, which was a temporary post created by the Council to build social work leadership capacity at a time of significant change and to support succession planning. The Head of Services for Children, Young People & Families and Head of Adult Social Work Services deputised for the CSWO. As the CSWO was due to retire in June 2017, arrangements were made to appoint a new CSWO from May 2017 and the role was taken up by Jacquie Pepper who was also the Head of Services Children, Young People and Families until April 2018 when she was appointed to the post of Depute Director (Education and Children Services) and she continues to carry out the role of CSWO alongside that post.

Within Perth and Kinross the CSWO:

- is a member of the Council's Executive Officer Team and Corporate Management Group;
- is a non-voting member of the Integrated Joint Board;
- attends Council meetings and presents a report on the performance social work and social care services annually;
- reports to Council and Committees as required;
- is a member of the Chief Officers Group for Public Protection;
- has access to elected members, the Council Chief Executive and chief officers as required;
- is a member of both the Adult and Child Protection Committees (including chairing the Multi-agency Practice Review Group and Child Sexual Exploitation Working Group);
- has close links with key partnerships such as Violence Against Women Partnership and Alcohol and Drug Partnerships and is linked to the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group for Tayside;
- brings together senior managers with responsibility for social work and social care services in the Council and Health and Social Care Partnership as a joint social work management group to have oversight of professional practice and to take forward cross cutting professional matters;
- co-chairs the Perth and Kinross Care and Professional Governance Group for the Health and Social Care Partnership; and
- chairs the Council's Protection of Vulnerable Groups Panel which makes decisions about suitability for employment across the Council and referrals to

the Scottish Social Services Council when there are concerns about an employee's fitness to practice.

The CSWO has continued to provide visible leadership over the last year by meeting with staff teams across Perth & Kinross to learn first-hand of the issues faced by the workforce in social work services and to encourage good practice and innovation.

In support of the Tayside Children's Services Collaborative the CSWO chairs Priority Group 5 of the Tayside Children's Services Plan which is taking forward a collaborative approach across the three Child Protection Committees to improve practices and standards in child protection and safeguarding.

Nationally, the CSWO takes part in bi-monthly meetings of all 32 CSWO supported by Social Work Scotland.

In response to the CSWO Annual Report 2015/16 and at the request of elected members the CSWO led a briefing on the range of social work services in March 2018 which took the form of a workshop and "speed dating" with key areas of service. Additionally, a social work conference with an open invitation to elected members and members of the IJB is planned for January 2018 with the theme of '*passion for people: delivering responsive services with compassion*'.

4.2 Organisational Governance

Social work services in Perth and Kinross operate within the context of the following governance structures:

- **Perth and Kinross Community Planning Partnership**

The 2017-2027 Community Plan / Local Outcomes Improvement Plan for Perth and Kinross provides the overarching vision and key objectives for all services. The plan aims for positive outcomes for everyone in the area and to tackle stubborn and persistent inequalities which can reduce life chances and opportunities. The Plan is about improving the lives and experiences of everyone who lives, works and visits here and its delivery is overseen by the *Community Planning Partnership* (CPP). This Community Plan is about positive outcomes for everyone in Perth and Kinross; prioritising preventive approaches; and tackling stubborn inequalities where they exist and the vision is about ***creating a confident, ambitious and fairer Perth and Kinross, for all who live and work here.***

The 2017 *Fairness Commission* provided a compass for tackling inequality, with a set of key recommendations from the independent Commissioners which are reflected in the Community Plan and our five Local Action Plans for Highland and Strathclyde, Eastern Perthshire, Perth City, Strathearn and Strathallan and Kinross-shire, Almond and Earn).

<http://eric/atozofresources/ResourceDirectory/CommunityPlanning/Community%20Plan%20LOIP%20201727/LOIP%20online.pdf>

- **Perth and Kinross Council and specifically Education and Children's Services**

Social work services for children, young people and families are managed within the Council's Education and Children's Services and led by a Head of Services for Children, Young People and Families. Service priorities include keeping children and young

people safe and protected; high quality experiences and outcomes for children and young people who are looked after; and keeping children and young people within their own families communities wherever possible.

As a result of restructuring within the Council and a recognition of the need to ensure professional leadership of criminal justice social work services, these services will be integrated into Education and Children's Services and will be led by the Depute Director (Education and Children's Services).

- **Perth and Kinross Integrated Joint Board**

The Perth and Kinross Health and Social Care Partnership published its Strategic Commissioning Plan 2016-2019 and prepares annual progress reports against the key objectives of:

- Prevention and early intervention.
- Person centred health, care and support.
- Working together with communities.
- Reducing inequalities and unequal health outcomes and promoting healthy living.
- Making the best use of available resources.

Social work and social care services for adults are managed within the Health and Social Care Partnership and led by a Head of Adult Social Work and Social Care Services. Locality teams provide support for older people, adults with mental ill-health, adults with a learning difficulty or disability and addictions services.

The CSWO retains responsibility for the professional leadership and standards of Mental Health Officers in order to avoid a conflict of interest when social work staff make decisions about capacity and the need for detention.

4.3 Public Protection

The Perth and Kinross Chief Officer's Group (COG) has oversight of all public protection matters including the work of the Child Protection Committee; the Adult Protection Committee; the Violence Against Women Partnership; the MAPPA Strategic Oversight Group and the Alcohol and Drugs Partnership. The CSWO is a key member of these groups with a role to ensure connectivity between the respective agendas of these committees and in the identification of and mitigation of key risks.

The COG agreed in September 2017 to consider appointing an independent chairperson for both the Adult and Child Protection Committees and this post was appointed to in May 2018. Over the next year, the CSWO will continue to provide support and challenge to both the APC and CPC and work with the Independent Chair, Bill Atkinson to generate greater synergy and joint working between the CPC and APC. In 2018/19, the CSWO has been tasked by the COG with updating the terms of reference for the Chief Officer Group to further strengthen its oversight and strategic direction of public protection.

4.3.1 Adult Support and Protection

Responsibility for carrying out inquiries into adults at risk rests with suitably qualified social work staff. Performance is monitored via the Health and Social Care Partnership's Care and Professional Governance Group and the Adult Protection Committee.

The Adult Protection Committee published its biennial report on adult protection 2016 – 2018. Over these 2 years there have been 529 individuals subject to adult support and protection processes under section 4 of the Adult Support and Protection (Scotland) Act 2007.

This consisted of 342 inquiries and 187 investigations. There were 56 Adult Protection Case Conferences (APCC) held over the two-year period including 31 initial ACPCC and 24 review APCC, and 1 network meeting. Of these, 18 initial and 9 review APCC related to Large Scale Investigation which are carried out when there are potentially two or more possible victims. Physical harm and neglect are the most prevalent forms of harm.

Almost half of adults at risk in Perth & Kinross are over 80 with infirmity of old age and older people with dementia featuring as the most vulnerable to abuse and harm. The numbers of people identified as being at risk of harm within care homes is particularly high in Perth and Kinross and the CSWO will work with the Adult Protection Committee to understand this further and learn from other areas in Scotland about how this can be addressed.

People with a learning disability account for just under one third of all adults at risk and it is of note that they are particularly vulnerable to abuse and harm as adults with a learning disability make up just 6% of overall population. The CSWO will support the committee in developing strategic actions to help these particularly vulnerable people to be safe and included within our communities.

Key achievements

- Work to address financial harm progressing positively with the introduction of a banking protocol and new processes implemented for paid carers.
- A priority focus on working with Care Homes and Care at Home organisations to reduce exposure to abuse and harm and the development of a joint action plan.
- Raised awareness has led to an increase in the identification of self-neglect and hoarding which is supported by specific policies and staff development.
- A joint Adult and Child Protection Committees conference was held in March 2018 with a focus on understanding and addressing the effects of trauma throughout life. There is ongoing work in relation to developing a trauma-informed workforce.

Further areas for development 2018-2020

- Improved ways of capturing service user and carer experience within adult support and protection processes to ensure views are heard and changes made to improve outcomes.
- Analysis of Care Inspectorates national thematic inspection into Adult Support and Protection and carry out self-evaluation which takes account of the key messages within the report.
- Develop a programme of self-evaluation linked to the APC improvement plan which covers the effectiveness of chronologies, protection plans and the recording of outcomes.
- Work to improve GP engagement and their role in adult support and protection.

4.3.2 Child Protection

The annual CPC Standards and Quality Report 2017 / 2018 covers the period 1 August 2017 to 31 July 2018. Between August and November 2017, the Care Inspectorate carried out a joint inspection of services for children and young people and published a report of their findings [*Joint Inspection of Services for Children and Young People in Perth and Kinross \(Care Inspectorate: 17 April 2018\)*](#). The report concluded that *where children and young people were in need of protection, their safety and wellbeing was assured through the timely and proportionate action taken by alert and attentive staff...and that the functioning of the child protection committee was a model of its type*". The report identified the following strengths and areas for improvement.

Particular strengths

- established and high-performing chief officers group and child protection committee ably fulfilling their responsibilities and demonstrating dynamic leadership that empowers a confident and ambitious workforce
- sophisticated and intelligent use of data to inform and support decision making, service planning and delivery and management of performance
- services that effectively support parents and carers to become increasingly resilient, confident and able to provide nurturing and secure care
- an extensive range of services enabling children, young people and families to access the right support, from the right service, at the right time
- an embedded culture of collaborative working that is supporting the partnership to deliver improved outcomes for children and young people
- consistent and sustained commitment to self-evaluation and continuous improvement

Areas for improvement

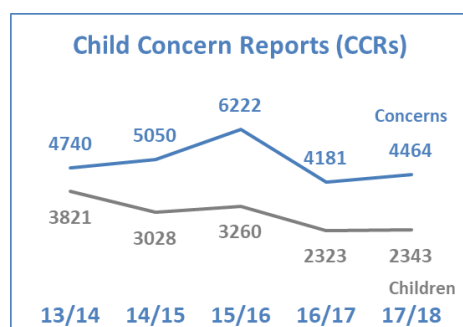
- improve the quality and use of chronologies and ensure that identified risks to individual children and young people are clearly articulated within written assessments
- review capacity for the provision of independent advocacy to assure themselves that children and young people have access to support when they need it.

Child Protection Performance Headline Messages 2017 – 2018

The Scottish Government requires the Council to complete and return an annual report providing details of all children and young people involved in a child protection process from 01 August 2017 to 31 July 2018. This CSWO annual report therefore provides data using this timeframe. These are presented for the academic year 1 August 2017 – 31 July 2018 and, where possible, compared with previous years.

Child Concern Reports (CCRs)

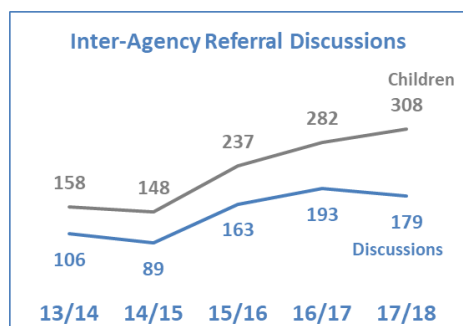
Table 1



The total number of Child Concern Reports (CCRs) has risen slightly over the last year, following a significant decrease last year. The number of children and young people subject to a CCR has remained relatively level. However there is a general downward trend over the last five years.

Inter-Agency Referral Discussions (IRDs)

Table 2

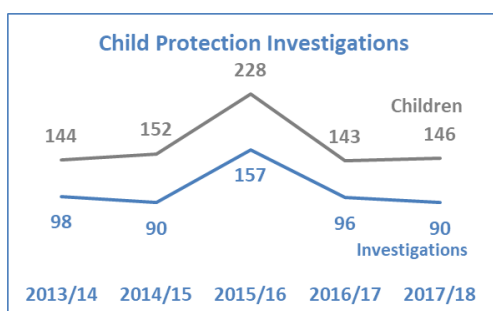


The number of children and young people subject to Inter-Agency Referral Discussions (IRD) continues to grow, while the number of IRDs has slightly reduced following a general increase over the previous three years.

IRDs are recognised as good multi-agency working practice and may be repeated a number of times for the same child or young person.

Child Protection Investigations

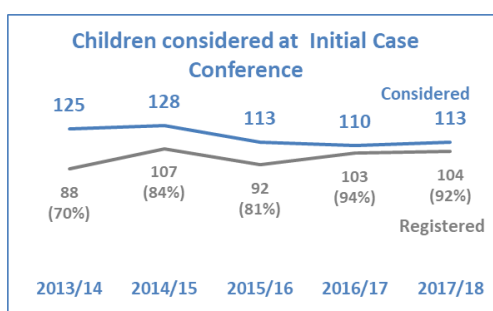
Table 3



The number of Child Protection Investigations and the number of children and young people subject to an investigation remains steady, following a significant rise in 2015/16.

Initial Child Protection Case Conferences

Table 4

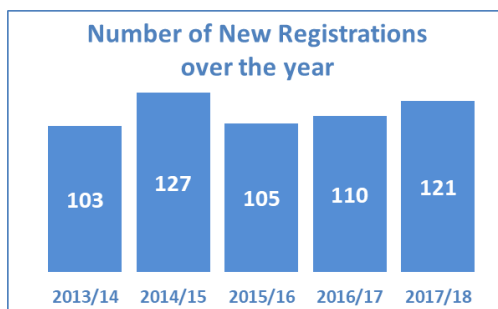


The number of children and young people considered at Initial Child Protection Case Conferences (ICPCC) has remained steady for the last three years.

The proportion of ICPCCs that result in a child or young person's name being placed on the Child Protection Register remains high at 92%.

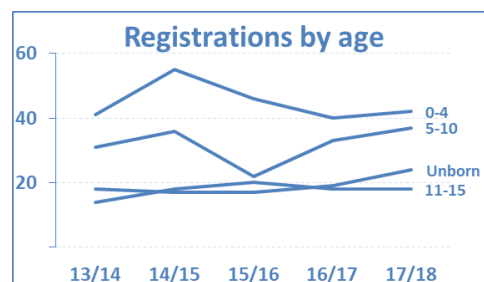
Registration Rates

Table 5



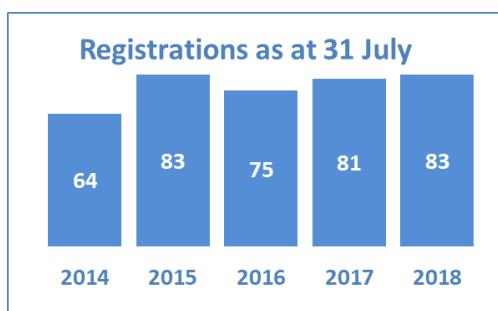
The number of children and young people placed (new registrations) on the CPR during the last year has increased in keeping with a general increase over the last 3 years. This includes sibling groups.

Table 6



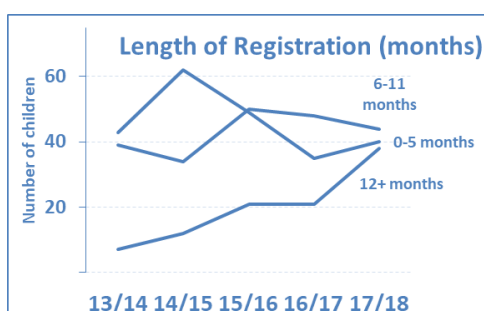
Children aged 0 - 4 continue to make up the largest age group of new registrations, although there has been an increase in the unborn and in 5 - 10 age groups.

Table 7



The number of children and young people on the CPR at 31 July 2018 has remained relatively steady over the last 4 years.

Table 8



Most registrations last less than a year, although the number of children and young people who remain on the CPR for 12 months or more has been generally increasing over the last 5 years.

Unborn Baby Referrals

The number of Unborn Baby Referrals raised by NHS Tayside has reduced, following a significant increase in 2016 / 2017. The partnership is working with [Centre for Excellence for Looked After Children in Scotland \(CELCIS\)](#) to develop a support pathway for vulnerable pregnant women which is aimed at *Addressing Neglect and Enhancing Wellbeing (ANEW): Getting it Right in Perth and Kinross; Pre-Birth and into the First Year of Life* and an experienced social work manager is seconded part-time into the post of Improvement Lead for this work.

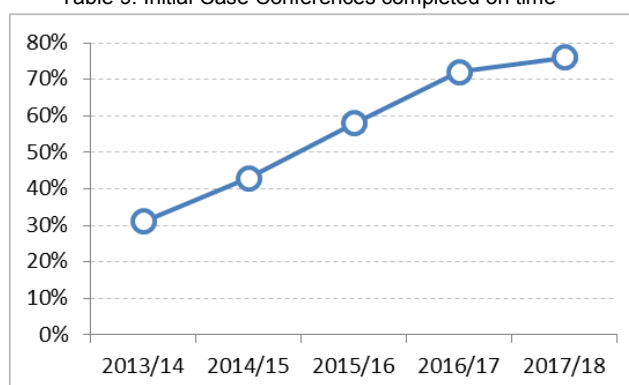
Improvements in performance of Child Protection Case Conferences (CPCCs)

In 2017/18 Services for Children, Young People and Families appointed a temporary Improvement Officer tasked with chairing, quality assuring and improving the overall performance of CPCCs and to improve the experience of children, young people and their families attending CPCCs. This appointment represented a significant investment between December 2016 and March 2018. During this secondment period, the Improvement Officer chaired in excess of 170 CPCCs; delivered training to 250 multi-agency practitioners and partner agencies and developed a survey for multi-agency practitioners attending CPCCs. In terms of impact, this appointment resulted in significant improvements including:

- an electronic system for invitations to CPCCs
- new CPCC report templates
- immediate distribution of decisions and initial child protection plans at the conclusion of each CPCC
- significant improvements in the timescales for Initial CPCCs
- significant improvement in the publication of Minutes
- significant improvement in the quality of written information and reports received for CPCCs
- improved attendance and involvement of children and young people
- improved involvement and participation of parents and carers
- improved consistency and structure of CPCCs and decision-making
- introduction of tools to measure outcomes and improvements from CPCCs over time
- 93% of staff reported that they were fully encouraged to provide their views at the CPCC
- 95% of staff reported that views of the children and families (if present) were fully sought and listened to at the CPCC
- 92% of staff reported that the child or young person's safety and wellbeing were the central focus of the CPCC

As a result, the proportion of Initial Child Protection Case Conferences held / completed within timescales shows a sustained improvement over 2017/18. There remain challenges in attaining the same results for the smaller numbers of Unborn Baby Case Conferences, and work is underway with colleagues in NHS Tayside improve processes.

Table 9: Initial Case Conferences completed on time



In 2017, we supported the establishment of the Young People's Child Sexual Exploitation (CSE) Advisory Group, which continues to grow in reach and influence. In December 2017, the Group developed and implemented a Young People's Child Sexual Abuse (CSA)/CSE Awareness Survey which was rolled-out to all PKC Secondary Schools. 574 young people responded to this survey which gauged their levels and awareness of CSE; how and where they currently find information about CSA/CSE; how and where they would like to find information about CSA/CSE and asked whether CSA/CSE was an issue in their community. 18.1% responded that it was; 28.4% responded it was not and 53.5% did not know. The work of this Group is now informing our policy and practice approaches to CSA/CSE and a further survey is planned later in 2018.

Activity over the last year has included participation in the Stop to Listen pathfinder work supported by Children 1st and this led to the upgrading of the joint interview suite Almondbank House which was redesigned in partnership with young people and training to instil trauma-informed practices for child protection investigations which was undertaken jointly by social workers and police officers. A final evaluation report was completed and this highlights the extent to which social work staff in Services for Children, Young People and Families took part in these improvement and the lasting impact that this has had on their practice.

Elected Members, Chief Officers and the Community Planning Partnership (CPP) are committed to a partnership approach of ***zero-tolerance to child abuse and exploitation and to ensuring a hostile environment*** to such behaviour across Perth and Kinross. Elected Members have recorded that *there is no place for abuse and exploitation in our communities* and this remains a high priority and long-term shared commitment by partners. Keeping children and young people safe and protected from harm, abuse and exploitation is still *everyone's job*. The CSWO presents an annual report on the work across the partnership to tackle child sexual exploitation to Perth and Kinross Council and has done so since 2015.

4.3.3 Multi Agency Public Protection Arrangements – (MAPPA)

Criminal Justice Social Work continues to co-chair MAPPA Level 1 and 2 meetings along with Police Scotland. The introduction of Category 3 offenders has expanded the MAPPA process to include those convicted of non-sexual offences and who pose significant risk of harm. During 2017/18 the number of Category 3 offenders amounted to four and all required a Risk of Serious Harm assessment (ROSH). These cases have been complex and time consuming requiring substantial social work contribution to their management. CJSW has appointed a Central Point of Contact (CPoC) for MAPPA cases and this has required staff to undergo a higher level of vetting by Police in order that they can record ViSOR, a Police database which holds details of all known sexual and violent offenders.

4.3.4 Violence Against Women Partnership (VAWP)

The VAWP in Perth and Kinross is an active partnership reporting to the Community Planning Partnership. The VAW Co-ordinator is part of the Safer Communities Team and works closely with its various members to deliver better Outcomes for Women and Girls.

The partnership has supported a number of projects during 2017/18:

- Outreach Project
- CEDAR Project
- 16 days of Action
- Review of MARAC
- Safe Accommodation Strategy

The partnership has continued to attract new members including the Soroptimists and Perthshire Action for Churches Together expanding its reach and influence. The Council is a key contributor to this activity with representatives from Community Safety, Education and Children's Services, Prison Based Social Work, and Housing.

Members of Perth and Kinross Violence Against Women Partnership work together to deliver MARAC (Multi Agency Risk Assessment Conference) to protect women and children who are at a high risk of continuing abuse from partners. The group is chaired by a Senior Practitioner (social work) from CJSW and attended by members from Police, 3rd Sector, NHS, Education Services, Children, Young People and Families Services and Housing.

Police officers responding to incidents carry out a risk assessment and the circumstances are further assessed by the Public Protection Unit before information about women at risk is shared by Police with the Advocacy Service, which is provided by Perthshire Women's Aid in Perth, and the Barnardo's Domestic Abuse Support Worker. The multi-agency MARAC process has a key aim to keep the women and families safe. MARAC has a variety of options available which include:

- Safe Accommodation
- Joint Home Safety Visit where Community Wardens and Fire Service make an assessment of risk and can install safety equipment
- CEDAR (Children experiencing domestic abuse recovery) which is a unique way of working with children, young people and their mothers who have experienced domestic abuse through group work.
- Positive Relationship Course provided by CJSW to challenge behaviour
- Perthshire Women's Aid Outreach Project – for women in rural areas

In 2017/18, there were:

- 1142 domestic incidents reported to Police
- 47 cases dealt with through MARAC

5.1 Adult Social Work and Social Care

Adult Social Work and Social Care Services are managed by the Perth and Kinross Health and Social Care Partnership and service delivery is planned strategically via the Health and Social Care Partnership's Commissioning Plan. Key achievements include:

Discharge Hub and HART team

The Discharge Hub at Perth Royal Infirmary has had a significant impact on improving health and wellbeing outcomes by ensuring timely and appropriate discharge from hospital and reducing the length of stays in hospital. A new social care 'HART' team (Home Assessment Recovery Team) has been established to further enhance timely discharge and prevent readmission. Care Home liaison services have also been introduced to help with timely and appropriate discharge to care homes.

Older People's Mental Health

A redesign of Psychiatry of Old Age (POA) has resulted in increased capacity within locality Integrated Care Teams to provide care in for older people's mental health within their own homes.

Review of Residential Care

During the year, a full review of residential care was carried out. The demand for residential care home placements is declining in Perth and Kinross in line with the national trend. However, demand for nursing care placements continues to increase and further investment will be required to support this.

New Care Home Contract

A new care home contract was implemented following an extensive tendering process. The demand of care at home continues to increase and the sector has struggled to keep pace with demand. A review of the sustainability of the current service model is now required.

Care About Physical Activity (CAPA)

Perth & Kinross is one of the pilot sites for the Care Inspectorate's 'Care About Physical Activity' (CAPA) improvement programme which seeks to build the skills, knowledge and confidence of care staff to enable those they care for to increase levels of physical activity and move more often. This has involved 13 care homes, 4 day care services, 2 sheltered housing organisations and 5 care at home providers and has resulted in significant health and wellbeing benefits for a large number of service users at risk of physical inactivity.

Drug and Alcohol Services

Drug and Alcohol Services are currently being redesigned as part of the implementation of a **Recovery Oriented System of Care (ROSC)** which is a Scottish Government initiative to join up services and make them easily accessible. This will result in a more coordinated pathway for people who experience problematic substance misuse and a greater focus on local community activities proven to help people to recover and experienced enhanced wellbeing.

Suicide Prevention

The most recent Scottish Public Health Observatory (ScotPHO) figures indicates that the suicide rate for Perth and Kinross (11.9 per 100,000 population) sits below that of Scotland overall (13.7). Through the funded post of Suicide Prevention Assistant Project Officer in 2017, it was possible to erect new signage at locations of concern along the riverside in Perth City; run a suicide prevention awareness campaign; and pull together guidance for employers to help them put policies in place for suicide/self harm.

A comprehensive suicide prevention programme continues to be run, including introductory level Scotland's Mental Health First Aid, Suicide Intervention and Prevention Programme, safeTALK; and more specialist level Applied Suicide Intervention Skills Training and Safety Plan Training.

Implementation of The Carers (Scotland) Act 2016

Preparation for new duties under The Carers (Scotland) Act 2016 has been a programme of detailed work including extensive consultation with carers and approval of an eligibility criteria in January 2018. An extensive staff training programme has been implemented and additional capacity has been created via a small pool of Carer Support Workers. Since the introduction of Carer Support Workers in January 2018 there has been a reduction of 34 care home placement for 65+.

The Scottish Government is set to provide funds which will increase incrementally over the next 4 years and further investment to support carers including increased access to flexible respite will be a key aim going forward through a Joint Carers Strategy. PKAVS are a key partner in the delivery of support to carers across the local authority area.

Restructure of Adult Social Work Teams

During 2017/18 social work and social care teams were restructured to improve early and preventative interventions. The Access Team has been restructured and the Early Intervention and Prevention team developed to become the first point of contact for all adult social work and social care enquiries. A streamlined duty process has enabled the team to respond to increasing demand efficiently and effectively.

The team responded to 9000 contacts in its first year and of these 3100 were taken forward to assessment, review, carer support plan or Adult Support and Protection Inquiry.

Technology Enabled Care

A number of technology-enabled care (TEC) projects are underway to improve services, reduce costs, and support people to maintain or increase their independence. As a result, significantly more people are benefitting from TEC with a net increase in Telecare users of 814 in 2017/8. A more bespoke range of solutions are offered to service users incorporating new technologies such as GPS devices and the I-care activity monitoring system. A

Telecare and Community Alarm Survey showed that:

- 100% strongly agreed/ agreed that they were supported to live as independently as possible
- 90.2% strongly agreed/ agreed that support received helped to make them feel safer
- 91.9% strongly agreed/ agreed that they received help when they needed it.
- 95.5% of respondents rated the quality of equipment provided as very good/good.

- 84.4% of respondents felt that the service provided was very good/good value for money
- 93.5% of respondents said that overall the service provided was very good/good

Comments provided from service users include:

*"They do a good job, I feel safe knowing they are there",
"I feel very well looked after by alarm system and carers",
"It is reassurance for the family".*

Health and Safety in Care Homes

A Health and Safety working group was established and meets 6 weekly to monitor health and safety compliance within care homes.

Transitions – Learning Disability Team

The team has supporting 51 young people with transitions over the last year. Support is tailored to meet individual needs and young people have been supported to make successful moves into supported tenancies and college. Sixteen young people are receiving careful planning and preparation for leaving school in June 2019. Workers within the transition team are currently working with a small number of young people who left school and moved into adult life in 2016/17. They have remained with the transition team due to the complexity of their needs and in instability of their care packages. The transition team will work with young people and their families as long as necessary to ensure they the correct supports to meet their outcomes.

Transitions Case Study

M has a number of physical conditions which mean that M is non-weight bearing and requires a manual wheelchair. M needs a significant amount of physiotherapy to keep fit and healthy this includes daily use of a tilt table and blocks of hydrotherapy. There were concerns about how this level of support would be continued during transition and as M moved into College.

M was due to leave school in June 2018 and plans for continued physiotherapy were begun eight months earlier. These plans included input from the physiotherapist who would be responsible for M post school and arrangements to ensure that M would be able to continue physiotherapy in a way that would not impact on college classes or social time.

M is now under the care of adult physiotherapy. The tilt table was transferred from the school to M's house so that physiotherapy could be provided at home. A link course that during M's final year at school gave M time to adjust to the new environment of college. This has given M confidence and boosted M's self-esteem in advance of starting college. M also

- Worked in the school Café
- Joined a local singing group and travelled to national events.
- Recently signed up to attend a 3 day event: 'My Rights: Independent living, activism and participation'. This event aims to empower young people to develop and share knowledge with other young people with similar physical disabilities.

Over the past year M has matured and grown in confidence focussing on the future with encouragement from school; her parents and input from the transition team.

**PROUD
MOMENT**

Adult Social Work Client Survey

The 2017/18 Perth and Kinross Annual Social Work Client Survey had a response rate of 26% and overall the feedback was very positive.

Table 10 Annual Social Work Survey

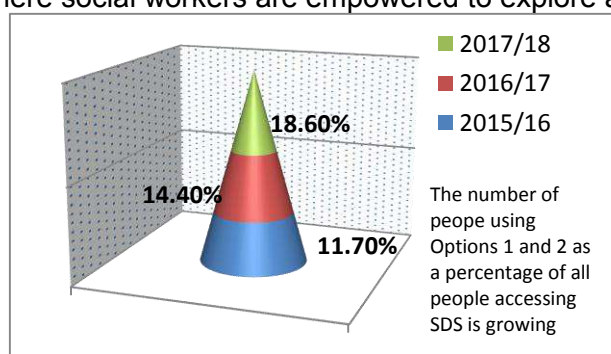
Adult Social Work Annual Survey 2017/18	
I received a high-quality service	91.1%
I can rely on the services I receive	85.7%
I am supported to live as independently as possible.	91.7%
The help care or support I received helps me feel safer at home and in the community.	82.4%
I have felt involved in making decisions about the help, care and support I receive.	85.2%
The services I have received have helped me to feel part of my local community	72.3%
I get a good response from social work services when I contact them during the day	88.5%

Self-directed Support (SDS)

It is a statutory requirement of the Council to ensure that those requiring social care receive an assessment of need. The assessment will establish whether adults are eligible for social care services. [The Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#) gives people a range of options for how their social care is delivered beyond direct payments, empowering people to decide how much ongoing control and responsibility they want over their own care and support. The Act places a duty on councils to offer people four choices as to how they receive their social care support [Options for Self-directed Support](#). In August 2017, Audit Scotland published a [report](#) on the progress of the implementation of SDS in Scotland. The report highlighted that there was progress however there was further work required to provide the choice and control envisaged with the legislation. The Audit report [Audit Scotland SDS 2017](#) recognised the challenges faced by social care services. In Perth and Kinross, a model of delegated authority was implemented and the strengths of this model were highlighted in a case study within the report.

The shift towards services which deliver personalised and self-directed outcomes requires a whole system approach and flexible commissioning arrangements at an individual level, where social workers are empowered to explore and deliver genuine options in partnership

with service users, carers and families. Since the introduction of SDS, we have been enabling individuals and families to tailor their respite support to suit them.



Audit Scotland Case Study Perth and Kinross SDS August 2017

Staff in Perth and Kinross have delegated authority to approve individual budgets of up to £200 a week. In Perth and Kinross, social work staff agree a support plan with an individual and then calculate how much it will cost. If it falls within a low cost band, they approve the spending themselves:

- up to £200 a week – front-line staff are allowed to authorise
- between £200 and £400 a week – a team leader can authorise
- over £400 a week – a service manager must authorise, and may call a panel meeting to consider it before final approval.

Front-line staff reported feeling confident in being able to authorise care and support arrangements for their clients, and in ways designed to meet outcomes. Staff feel they can authorise spending on almost any type of support, activity or individual item that helps to meet an individual's agreed outcomes. To monitor spending and manage the budget, the system provides team leaders with weekly statistics on budgets approved by staff in their team. This allows benchmarking and identifies any staff approving excessive packages. Finance managers had initially feared that staff would approve packages just under the maximum level, but the average package approved is well below that. Front-line staff identified several factors which have helped them reach this position:

- team leaders have been checking work and outcomes
- good examples are constantly shared as they are developed
- a buddy system pairs staff who are less confident with others who have more experience

Case Study SDS

Mr X is a young man who has a mild Learning Disability and anxiety issues and does not like being away from his family for lengthy periods of time. His family, who are his main carers, require regular breaks in order that they can continue to support Mr X. In conjunction with his family, Mr X agreed to use his respite allowance to enable him to be supported by his Personal Assistant to attend "Friends Unlimited Network" events for a few hours each week – without this support, he would be unable to attend the social outings and his family would be unable to have a break from their caring role.

Learning Disabilities

Learning Disability (LD) Services have embraced the SDS approach to give more choice, flexibility and control over how care is provided, which supports people to live an independent and fulfilling life in their community. This has proven to be of significant benefit to 113 people aged 18 – 67 years in 2017/18 to access day opportunities.

Perth and Kinross is experiencing an increasing number of people living with complex needs. This is in part a result of people living longer with complex needs, an overall increase in complexity that can be managed in the home and some evidence of inward migration. Working closely with housing services and providers of care future sustainable housing solutions for people with complex needs are being explored.

Mental Health Officers

A mental health officer is a social worker who has special training and experience in working with people who have a mental illness, learning disability, dementia or related condition. The provision of Mental Health Officers (MHO) is a statutory function and there is a specific responsibility on the CSWO to ensure that there are sufficient qualified and competent MHOs to carry out responsibilities set out in the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity Act (Scotland) 2000. MHOs play an important role in safeguarding vulnerable adults and have a central role in determining whether an adult (or in exceptional cases – children) are subject to compulsory measures of treatment. MHOs determine whether someone who is experiencing a severe and/or enduring mental illness requires to be detained in hospital to receive urgent and necessary treatment for that mental illness as part of a wider risk management plan. MHOs lead evidence at Mental Health Tribunals where necessary for those who require ongoing detention in hospital.

In 2017/18 there are 14 (11.0 FTE) Mental Health Officers aligned to locality early intervention and prevention teams.

There has been an increase in the work of MHOs over the last two years from 689 contacts in 2016/17 to 912 in 2017/18 and this trend is set to continue into 2018/19. This year on year rise in MHO work is reflected nationally.

A social circumstances report (SCR) is a comprehensive holistic assessment of risk and need and it is a statutory requirement to be completed by a MHO in certain circumstances within 21-days. This data is a national key performance indicator and the national target for completion within the timescales is set at 70%. During the reporting year Perth & Kinross has completed 273 SCRs and the completion rate within timescales in 2017/18 was 84%.

Adults with Incapacity Scotland Act Welfare Guardianships

Table 11 Numbers of Guardianships

Date	Private Orders	LA Orders	Total
March 2014-15	201	96	297
March 2015-16	226	95	321
March 2016-17	234	103	337
March 2017-18	295	138	433

Over the last year, there has been a predicted rise in both private welfare guardianship applications and applications made by the local authority. Since 2014/15 there has been an overall increase in Welfare Guardianships of 45.8%; Private Orders an increase of 46.7% and 43.7% for Locality Authority Orders. The need for welfare guardianships is likely to continue to rise year on year as a consequence of an increasingly ageing population. The service remains proactive in determining the current and future MHO capacity required to fulfil its statutory responsibility.

The steady increase in MHO work is reflected in the nationally and this is due largely to the increasing vulnerability of an ageing population. Recent challenges in relation to deprivation of liberty safeguards and Article 5 of the United Nations Convention on the Rights for

Persons with Disabilities (UNCRDP) have resulted in increasing pressures to use welfare guardianship as a means to obtain appropriate and proportionate authority to make decisions for those considered not able to do so themselves. Nationally, there is a 10-12% on average increase in MHO work around the use of welfare guardianship and this has also been reflected in the increase in MHO work in Perth and Kinross.

Another key challenge for MHOs in 2017/18 was the transfer of in-patient and initial triage and assessment services for general adult psychiatry (GAP) from Perth to Dundee. There has been an indirect and negative impact on the ability to fulfil the commitment to delivering a service to Perth patients due to additional travel time. In 2016/17 Perth and Kinross MHOs made 36 visits to Carseview in Dundee and this increased to 142 visits in 2017/18 and this is projected to double in 2018/19.

A review of the Adults with Incapacity (Scotland) Act 2000 may result in additional pressures for MHOs. There will be a challenge over the next few years to recruit and train sufficient numbers of MHOs to ensure that Perth and Kinross continues to meet its statutory responsibilities.

Supporting unpaid carers

The Carers (Scotland) Act 2016 came into force in April 2018 and is designed to support the health and wellbeing of unpaid carers. The Act requires local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria and a review of the Initial Care Needs Assessment was undertaken. A series of communications and learning events were developed to raise awareness of the carers assessment and signpost them to provide further support and advice. A format for adult carer support plan (ACSP) and young carer statement (YCS) were agreed to identify carers' needs and personal outcomes. An information and advice service for carers which provides information and advice on emergency and future care planning, advocacy, income maximisation and carers' rights was established in partnership with PKAVS.

In 2017, the Shifting the Balance of Care programme was approved by Integrated Joint Board. Through three 'deep dives' into the reasons why people ended up requiring permanent care home places, it was discovered that up to 70% of clients had been admitted to permanent care as a result of Carer breakdown. The concept of the programme is to invest in additional support for carers and reduce the number of permanent placements by 84 per annum. Proposals were developed via a multi-agency project with a strong input from the third sector and the local Carers Hub. Focus groups of unpaid Carers explored the types of support that would assist carers in their caring role. This resulted in:

- three additional Carers Support Workers
- an increase in the respite care budget to £60k to increase in more creative, personalised short breaks
- the development of a unique telephone support service for carers, to give emotional support
- additional resources to support Technology Enabled Care to provide support to Carers

So far this project has supported 34 people to remain at home (a reduction of 34 residential care placements); and Carer Support workers have supported 134 carers supporting clients aged over 65 and only 7 of these have entered permanent care home placements. 72 awards for respite/short breaks have been made and feedback to assess the impact of the short break demonstrates that this is having a significant positive impact on carers.

5.2 Criminal Justice Services

Responsibility for Criminal Justice Social Work Services (CJSW) remain with the Council and at the point when adult social work and social care was delegated to the Integrated Joint Board, CJSW was managed within Housing and Community Safety services. From April 2018 responsibility it was agreed that CJSW would transfer to Education and Children Services to ensure professional leadership and oversight by the CSWO /Head of Services for Children, Young People and Families.

Community Payback Orders

Criminal Justice Social Work Services (CJSW) managed 391 new Community Payback Orders in 2017-18. This is drop of 16% when compared with 2016-17 and a drop of 6.5% when compared with 2015-16. However, this downward trend is not repeated across all types of Community Payback Orders. As illustrated in Figure 2, the number of new Community Payback Orders with a Supervision Requirement rose by 7% when compared with 2016-17 and rose by 17.5% when compared with 2015-16. A comparison of data over the past 3 years suggests a fluctuating pattern of Community Payback Orders. However, one notable trend is a steady increase in the number of Community Payback Orders with a Supervision Requirement. These Orders require to be managed by qualified social work staff and if this increase continues this will result in pressures within Criminal Justice Social Work.

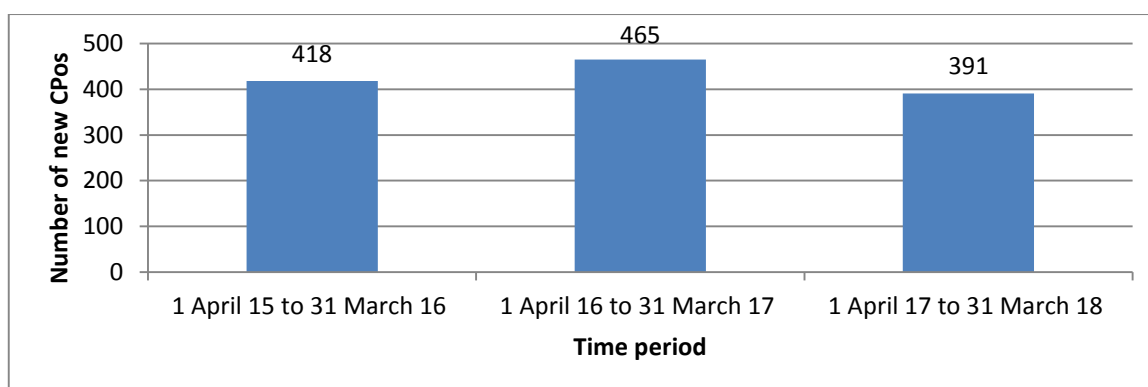


Table 12 New community Payback Orders -2015-16 to 2017-18

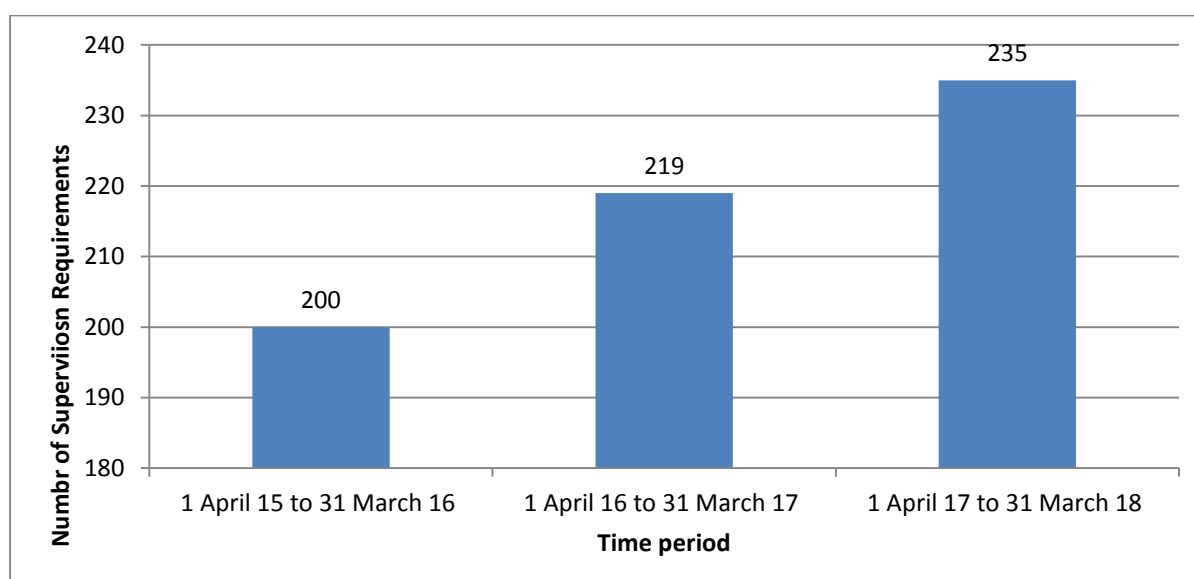


Table 13 Number of new Community Payback Orders with a Supervision Requirement 2015-16 to 2017-18

In contrast, as illustrated in Figure 3, the number of Community Payback Orders with an Unpaid Work Requirement fell by 22% when compared with 2016-17 and fell by 10% when compared with 2015-16.

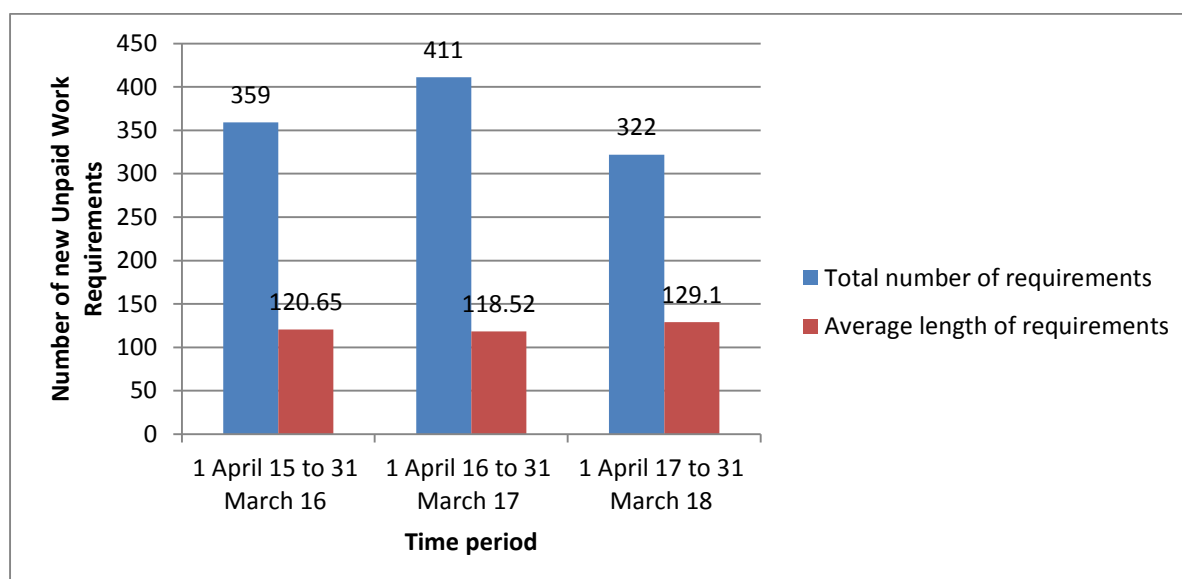


Table 14 Number of Community Payback Orders with an Unpaid Work Requirement 2015-16 to 2017-18

71.9% of all clients who were given a new Community Payback Order in 2017-18 were seen within 1 working day by a member of CJSW. This is an improvement of 4.2 percentage points when compared with the 2016-17 figure but is still slightly below the 2015-16 figure of 73.7%.

Performance in meeting the target of undertaking first case manager meetings/ unpaid induction has remained relatively stable during the 3 past years. In 2017-18, 66% of clients were seen within 5 days compared with 65.4% in 2016-17. There has been an improvement of 7.6 percentage points since 2016-17 in the number of clients starting unpaid work in 7 working days. In 2017-18, 61.2% of clients started within 7 working days.

WESTBANK – The Growing Place

Westbank is a Perth and Kinross Council site occupied by Community Greenspace and Community Payback teams. The Westbank Project is a development plan which aims to turn the site into a community asset and centre for employability training. Currently on offer is work experience and training in groundworks, landscaping, construction, painting and decorating, horticulture, woodwork etc. Future plans include a training centre for Forklift and Telehandler qualifications.

Funding from the European Social Fund will assist people who are furthest from the workplace guiding them through stages 1 – 3 of the Employability Pipeline. This will also benefit people serving Community Payback Orders.

Current partnerships in place or being progressed include NHS, Education, Developing Young Workforce, Balhousie Care, Services for Young People, St. Johnstone Football Club, Skills Development Scotland, Perth Community Farm and Rempoy.

Beast from the East March 2018

In March 2018, the 'Beast from the East' arrived. Community Safety staff joined the multi-agency response. They contributed in the following way:

- The Unpaid Work Team made urgent deliveries of firewood to elderly residents who had run out of supplies and teams supported the clearing of snow from private and council run care homes and some specific vulnerable residents.
- Community Wardens cleared the paths.
- Community Wardens also pitched in and cleared roads, paths and car parks at various residential homes and sheltered housing communities. They also contacted all KIT (Keeping in Touch) clients in all areas check they had basic supplies and heating.

Reports to Courts

There were 710 Criminal Justice Social Work Reports submitted to court in 2017-18. This is a drop of 6% when compared with 2016-17 and a drop of 2% when compared with 2015-16. The complexity of reports is increasing with clients presenting with multiple needs such as substance misuse and mental ill-health requiring specialist advice prior to making any recommendation in relation to sentencing options.

The number of Home Circumstance reports submitted by CJSW increased by 18 to 92 in 2017-18 when compared with the previous year. This was also an increase of 8 when compared with 2015-16. The number of Home Detention Curfew assessments increased from 75 in 2016-17 to 95 in 2017-18. This number was similar to the 93 submitted in 2015-16.

Throughcare support for prisoners

CJSW services in Perth and Kinross serve HMP Perth and HMP Castle Huntly via a Service Level Agreement with Scottish Prison Service. The number of new throughcare in prison cases increased from 25 in 2016-17 to 37 in 2017-18. The number of new throughcare in the community cases increased from 17 in 2016-17 to 22 in 2017-18. This represented a slight decrease in cases when compared with 2015-16 when there were 24 cases with a larger proportion of Short Term Sex Offender Licences where a person has been sentenced to imprisonment under four years.

Diversion and voluntary cases

The number of new diversion from prosecution cases has remained constant when compared with 2016-17. This reflects an increased focus from the Crown Office and Procurator Fiscals Service (COPFS) on diverting cases away from courts to either social work or another appropriate intervention. Recent changes in practice between COPS and Criminal Justice Social Work has seen a more diverse range of Diversion cases. Previously only a limited type of case would be considered appropriate for Diversion. However, in 2017/18 cases such as sex offences under the Communications Act were also referred for consideration for Diversion whereas previously they would have been referred directly for prosecution to Court.

The number of new voluntary throughcare cases fell by 14 to 12 new cases in 2017-18 when compared with 2016-17. This continues a downward trend in new cases as in 2015-16 there were 34 new cases. The introduction of Throughcare Support Officers (TSOs) in Perth Prison has seen fewer prisoners seeking voluntary support from other agencies and organisations. Voluntary through care however is still offered by CJSW, and in cases where there has been previous involvement, this type of support remains open to the person should they wish to accept it.

Violence Against Women

Over recent years HMP Perth and the prison based social work team have taken an active role in the Perth and Kinross Violence Against Women Partnership. This involvement recognises the clear links between prisoners and their families outside. The Team Leader has acted in the capacity of Chair for Perth and Kinross Violence Against Women Partnership and uses this role to support community and prison colleagues to understand issues for families who have perpetrators of physical and sexual violence in custody. This led to the involvement of the prison in the annual international 16 Days of Activism for Violence Against Women. As a result of a very pro-active approach by the Chair of the Partnership, funding was obtained and Perth Grammar School was supported to put on a very successful large scale conference for pupils run by pupils to consider issues of equality. The partnership has supported the prison to develop their White Ribbon initiative against domestic violence and this year all prison staff and partners were invited to participate in the Reclaim the Night initiative which is a local march in protest against all forms of violence against women.

Aging Sex Offenders

Prison Based Social Workers have identified an increase in an older population of sex offenders as a result of historical sex offenders being prosecuted and imprisoned upon conviction. This has resulted in a need to work with offenders who struggle with age related mental health issues such as dementia. As a result of issues of infirmity and incapacity the prison social work team are being required to contribute to regular multi-disciplinary meetings, liaise with the Mental Welfare Commission and advocate on behalf of prisoners where moral and ethical dilemmas regarding the continued detention in prison of older people who may lack capacity is becoming more common.

This transfers into the community and as part of our statutory duty to all our clients, it is becoming more common for CJSW to undertake joint work with social work colleagues in Adult Care Services. This pertains to assessing an individual's personal care needs, appropriate and suitable accommodation, considering not only their depreciating physical and mental health but the potential risk they pose in respect of their behaviours to others and themselves.

As we get to the end of this reporting year, there are major changes on the horizon for prison based Social Work as its annual Service Level Agreement comes to an end, to be replaced with a Memorandum of Understanding which will move the focus from quantitative to qualitative outcomes. Traditionally this has meant that prison based social work has noted the number of individual interventions, rather than the quality of the intervention and the positive impact this has had for the individual. As we move to a more qualitative outcomes approach the difficulties for the team will be how we change our practice to better measure outcomes, with consideration also being given to the fact that a positive outcome is not always favourable to the individual, i.e. where public protection is an issue and the individual is not compliant.

One-stop Women's' Learning Service (OWLS)

OWLS was specifically developed address the needs of women who offend within Perth and Kinross. It is now well-established and continues to develop and evolve with increasing input from the women in how the service is run. In 2017/18 OWLS women participated in a variety of activities notably the Soroptimist International Perth, in marking International Women's Day. The Soroptimists have also worked alongside women in OWLS to help and support them in developing their personal skills, confidence and life goals. The success of this collaborative approach and partnership working was apparent following one woman's presentation at their annual conference in 2017.

Structured Deferred Sentence (Right Track 18 -26)

This service was redeveloped to reflect the change in provision for young people. Numbers subject to Structured Deferred Sentence (SDS) have remained constant within Perth and Kinross. In 2017/18 it has been noted that there appears to be a move away from chaotic use of New Psychoactive Substances (NPS) to a rise in young people presenting with mental health issues.

Safer Communities Hub

This resource is staffed by Police Officers and has become a key part of the multi-agency problem-solving approach in Perth and Kinross. Issues and concerns are raised from the Police Tasking Meeting each day and these are allocated to the Hub for action. These include.

- High risk repeat missing people
- Vulnerable people
- Dangerous people
- Trends in anti-social behaviour and crime
- Environmental issues
- Updates on current complex cases

Emerging trends are identified and tracked through a monthly multi-agency tasking meeting and ownership of issues is passed to Short Life Working Groups led by whichever of the partners is most appropriate. These groups develop multi agency action plans which share skills and resources to tackle issues as early as possible to improve efficiency and effectiveness of response and promote public confidence and trust.

Police and the Safer Communities Team have developed an Anti-Social Behaviour Strategy which has emphasis on early intervention and joint working. Various partners are involved depending on the problems: Police, Fire, Housing, Safer Communities Co-ordinator, Safer Communities Wardens, TES, Education, Social Work and the Third Sector. This approach ensures the public and communities get a quick, positive response that listens to their problems, keeps them updated and actively seeks solutions.

Mentoring

In recognition of the importance of providing extended support for people who experience alcohol and drug addictions, the CJSW has commissioned the Tayside Council on Alcohol (TCA) to deliver 2 Mentoring projects:

- 16+ Mentoring Service for adult men
- OWLS Mentoring Service for adult females

Individuals decide, with support from their Mentor, which issues are most important for them to work on during their time with the mentoring service. However, these initial work areas are reviewed regularly and may change dependant on client progress, regression or a shift in interests. These work areas are also informed by input from referrers at the referral stage and beyond where appropriate. The individual's progress is mapped on TCA assessment forms which not only combines both the individual's and Mentor's perception of the progress being made, it also encourages discussion around the next steps required in the mentoring journey to recovery.

Saints "Onside" Project

Working in partnership with St Johnstone Community Trust, CJSW delivered a 12-week pilot programme to encourage positive outcomes for people sentenced to Community Payback Orders. The client group selection was made by The Community Safety Service Team to a maximum of 6 with the aim to reduce re-offending in Perth and Kinross with the following outcomes:

- Improve Wellbeing
- Improve Social Inclusion
- Improve Health
- Improve employability

The Project combined an element of vocational training with an element of physical exercise. The clients were awarded 'hours' under the 'other activities' arrangement for the training element, but were expected to demonstrate their commitment to the project by voluntarily taking part in the exercise element of the project.

The project topics were designed to satisfy the project outcomes, and to help maximise the participant's employability for any future employer.

Three participants took part and passed all three modules, Health & Safety Awareness, Food Safety & Hygiene & Manual handling. Three other participants achieved success with two people being awarded Manual Handling Certificates and one being awarded the Food Safety & Hygiene certificate.

After each "educational" session, participants took part in a health-related fitness activity, with the first session being used to establish a base line measurement so that any improvement could be recorded and used as an individual motivational tool. These activities were varied and should be recognised as another method of helping to improve individuals' self-esteem.

Upon concluding the programme, an exit discussion targeted participants and staff from CSS, SCT and The Employment Hub. (all contributors to the project)
St Johnstone Community Trust, P&K Council and Employment Hub staff and the participants all felt that Saints Onside provided a needed and rewarding experience for the participants that attended.

The Open Estate at Castle Huntly

The Open Estate at Castle Huntly is Scotland's only open prison. The establishment prepares prisoners for re-integration into the community. High risk offenders are tested with opportunities through which they can demonstrate and evidence an ability to be managed in the community. As a national facility the Open Estate works with all Local Authorities in Scotland as well as Probation Services in Northern Ireland, England & Wales.

Comments from our partners in relation to risk management and management processes:

SPS:

In partnership with our Prison Based Social work team we have this year tackled the issue of making Risk of Serious Harm processes more robust. We have made great progress in doing this and the results have improved not only our Risk Management Team process but achieved safer outcomes in relation to Public Protection.

MAPPA Co-ordinator:

I, along with community based partners including Criminal Justice Social Work and the Police, have always found the PBSW Team at Castle Huntly to be well informed and up to date in respect of the assessment of clients, and the Risk Assessment paperwork produced by the Team is always of a very high standard. Transition from custody to community is a challenging time for the offender, but also for those charged with ensuring that that transition takes place with minimum risk and with the greatest potential for success.

MAPPA Co-ordinator:

The contributions of PBSW colleagues at Castle Huntly have, in my experience, been beyond that that is normally experienced in this arena, and this is to be commended. The relationship that has been developed; particularly in respect of Aberdeen City cases, makes for a smooth transition that places all concerned in a clear and defensible position, with due cognisance to the required supports for the client and not just the management of risk. The PBSW Team are experienced and knowledgeable in their field, with a friendly approach that contributes to successful partnership working.

Table 15 CJSW reports

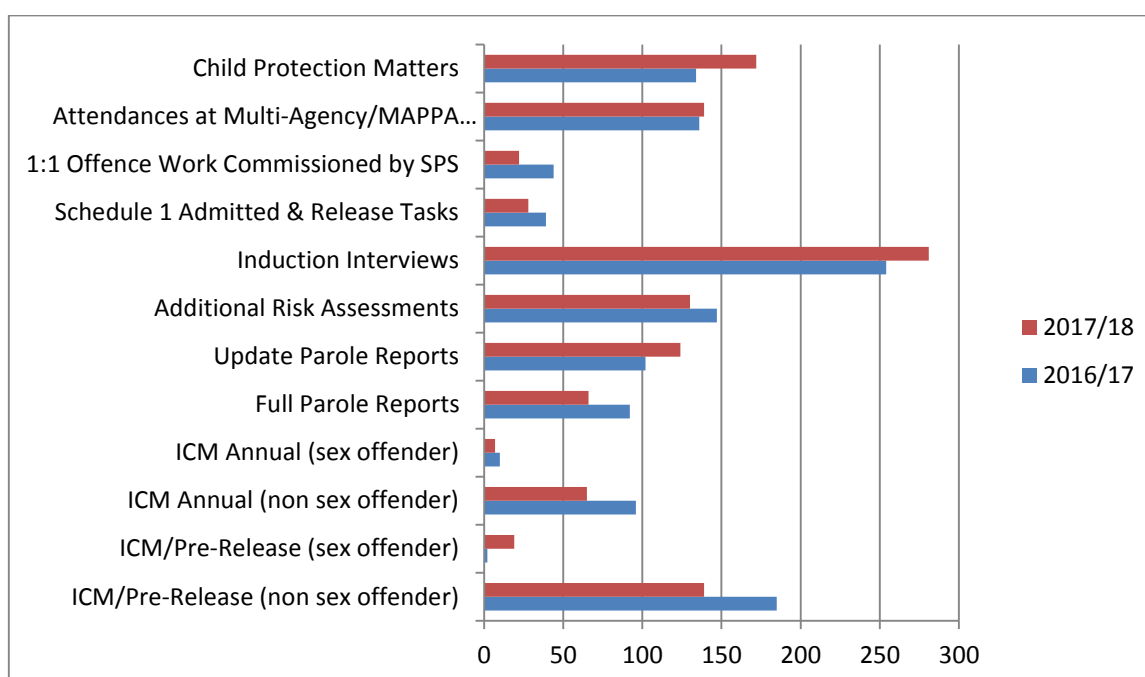


Table 16 CJSW Risk Assessments

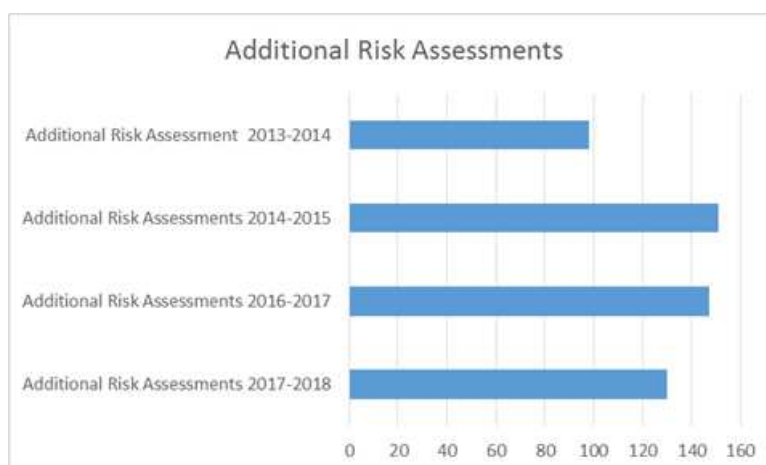
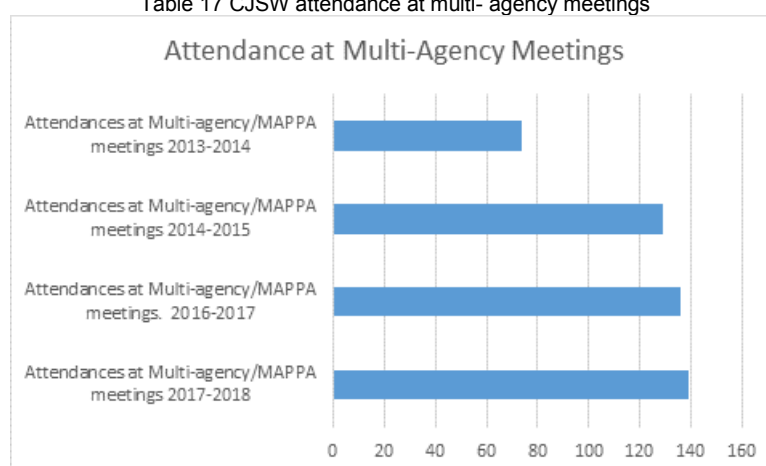


Table 17 CJSW attendance at multi- agency meetings



The increase in workload is due to the changes of risk assessment and management processes across Scotland such as implementation of LSCMI/Rosh and MAPPA Cat 3 have increased the expectations and duties of prison based social work at the Open Estate. LSCMI came into practice in 2013 and it is clear that this has had a significant impact on workload pressures. Early Statistical information identifies a further increase in this trend for the dates April 2017 – April 2018.

5.3 Services for Children, Young People and Families

The Scottish Government requires the Council to complete and return an annual report providing details of all children and young people who were looked after, eligible for aftercare services from 01 August 2017 to 31 July 2018.

Numbers of looked after children and the balance of care

At 31 July 2018, there were 280 looked after children and young people. This figure is very similar to the 2017 figure of 281 and slightly less than the 2016 figure of 286. This suggests yearly increases in the numbers of looked after children has begun to plateau. The transformation project REACH which goes live in January 2019 and which aims to retain young people at home and prevent admission to residential care should also help to maintain or reduce the numbers of looked after children.

During the reporting period:

- 390 children and young people were looked after (either at home or away from home) at some point during the year
- 55% of looked after children and young people are male
- Children aged 5-11 are the largest group
- A quarter of children and young people are looked after at home
- During the reporting period 112 children and young people ceased to be looked after
- The average time being looked after was 2 years and 6 months
- After the looked after episode ended just over half of children and young people remained at or returned home to their biological parents.

The diagram below shows breakdown of type of placements for all children looked after at 31 July 2018. This shows that the balance of care towards family and community placements remains very positive. Children and young people are increasingly being accommodated in community placements, with reducing numbers in residential placements and external fostering arrangements, and a 50% increase in the number of children and young people in *Kinship Care* placements. The use of Permanence Orders has increased slightly showing that the push to secure children in long term, permanent families is making good progress. The percentage of children and young people with a Permanence Order was 15% in 2016/17 and this has risen to 18% in 2017/18.

Table 18 Breakdown of Children Looked After during 2017/18

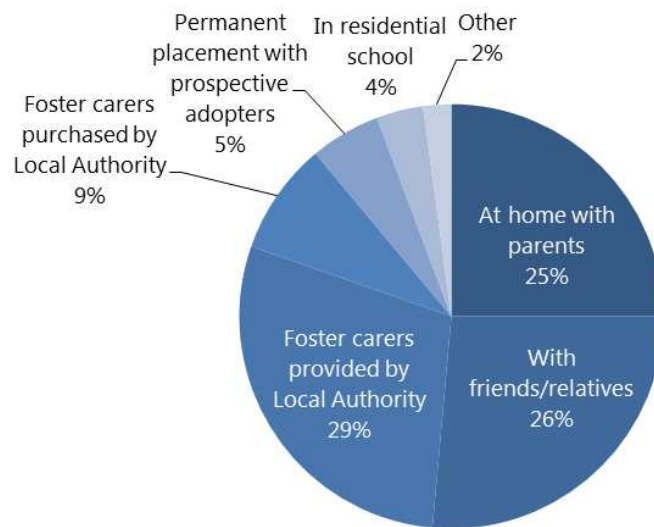
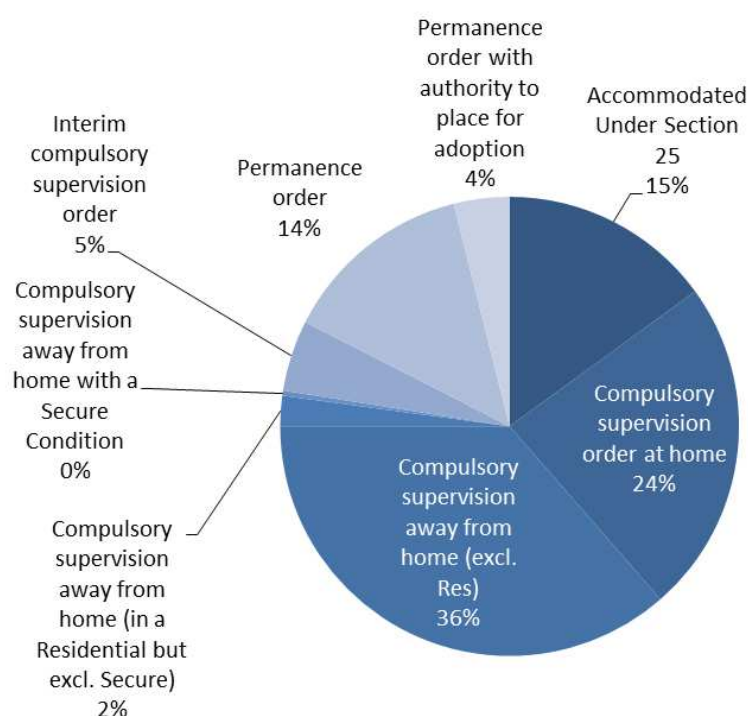
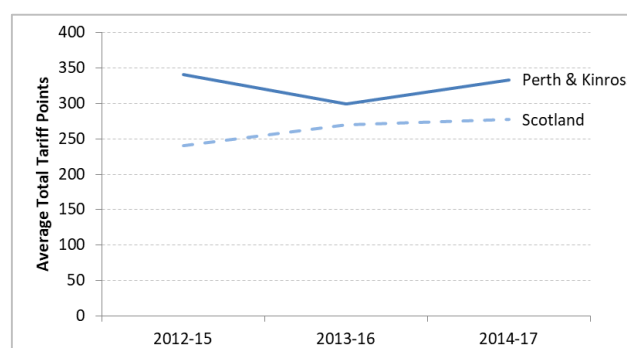


Table 19 Currently Looked After CYP, Present Legal Status (as at 31/07/18)



Attainment of Looked After Children

Table 20: Attainment for Looked After Children (three year rolling average)



Source: Insight National Benchmarking Tool

While looked after children in Perth and Kinross are doing better in terms of educational attainment than the Scottish average, this is lower than the general school population. This is an area for improvement identified within the Corporate Parenting Plan. Care experienced young people are making good progress at the point of leaving school, with 82% entering positive destinations, compared to 76% nationally.

Aftercare Services

At 31 July 2018, 105 young people were eligible for aftercare. This is an increase of 14 young people (15%) on 2016/17 figures. The majority of young people (who were in receipt of aftercare) (69%) were in education, training or employment. The largest group of young people in receipt of aftercare (33%) had their own tenancy and were living independently.

Continuing Care

There were 18 young people in continuing care placements at 31 July 2018.

The number of young people in continuing care has risen sharply since its introduction in 2015. This provides a more gradual and supported move from care to living more independently as it allows young people to choose to remain in their care placement until the age of 21 years without the looked after status.

Supported Lodgings

This year has also seen the recruitment of two additional Supported Lodgings providers, who offer guidance and support, alongside the Through-care and Aftercare Team, to help young people to develop practical skills, support for emotional and physical wellbeing, and supporting them to access health, work, education and training opportunities.

Services for Young People

In 2017/18, 558 young people received support from Services for Young People focusing on reducing youth offending and addressing levels of vulnerability and harmful risk taking behaviours. This has ranged from 1:1 individual support, thematic group work and support to foster and kinship placements. Referrals were received from Services for Children, Young People and Families, School Integrated team Meetings, Resource Panels and Police Scotland. Many of the young people receiving support were able to stay within their own communities, re-engage with education, identify improvements with their behaviour, receive achievements or move onto more positive outcomes.

Kinship Care Assistance

Following the introduction of the Kinship Care Assistance (Scotland) Order 2016, support has been delivered to 38 informal kinship care families, in the form of assessment of needs, provision of emotional support and help with application for legal orders. In addition to helping these kinship carers to provide safe care for children and young people, the consistent support from a dedicated link worker ensures that the carer has the knowledge and skills to positively manage the challenges of caring for a vulnerable child, which decreases the risk of children and young people becoming looked after. Qualitative evidence from those who are working with informal kinship families suggests that where this support has been provided, children and young people are engaging well in education, and health and emotional wellbeing is improved. The recent Joint Inspection of Services for children and young people in Perth and Kinross highlighted the multi-agency approach to Kinship Care as a notable strength, in providing secure, stable and nurturing homes for children and young people when they are no longer able to live with their birth parents. This work was published as good practice nationally.

Family Based Care

The Expansion of Family Based Care is 4 year transformation project (2016-2020) designed to expand the number of foster carers and to increase the range of family based care options for looked after children and young people as well as care leavers. It was primarily designed as a 'spend to save' project to expand the numbers of foster carers, respite carers and to establish a pool of supported lodgings providers. The key objective of this project is to meet the increasing demand for foster carers and family-based carers locally within Perth and Kinross and the immediate geographical area and to avoid the future costs associated with higher cost external placements. The aim is to be able to provide for our looked after children within our local communities and reduce the reliance on external placements via

independent providers. The expansion of family based care has seen an increase in its first year of six new foster carers and is on target to recruit a further six in its second year. This will ensure that every child has a stable and nurturing placement.

In tandem with this project the focus on ensuring that children and young people who were placed within independent external agencies could return to Perth and Kinross resources as soon as practical. This has meant engaging with wider services to plan for those children and young people whilst also ensuring that no further external placements were made. In October 2017 there were 31 children and young people in external foster placements and will reduce to 19 by the end of October 2018. Children and young people have returned to Kinship placements, internal foster carers and to independence.

Corporate parenting

Perth & Kinross Council's vision is for all children and young people to have the best start in life and as corporate parents we have high aspirations and ambitions for our care experienced young people. Our Corporate Parenting Strategy provides the framework for ensuring better outcomes for our looked after children and young people and to ensure that they thrive and succeed. We recognise that the outcomes for young people who have experienced care often fall short of their peers. Through committed and collective leadership, strong collaboration and partnership working we will strive to close outcomes gaps and to achieve significant improvements in the life chances for care experienced children and young people.

Listening to children and young people

Children's Advocacy & Children's Rights



The Children and Youth Rights Officer (CYRO) and the Who Cares? Scotland Worker continue to review arrangements for advocacy and for seeking the views of children and young people at key child protection meetings. Since January 2018:



165 children and young people's views presented at a CPCC by an advocate



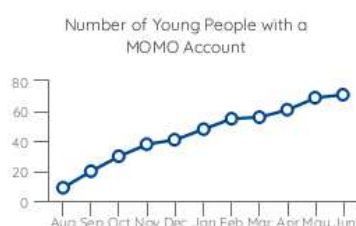
211 looked-after children and young people's views presented at Looked-After Conferences (LAC) by an advocate



25 children and young people individually supported by the CYRO in one-off sessions and session blocks as required



In August 2017, MOMO was introduced to gain the views of children and young people at key decision-making meetings.



The following provides a snapshot of MOMO usage from August 2017 until the end of June 2018:

- 119 workers have a MOMO account
- 69 young people have their own MOMO account
- 243 statements have been received using MOMO

Review and remodelling of residential care for young people: REACH

Perth and Kinross Council approved recommendations from the Building Ambition Transformation Project: Review and Remodelling of Residential Care for Children and Young People on 16 August 2017. The proposal outlined the transformation of a small residential unit to the creation of a multi-disciplinary team offering intensive and flexible support to young people and families across Perth and Kinross. At that time this was referred to as the “HUB” model. Following consultation with the staff group and a range of young people, this has now been renamed as REACH.

This transformation will contribute to the Council’s determination to reduce inequalities and to improve the life chances of young people who are in greatest need. REACH will bring together a team of dedicated professionals to provide individualised support to help young people to stay within their families, schools and communities and prevent the need to move into care. The long term aim is to enable young people to flourish as resilient and resourceful young adults.

REACH will aim to reduce the number of young people being placed in external residential placements, many of which are a considerable distance from their family home. By 2022, it is expected that, with very few exceptions, the only children and young people who will be supported in residential care will be those for whom this is assessed as being the only way of meeting their long-term needs. The multi-disciplinary team will support young people who may be vulnerable because of their life circumstances, complex family difficulties or those who are engaging in high risk taking behaviours. This approach will facilitate a range of options for young people to remain within their family, wherever possible. By helping young people to stay with their families, schools and communities we aim to improve their individual outcomes and also reduce the reliance on costly external care placements. REACH will integrate care and outreach support and provide intensive, coordinated and flexible support to young people and their families within their own homes and communities. The REACH team will be multi-disciplinary and will operate out of what was the Cottages at Almondbank House after the building has been remodelled internally.

A Project Board has been established and is chaired by the CSWO. The REACH Manager has been recruited and commenced in post on 1 April 2018. A new staff rota and working pattern has been implemented to create a more flexible and responsive service, at times most suitable for families, with the ability to provide a 24/7 response when required. There are already positive examples of REACH staff working alongside social work staff to carry out visits to families at weekends and to assist the Out of Hours Social Work Team. Care experienced young people have participated in a consultation exercise to help shape the development of REACH and young people’s voices will continue to provide an essential contribution to this new approach.

Addressing Neglect and Enhancing Wellbeing

As part of the national Child Protection and Improvement Programme, Perth and Kinross Services for Children, Young People and Families and NHS Tayside are one of three partnerships to receive support from the Centre of Excellence for Looked After Children. *Getting it Right in Perth and Kinross: pre-birth and into the first year of life* is a 4-year project to build relationship based practice and community resilience to support pregnant women and their families. The service has invested in a part-time improvement lead and there are three strands of improvement work:

1. Better enable communities to offer help and support to women and their families
2. Better enable people (practitioners, volunteers, community members) to work together to ensure women and their families get the right help at the right time

- Better enable midwifery and health visiting to provide women and families with access to the right help and support.

It is intended that the outcomes will prevent high risk in pregnancy and in new-borns and a reduction in the number of very young babies subject to child protection measures.

5.4 External scrutiny of social work and social care services

Care Inspectorate Inspections for 2017/18 (April 2017 to March 2018)

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

Services provided by the Health and Social Care Partnership

Eight care services which are registered with the Care Inspectorate and managed by the Health and Social Care Partnership received an inspection. These were:

- Strathmore Day Opportunities (June 2017)
- Dalweem Care Home (July 2017)
- Adults with Learning Disabilities Housing Support (November 2017)
- Homeless Housing Support (January 2018)
- Older People Housing Support (February 2018)
- Beechgrove House (March 2018)
- Parkdale Care Home (March 2018)
- Care at Home (March 2018)

A total of **19 quality themes** were inspected and all were graded as 'good' or above. The table below provides details on grades awarded at the time of inspection.

The overall assessment is that the services continue to perform well and offer high quality care. The Care Inspectorate received positive feedback on all services from the people who used these services and their carers/relatives are also reported to be happy with the support they received. An analysis across the inspection findings shows that:

- Services demonstrated that they were person centred and outcome-focussed with people receiving services getting support to suit their needs.
- The involvement and participation of people who receive was valued and supported and underpinned the ways in which services were delivered.
- People were involved in planning their support which helped to meet their current, future needs and wishes, and were also actively encouraged to be involved in improving the service.
- Staff worked in a way that was person centred and enabled people to maintain independence in all aspects of their life.

Table 21 Inspection grades care services provided by Health and Social Care Partnership

Grades awarded for public social care services 2017/18						
	Excellent Level 6	Very Good Level 5	Good Level 4	Adequate Level 3	Weak Level 2	Unsatisfactory Level 1
Care and Support	3	6	-	-	-	-
Staffing	-	3	1	-	-	-
Management and Leadership	2	4	-	-	-	-
TOTAL	5	13	2	-	-	-

Services provided to adults by the independent and third sectors

A total of 41 inspections of care services within the independent care sector were carried out by the Care Inspectorate during 2017/18. A total of 164 quality themes were assessed and 88% were graded as 'good' or above. No care home was awarded an unsatisfactory or weak grading.

What people told the Care Inspectorate during their inspection visits:

"If I need to, the staff can help me go to appointments like the dentist"

"It has given me my life back. I had lost the art of conversation"

"The standard of care that my relative receives is very high and we are made to feel very welcome when we visit"

"If you could give them above 10/10 I would"

All services are committed to continuous improvement and have developed action plans in response to inspections including suggested areas for improvement by the Care Inspectorate and feedback from service users and relatives.

Table 22 Inspection grades care services provided by independent and third sectors

Grades awarded for public social care services 2017/18						
	Excellent Level 6	Very Good Level 5	Good Level 4	Adequate Level 3	Weak Level 2	Unsatisfactory Level 1
Care and Support	6	16	14	5	-	-
Environment	1	21	14	5	-	-
Staffing	1	24	12	4	-	-
Management and Leadership	3	20	13	5	-	-
TOTAL	11	81	53	19	0	0

Services for Children, Young People & Families

Four care services managed by Services for Children, Young People & Families received an inspection in 2017/18. These were:

- Fostering Services – short notice (October 2017)
- Adoption Services – short notice (October 2017)
- Woodlea Cottage – short notice (December 2017)
- Wellbank House – unannounced (May 2017)

Inspection results for support and residential care services have remained very positive, with all gradings 'Good' or better and the vast majority 'Very Good' or better.

The Care Inspectorate carried out an inspection of the Council's Woodlea Cottage in December 2017. The inspection was unannounced. Woodlea Cottage is a care home service providing respite and short breaks for up to five children aged from 7 to 18 with severe, complex and enduring needs arising from learning and physical disabilities. Children using the service can do so for up to 28 consecutive days and their plans are reviewed independently through the Looked After Children's Review process. Staff also provide an outreach service to children and their families, though this is not part of the registered care

service. The inspection found the Quality of Care and Support to be **Excellent** and the Quality of Management and Leadership to be **Excellent**. The Quality of Environment and Quality of Staffing were not inspected. The work of the team to develop a range of outreach services to support families within their own homes was also noted as an example of good practice in the recent Joint Inspection of Services for children and young people published in April 2017.

The housing support service for young people aged 16-24 years at Wellbank House also received an **Excellent** grading for quality of staffing and **Very Good** for the quality of staffing.

The Care Inspectorate carried out an inspection of the Council's Fostering Services in October 2017. The inspection was announced (short notice). The inspection found the Quality of Care and Support to be **Good** and the Quality of Management and Leadership to be **Very Good**. The Quality of Environment and Quality of Staffing were not inspected.

The Care Inspectorate carried out an inspection of the Council's Adoption Service in October 2017. The inspection was announced (short notice). The Adoption Service provides a service for children and young people from birth and aims to recruit and support adoptive parents to provide permanent families for children who cannot live with their birth parents or extended family members and whose needs are best met through adoption. The inspection found the Quality of Care and Support to be **Very Good** and the Quality of Management and Leadership to be **Very Good**. The Quality of Staffing and Quality of Environment were not inspected.

Table 23 Grading of care services for children and young people

Grades awarded for public social care services 2017/18						
	Excellent Level 6	Very Good Level 5	Good Level 4	Adequate Level 3	Weak Level 2	Unsatisfactory Level 1
Care and Support	1	2	1	-	-	-
Staffing	1	0	0	-	-	-
Management and Leadership	1	2	0	-	-	-
TOTAL	3	4	1	-	-	-

What people told the Care Inspectorate during their inspection visits:

Social workers 'went the extra mile' to support children to settle in their new homes.

I am doing well here. I have had a lot of help with budgeting, saving and being more independent.

The staff have been very good with me; I trust them and they are very reliable; if they say they will do something, they do it; I have enjoyed lots of activities, swimming, kayaking, gym, running; I am very happy here

Health and social care standards

From April 2018, a new set of standards for all health and social care services come into force. These Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services. Over 2017/18 a range of activities have taken place to begin to embed the new standards. The Health and Social Care Partnership has been working with IRISS as part of a larger project exploring the new standards and looking at how the new

standards can be embedded into practice across services. The meetings are attended by a range of multidisciplinary agencies across Social Work, Health, Independent sectors and voluntary organisations, the Care Inspectorate have also attended on occasion which provides opportunities to share learning around the new standards.

Focus groups have been held across the 2 care homes with staff, service users and carers/other stakeholders to discuss and inform on the new Health and Social Care Standards. Outcomes from the sessions are used as a self-evaluation tool to evaluate our service against the standards. The sessions involve discussing the new care standards and how we can evidence these on current practice where we are meeting the standard and consider what further actions we need to take to improve and meet the new standards.

Within the Home Assessment and Recovery Team (HART) the standards are part of the supervision template and a standing item on the team agendas. Principles have also been outlined and recorded in service users Hand Held Records. The HART Team are part of the IRISS project and will take forward any learning opportunities from this.

Services for children, young people and families focused on the new standards at a whole service development day in September 2017 and workshops, facilitated by the Care Inspectorate assisted staff to consider ways in which the principles and standards could be used within self-evaluation activity and team planning.

5.5 Complaints

We value what people tell us about our services by way of complaints and other customer feedback. Complaints are an important way of service users letting us know what they think about the services we deliver and are a key aspect of our quality assurance arrangements.

As a result of changes in the Social Work complaints procedure from April 2017 Complaint Review Committees are no longer part of the process. The new process means that if someone is dissatisfied with a Stage 2 response they can now escalate their complaint directly to the Scottish Public Service Ombudsman.

Services have been undergoing significant transformational change to improve the way they deliver services to meet rising demand, public expectation and challenging financial times. This all has a bearing on the number and type of complaints the service receives.

Table 24: Stage 2 Complaints

	Number of Complaints		Number of Acknowledged on Target		Number of Complaints satisfied with response		Number of Complaints at Review Committee (CRC)	
	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18
Adult Services	20	14	20	12	11	N/A	3*	2
Children's Services	2	10	2	10	1	9	0	1
Total	22	24	22	22	12	9	3	3

** In addition to the 3 CRCs escalated from Stage 2 there was also one additional CRC held as a result of a decision by the SPSO.*

- Overall, complaints across social work services have increased by 9%, but notably increased within Children's Services by 80%. There has been a 42% reduction in the

number of complaints within Adult Services, at Stage 2, relating to service delivery within adult services.

- For complaints received during 2017/18 the majority of complaints were resolved at the first point of contact, with only a small number progressing to Stage 2.

A considerable amount of training has been carried out to emphasise the importance of recording complaints activity accurately. This would appear to be the most significant reason for an increase in the Stage 1 Complaints figures between the two years.

The findings of complaints are shared with the relevant managers and across management teams to address any specific or cross- service issues, recommendations or improvement actions. Handling complaints effectively is an important part of good customer care. It demonstrates that services listen to their service users'/stakeholders' views, and also helps to improve services.

Social Work and Social Care faces significant challenges as a result of funding pressures and the demographic change. To manage the challenges we must work effectively in partnership to plan and deliver both our statutory responsibilities and to shift the focus towards early intervention and prevention. Partnership working is key to this.

6.1 Perth and Kinross Alcohol and Drug Partnership (ADP)

The ADP is made up of representatives from Housing, Health, Social Care, the Third Sector and others. It works locally and across Tayside to deliver a “Recovery Oriented System of Care (ROSC)”. This model emphasises recovery, early intervention and prevention and is in line with national guidance from the Scottish Government. Information from sources including clients, carers and surveys carried out by NHS Tayside Public Health has been used to develop the model. A ‘pipeline’ of support has been developed which will try and ensure that the right support is available for people throughout their recovery journey and that this support is coordinated along with a multi-agency assessment and triage clinic.

Similarly, the Violence Against Women Partnership is a multi-agency partnership which includes council departments, third sector organisations, the police, fire service and child protection coming together in order to end violence against women and girls. The annual report for 16/17 highlights the issues and achievements of the partnership
https://pkvawp.org/site/assets/files/1191/annual_report_2017.pdf

A new strategy for 2018-2023 sets out the strategic priorities for the partnership in line with the public service reform agenda as set out by the Christie Commission of Prevention, Partnership, People and Performance. The Partnership’s broad area of priority follow the Scottish Government’s Equally Safe workstreams of:

Primary Prevention

- Creating awareness/changing attitudes
- Capacity and Capability
- Supporting, developing, refining and co-ordinating the activities of partner agencies
- Justice
- Ensuring responses are robust, swift, consistent, co-ordinated and above all responsive to the needs of victims

Accountability

- *Working with the Scottish Government to develop a national Performance framework.*

https://pkvawp.org/site/assets/files/1191/2017733_pkvawp_strategy.pdf

6.2 Integrated Care Teams

The Integrated Care Team (ICT) in the South locality includes Social Workers, District Nurses, Occupational Therapists, Mental Health Nurses, GPs and third sector representatives. Discussions focus on providing coordinated and effective assistance to people with complex support requirements including people who require support to return home from hospital. The work of the ICT has contributed to a reduction in the number of

people delayed in hospital in the south locality in recent months. There are also numerous case studies of people with complex support requirements who are being maintained at home with support from the Team.

6.3 Engaging with Communities

There are well established and innovative approaches to seeking the views and experiences of individuals and carers and enabling them to influence service development in Perth and Kinross. We have clear communication plans that detail how we communicate and engage, when we do this, and who we do this with. We have effective collaboration with regulators, key stakeholders, and scrutiny bodies. Examples of engagement with service users to improve service delivery and in the design of new services include:

- individual and group meetings with staff and clients/carers during the Review of Residential Care and the world café event which was a large part of the Review of Day Services consultation
- the consultation and participation of young people in the design for remodelling residential care which has resulted in REACH
- Service user and carer representatives are members of the strategic planning group for the Health and Social Care partnership and were involved in the commissioning of for Care at Home contracts.

There is a strong commitment to working in partnership with people in our communities and to build on their skills, knowledge, experience and resources. Through the Communities First Review more choice and control was provided for people, making sure the most vulnerable individuals receive responsive quality care delivered locally, and in a personalised way.

Communities First introduced locality-based service provision with the aim of:

- Building Community resilience
- Developing Community based service provision
- Focusing resources to provide more efficient services
- Utilising technology to provide a better and more accessible service

The Strathmore Community Sing group

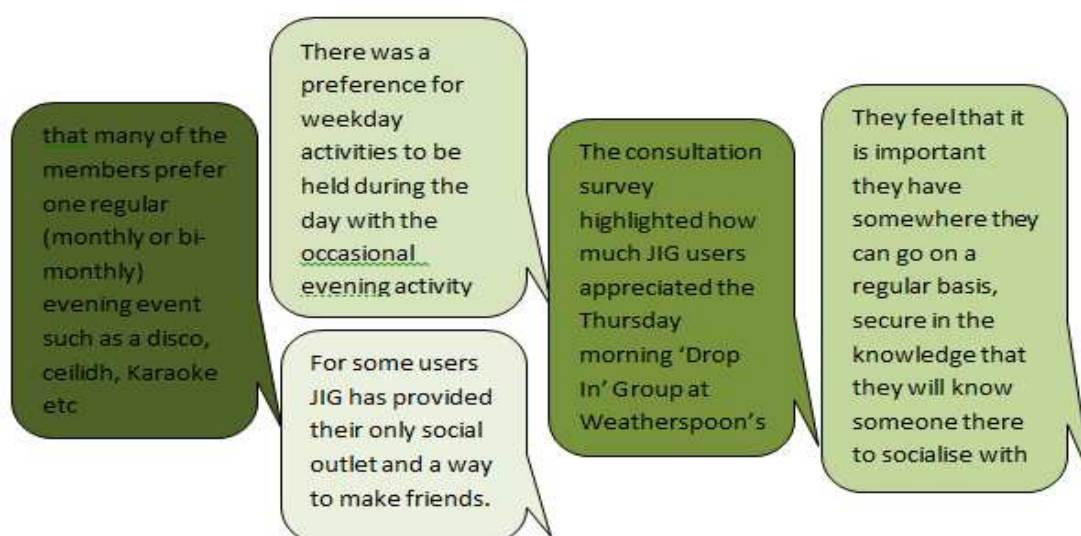
Established in 2017 through funding of £1000 from “Your Budget, Your Community, Your Choice”, the Strathmore Community Sing Group is resulting in very positive benefits for people experiencing dementia giving expectation, achievement and hope. Being active in a singing group vocally and physically; having musical goals; feeling valued as a member of the group; engaging in creative activities is known to stimulate positive hormones that can counter some of the challenges arising from living with dementia. Group singing:

- helps communication as the physical act of singing can reflect the principles of speech therapy for people with dementia.
- provides opportunities for people to express/explore/reflect on their emotions by channelling them into familiar or newly composed song lyrics and tunes.
- improvised activities can stimulate immediate, here-and-now communication that is not dependent on memory.

Reducing Social Isolation

The Join In Group (JIG) was established in 2013 to provide opportunities for people with learning disabilities and other support needs, to socialise in their community, meet new people; allowing them to develop and build friendships and new relationships. The Join In Group works in partnership with Live Active, NHS, Local Businesses and other Perth & Kinross Council Departments to provide activity programmes. JIG aims to fulfil the recommendations that are set out in the 'Keys to Life' strategy for Perth and Kinross.

JIG currently has approx. 30 regular attenders from across communities in the North Locality within Perth & Kinross. A survey was carried out in 2017 asking JIG users what type of activities they wished to participate in across 2017/18, how often and when. The feedback from the survey was:



Festive Friendship Lunch

North Locality social work team worked in conjunction with Strathmore Centre for Youth Development (SCYD) and the Friendship Café and arranged a Festive Friendship lunch for 40 people in December 2017. The social work team identified individuals who would ordinarily spend the festive season alone. Volunteers from SCYD, the social work team, family members and Strathmore Day Opportunity staff all gave up their time on 28th December to help make the day a success. The day was funded through contributions from the Friendship Café, SCYD and fundraising undertaken by the social work team.

15 people from across the Strathmore area were all transported back and forth to the Balmoral Hall in Rattray and a three course lunch and coffee was served, entertainment provided and a small gift given to each person. 6 social work employees gave up their day's holiday and their friends and family also supported.

Special Needs Housing Review

Perth and Kinross Council Housing and the Health and Social Care Partnership undertook a Special Needs Housing review in 2017 which was informed by feedback from over 500 stakeholders. This included people with learning disabilities, autism spectrum disorder (ASD), profound and multiple learning disabilities (PMLD), physical disabilities, mental health and older people.

The review made it clear that current supported accommodation and wheelchair accessible housing in Perth and Kinross is highly valued by the people who live there. It concluded that there will be an ongoing demand for housing with care and support. In light of this, an action plan has been developed which sets out work streams to be progressed that will assist in enabling the development of housing for individuals who require care and support, or physically adapted properties, such as wheelchair accessible housing, to live independently in the community.

Mental Health Wellbeing Event

In August 2017, 81 stakeholders took part in a stakeholder event, the purpose of which was to develop the Mental Health and Wellbeing Action Plan. The event sought feedback from participants on 6 different themes, including Prevention & Early Intervention; Housing Issues, Welfare Reform & Employability; and Interventions & Recovery. There was broad representation from across the statutory, Third and Independent Sectors, and it included 32 people who have used services and an interest in mental health.

The feedback generated by this event has directly informed the Mental Health and Wellbeing Action Plan, and will shape the planning and commissioning of services in the future.

Participatory Budgeting: 'Your Community Your Budget Your Choice'

In 2017 the Health and Social Care 'Your Community Your Budget Your Choice' project held three events across PKC's localities, aiming to allocate a total budget of £80,000. By providing small sums of money (up to £4,000) a range of local conversations would develop, and new creative provision created. The 'Your Community Your Budget Your Choice' project received a total of 47 applications across the three localities.

This resulted in 1562 people voting for the projects that they felt would deliver the care and support required in their community. 21 community projects were fully funded and a further 22 received part funding. PKC and PKAVS staff are now working together to help support these projects.

In 2018, there were 9 co-produced Participatory Budgeting events delivered through the Action Partnerships and Health and Social Care Partnership to help deliver local projects that address local issues and enable local people to make the decisions that benefit their community. Since we began to work in partnership the process has grown and improved. Participation levels have nearly doubled from previous years and this is as a direct result of better partnership working. These events have also supported better networking opportunities for local groups, has built cohesion and increased capacity in local communities.

The project has won the Provost's Award at the 2018 at the Securing the Future Awards, a bronze in the COSLA Awards and was nominated for a Scottish Public Service Award.

6.4 Commissioning

6.4.1 Health and Social Care

Perth & Kinross Health and Social Care Partnership's approach to planning, commissioning and delivery is shaped by our Strategic Commissioning Plan. This sets out five strategic priorities:

- Prevention and early intervention
- Person-centred healthcare and support
- Working with communities
- Reducing health inequalities and promoting healthy living
- Making the best use of available facilities, people and resources

These five priorities cover the main areas of service delivery. The Commissioned Services Board is supporting the strategic planning function and commissioning and contract management of health, care and support services; investing in services which make a difference, and are aligned to the Partnership's objectives to achieve better outcomes for people and provide value for money; and promoting a prevention approach to achieve positive outcomes over the long term. Key Challenges:

- To take account of the increasing ageing population the Joint Strategic Commissioning Plan has a strong emphasis on Older People services and work is underway to refresh the needs assessment originally developed to support the Strategic Plan a 2016-19.
- The growing numbers of people in Perth and Kinross who have complex care needs or are growing older will require better joined-up care, better anticipatory and preventative care and a greater emphasis on community-based care. We know that people want to have care and support delivered to them in or as near to their own homes and communities and that they are a rich resource of innovation, support and intelligence about what is needed, what works and what role they can play in supporting community members.
- There is strong evidence in the Perth and Kinross Health and Social Care Partnership Annual Performance Report 2017-18 of changes in the way services are being commissioned through a shift towards models which are personalised and focussed on improving outcomes.

Arkbrae Redesign

Over the course of the last 2 years the locality social work team, the Planning and Commissioning team and Ark Housing Association have worked jointly to redesign the service model for ten people with learning disabilities supported in accommodation in Perth. The service was previously commissioned as small residential care home but following the redesign process is now a shared house offering tenancies, where people have personalised packages of care and support which are better tailored to their needs and aspirations. For some tenants support packages reflect some changing needs associated with growing older and for younger tenants support is directed to promoting greater independence in the community. The new service model became operational in July 2018.

Care Homes

Perth and Kinross Council has a well-established partnership working arrangement with the local care home sector allowing it to consult on strategic matters, quality and service improvement. The Perth & Kinross Care Home Forum meet three times a year and provides an opportunity for the Council, Perth & Kinross Health and Social Care Partnership, NHS and local Care Home providers to work collaboratively and ensure that all care homes feel supported and empowered to deliver the highest quality of care to their residents.

Care at Home

PKC took a decision some years ago to deliver Care at Home Services through the third and independent sectors and over a number of years the Council on behalf of the Health and Social Care Partnership commissions all care at home services through the independent and third sectors. Care at Home services were recommissioned in 2015 with a focus on best value and improved outcomes for service users. A care at home forum meets regularly and provides an opportunity for collaborative working between the partnership and the independent sector providers

Review of Housing and Support Needs

We undertook research into the housing and support needs of older people, people with mental health needs and learning disabilities and this research will inform our priorities for the development of accommodation options for these vulnerable groups in partnership with Housing and Environment services.

Views of Individuals and Carers

The evolution of Self-Directed Support and a more personalised health and social care system requires a wider range of options that support people's independence. Through the commissioning process, the Health and Social Care Partnership reviews commissioned services to ensure that these are making a difference for individuals and carers outcomes. The views and preferences of individuals and carers are central to this across health, social care, and the voluntary and independent sectors.

Monitoring and Reviewing

For Commissioned Services there are well established monitoring and review processes, with a reporting line to the Commissioned Services Board. The Planning, Commissioning and Contract Management Team carry out monitoring, review and contract management.

Contract Officers monitor Contracts and Service Level Agreements to ensure that providers deliver an acceptable quality of service, good value for money, and that the services are directly aligned to the objectives and outcomes of Housing and Care strategies. There are a variety of contractual arrangements in place including:

- Care Homes operating under the National Care Home Contract
- Care at Home Services operating under a new contractual arrangement following competitive tender in summer 2017.
- Individual contractual arrangements with specialist providers for community based housing support and homecare for community care clients.
- Service Level Agreements for a range of community projects and services, generally provided by local organisation.

6.4.2 Services for Children, Young People and Families

A Strategic Commissioning Review was one of Education and Children's Services (ECS) Phase 1 Transformation Reviews delivered as part of the Council's Transformation Strategy 2015-2020. The purpose of this review was to ensure that commissioning from the Third Sector and partners was meeting the priorities of the organisation and that commissioned services were effective in meeting evidenced based need for children, young people and their families in Perth and Kinross.

The key output of this review was the ECS Commissioning Strategy which was approved at Lifelong Learning Committee in August 2017. This details our strategic priorities and how our commissioning arrangements with Third Sector organisations and partners would be transformed over three years from 2017 to 2020. Our local priorities were agreed at a workshop which was hosted by the Children, Young People and Families Partnership in January 2017. These emphasise the need to shift to earlier intervention and prevention and are:

1. Tackling inequalities
2. Strengthening families and building resilient communities
3. Meeting the needs of our most vulnerable children, young people and families

These priorities reflect local evidence-based needs identified for children, young people and families in Perth and Kinross and will guide our commissioning over 2017-2020. This strategy is also aligned to the agreed shared priorities in the Tayside Plan for Children, Young People and Families.

The most significant work over the last year has been the re-commissioning of a range of Family Support Services. The review of existing SLAs evidenced that SLAs with three service providers had been contracted by different parts of ECS but all three were considered to be family support services. The total value of these three SLAs amounted to £290,403 in 2016/17.

The Commissioned Services Board agreed to re-commission all family support services. By de-commissioning the pre-existing services and creating a specification for a competitive tender it was envisaged that this would enable ECS to commission different services which would better meet the changing needs of vulnerable families and evidence best value in the current market. A range of family support services has now been commissioned from July 2018 to provide accessible, high quality, home-based family support providing intensive and flexible support for families with primary school children who are at risk of becoming looked after; support for children living in substance misusing households; and parenting support via volunteers for families with very young children.

7 Finance and Resources

The Council set a balanced budget for 2017/18 and the Annual Audit Report to the Members of Perth and Kinross Council for the year ended 31 March 2018 by KPMG concluded that the budget setting process was satisfactory and that processes demonstrate good financial management. There was an underspend of £2.5 million in health and social care at the year end with budget pressures identified for 2018/19.

To support financial sustainability, the Council identified savings requirements over five years from 2015 to 2020 in order to continue to deliver services as part of the medium term financial plan. The 2015-20 transformation programme supports achievement of these savings through redesigning the way services are delivered to maximise efficiencies and support change. The Council is performing broadly in line with the milestones set out in the programme and there are a number of key transformation projects which relate to the provision of social work and social care services.

Community Care and Criminal Justice Services	2015/16 £m	2016/17 £m	2017/18 £m
Net Recurring Expenditure	53.52	58.39	52.27
Main Savings Approved	2015/16	2016/17	2017/18
	£,000	£,000	£,000
Client Contributions Policy for Non-Residential Services	0	200	0
Review of Care Packages	0	0	69
Review of Shared Lives Project	0	0	20
Reconfiguration of Safer Communities Team	24	0	0
Revised Charges for non-residential services	0	63	0
Redesign of Learning Disability Services	290	0	0
Redesign of Community Safety Service	0	119	0
Redesign of Care at Home Service	200	0	188
Reductions in residential placements (Older People)	667	0	0
Targeted reduction in Supplies and Services, Property and Third Party Payments	0	222	0
Implementation of Housing with Additional Support	0	80	80
Development of Communities First Initiative	0	72	322
Review of Day Care Services	0	0	239
Management Savings	0	0	75
Workforce/IT Efficiencies	0	0	127
Procurement Reform	0	0	205
Total	1,181	756	1,325

Services for Children, Young People & Families	2015/16 £m	2016/17 £m	2017/18 £m
Net Expenditure	17.68	17.22	18.26
Main Savings Approved	2015/16	2016/17	2018/19
	£,000	£,000	£,000
Service Level Agreements	69	45	41
Central staff and slippage	12	58	0
Integration of Youth Justice Services	100	0	0
Freeze in Foster Carer & Kinship Carer Payment Rates	71	0	0
Closure of Gowans Family Centre and establishment of Family Focus team	0	165	0
Policy for Approved Kinship Carers	0	198	0
Total	252	466	41

8.1 Employee Engagement Survey

Perth & Kinross Council carried out the annual staff survey in September 2017. The table below shows the key messages for social work and social care staff.



Key findings highlight that staff agree that they are treated fairly at work, and that their daily role provides them with the opportunity to use their strengths. Staff also agreed that their team is passionate about delivering excellent customer service and the people they work with are committed to doing their best. This is particularly important for front line social work and social care staff. They need to remain passionate about improving people's lives and to be supported within high performing teams where their work is both valued and supported.

Learning and development team

The Learning and Development Team vision is to enable the best learning experience. The work of the team is grounded in the values of participation and collaboration in order to support services. In 2017/18, the team has focused on supporting individuals, teams and services with their learning needs; enabling key priorities identified within the Perth and Kinross Health and Social Care Commissioning plan; and the helping staff work towards integration and highly effective partnership working.

Key Challenges for the team:

- Equity and accessibility of learning within the partnership
- Income generation to support required learning

- Expectation of workforce support with current demands and perception of L&D as a priority
- The capacity to support learning requirements. The realisation, acknowledgement and action of the support required to enable the workforce to share their learning.
- Lifelong learning as a journey throughout careers – A learning culture as a priority to enable the partnership vision
- Effectively capturing, documenting and sharing our work.
- Having an effective and engaging digital presence

The Learning and Development Team continues to strengthen each year in terms of the wide range of learning opportunities (in collaboration with organisations and partner agencies) provided to social work and social care staff. Colleagues can access up to date information using different medium, including Facebook and Twitter. These opportunities are delivered by attending trainer led sessions, e-learning etc.

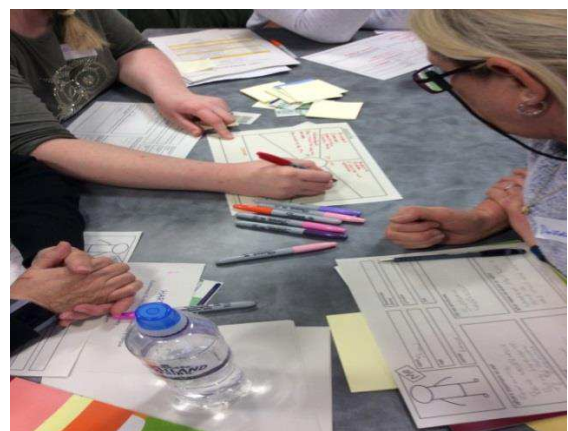
Examples of opportunities organised, attended and well received:

- Self Directed Support delivered across Tayside
- Practice Learning – in conjunction with Tayforth Partnership+
- Team Work – in collaboration teams to create bespoke learning experiences to support needs
- Affina Team Based Working – NHS Tayside, Perth, Dundee and Angus Councils
- Shared Learning – 3rd Sector Strategic Forum
- Working with Locality Teams and Independent Sector on large scale investigation work
- Palliative and end of Life Care – this was a co-designed course delivered by Macmillan and Palliative Care Educators, NHS Tayside
- Skills and Knowledge Sharing – PKC colleagues co-designed and co-delivered learning experiences in relation to specific areas of need, e.g. Learning Disabilities, Adults with Incapacity and Mental Health
- TEC Learning within localities delivered by Alzheimer's Scotland TEC Team
- Open Badges in collaboration with SSSC (recognition of non-accredited learning)
- Communications Passport delivered by Kate Sanger (Parent and creator of Communications Passport) and Pitlochry High School

Examples of Development Days for Staff



Access team – Team Development Day



HART Team developing persona and empathy mapping – imagining walking in people's shoes



Carers Act with PKAVs and Perth & Kinross Council

Successes in 2017/18

- Securing the Future Bronze award for 'Transforming Learning and Development'
- ACORN funding to support 2 Social Work degree Programmes for members of our workforce
- SVQ review and implementation of a blended learning model to support personalised learning, the benefits of peer support, meeting registration requirements, efficiencies and sustainability
- The creation of a Manual Handling App funded by PKC's "The Angel's Share 2016" (this is an opportunity for teams to submit a bid to invest in innovative ideas which have the potential to make a big difference); the launch of this app is planned for October 2018
- Continue to support Mental Health Officer Programmes, CALM programmes, individual and team learning opportunities

Mental Health Officers

A Mental Health Officer (MHO) is a social worker with accredited training, experience and skills to work with people who have a mental disorder. Legislation requires a qualified MHO to assess whether a person needs to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and assess whether a person can manage their own welfare affairs under the Adults with Incapacity Act (Scotland) 2000.

The statutory function extends to the provision of MHO services out with office hours 24 hours per day and 7-days per week and Perth and Kinross Council provides cover through a pool of specially trained social workers who operate a rota. Over 2017/18 a decision was taken to relocate inpatient mental health services from Murray Royal Hospital to Carseview, Dundee. One additional full-time MHO has been recruited from September 2018 to meet the additional demands.

In order to address the challenges associated with an ageing workforce and to ensure service delivery and business continuity, two social workers are funded and supported to complete the fulltime MHO course every year. It was not possible to generate sufficient interest in 2017/18, the opportunity was again offered for those interested in participating in the MHO programme, but we received no applicants and feedback suggest that this was as a result of uncertainty due to service restructuring. There is a commitment to supporting

three social workers to complete the MHO award in 2018/19. This will ensure that PKC retains a cohort of qualified and competent MHOs. The additional workload and difficulties in generating interest in the MHO training presents a major challenge going forward.

Social care recruitment

Perth and Kinross has a population of around 150,000 people living and working across a large rural area. The area is experiencing significant demographic change, especially in relation to older people. The need for support from health and social care services increases with age and there is a significant challenge in supporting our communities to lead healthy, fulfilling lives at home for as long as possible. There is increasing demand for care at home and significant increases in the level of care and support required for people with complex needs. The age balance of the population presents challenges in relation to recruitment and carer availability particularly in rural areas. The implications of Brexit on the social care workforce is also likely to be significant locally.

In 2017/18 there has been a programme of work in partnership with the third and independent sectors to improve the image of care as a career choice. As an accredited Living Wage employer, all contractors are required to implement Fair Working Practices and pay the Living Wage to all employees. A highly visible media campaign has successfully recruited new carers into the independent social care sector.

Through a partnership with the Duke of Edinburgh scheme, work experience in care homes supports entry into University for Nursing or Medicine Careers. This provides positive practical experience makes a career in health and social care more attractive to young people and brings new skills, attitudes and experiences to the workforce. There are 4 Modern Apprentices working within care homes enhancing access to future careers with social care.

Social Prescribing

Social prescribers have been appointed (one for each of the localities) their role is to support those who are not in receipt of any formal services but would benefit from input and reduce the likelihood for the need of statutory supports. Social prescribing provides early intervention enables people to access appropriate local and community supports and helps reduce demand on frontline health and social care services. The key aims and outcomes of Social Prescribing include:

- improved outcomes for people through greater choice of easily accessible, personalised and local supports.
- people feel supported to access alternative opportunities to statutory or more traditional models of service
- people will feel supported to take an active part in their care
- provide a person centred focus to signposting and support

Achievements

- Joint working between the **Access Team** and the social prescribers is starting to support better links with community resources and build on partnerships. Community Learning and Development in Perth are looking to dedicate protected time to reach out to the most marginalised young adults referred to the Access Team.

- Working closely with **Healthy Communities Collaborative Support Workers**, the Social Prescribers have a targeted geographical area in which they are working, not to duplicate but add to the work being carried out by the Healthy Communities Collaborative. Contact has been made with GP practices and the hope is that strong links can be formed with practices, with the Social Prescribers perhaps being located within GP surgeries for a proportion of their time.

Suicide Prevention

The Perth and Kinross Bereaved by Suicide Initiative is a joint initiative between Police Scotland and Social Work, set up in response to both national and local evidence that a person bereaved by suicide is at a higher risk of dying by suicide. Support is offered through the **Social Work Access Team**, ranging from an initial phone call and information pack sent out, telephone support, signposting to other services, to longer term face-to-face support. The Access Team went through a restructure in 2017, and many new staff members joined the team. In order to continue delivering this sensitive and compassionate support, new members of the team were upskilled through 'Applied Suicide Intervention Skills' training, and 'More Questions Than Answers' Training. It was also recognised that providing this support can be very challenging for members of staff, and they were made aware of the internal and external supports they can access to look after their mental wellbeing.

Between January 2017 and August 2018, the Access Team offered support to 21 people affected by 14 suicides.

9 Looking Forward to 2018-19

There is significant evidence throughout this report of social work and social care practitioners and managers leading the way in redesigning and reshaping the way in which services are delivered. To protect essential services and at the same time ensure a continued focus on prevention, earlier intervention, personalisation and to constraints will require courageous leadership at all levels. It will require continued investment to maintain the skilled, flexible and adaptable workforce through learning and development and effective support.

There are encouraging signs that innovation and investment in new ways of working are addressing longstanding pressures in some areas for example the reliance on residential care for young people.

Key strategic priorities for 2018/19 will include:

- responding to the improvements highlighted in the Joint Inspection of Services for Children and Young People;
- implementation of the Carers (Scotland) Act 2016;
- implementation of the Duty of Candour Arrangements;
- continued efforts to embed the Health and Social Care Standards throughout our quality assurance arrangements and across the partnership;
- managing key challenges associated with recruitment and workforce development and focusing on areas of pressure such as home care and mental health officers;
- implementation of the National Health and Social Care Workforce Plan;
- preparing for a Joint Inspection of the work of the Health and Social Care Partnership; and
- preparing for an inspection of Criminal Justice Social Work services focusing on Community Payback Orders.

Examples of Self Directed Support**Option 3**

Miss A is 20 years old and has a moderate Learning Disability. She and her siblings were raised by their father. For the past few years, he has been struggling in his parental role and in particular in relation to managing the challenging behaviour exhibited by Miss A. There was significant input required from psychology and psychiatry in relation to Miss A's presentation. Due to the fragile home situation, and increased tension and aggression within the house, colleagues from Children's Services were also heavily involved with the younger siblings due to the ongoing risks.

- Miss A was the subject of numerous Adult Support and Protection concerns and subsequently the situation at home broke down irretrievably resulting in emergency accommodation requiring to be found for Miss A.
- Initially, Miss A was placed in a care home for older people due to lack of suitable Learning Disability provision in the area. Subsequently she moved to a more appropriate resource, a residential care home for adults who have a Learning Disability. However, Miss A was still the youngest resident by 19 years and as such, had no peers she could identify with.
- Future plans for accommodation and support were discussed with Miss A, Self Directed Support options were explained to her and her options were explored. Miss A decided that her preferred option would be to move to a community living setting where she would receive the care and support she required but where she would also be able to live alongside people her own age and access meaningful activities.

Since moving to her new placement, Miss A has flourished and there is little evidence of challenging behaviour despite this having been a regular occurrence previously. She now has a weekend job working with horses and she has learnt many new skills, such as baking, craft work and numeracy. Miss A has made new friends and her relationship with her family is now much improved. It is anticipated that in the future, Miss A will move on to more independent living given the progress she has made.

Option 1

A is a young man (age 20) who lives at home with his parents and sister. He has Profound & Multiple Learning Disabilities. A suffers from epilepsy which is not well controlled resulting in drop attack seizures at any time. A requires support at all times as he is unable to manage his own behaviour, will run off if provided with an opportunity, does not recognise risks or dangers to himself or others and is not able to communicate verbally.

- SDS provided an opportunity to have a direct payment which is used to employ 2 personal assistants to support A. He will be able to access community resources when he is well enough or stay at home with support if he is unwell. The personal assistants will also support A on breaks away from home which offers the carers a break. A will have consistent support from 2 people who know him well and also know what he likes to do. The support can be flexible to suit the needs of both A and his carers.
- Prior to SDS A attended Day Opportunities 5 days per week, had support at home provided by an agency (invoiced to P & K Council) and had a respite budget (managed by Cornerstone) which allowed A to go away from home for short breaks.

- A did not like attending Day Opportunities as he did not like waiting for an activity to start or waiting for others to get ready. He often reacted by being challenging towards others.
- The support agency frequently changed the person providing the support and on some occasions were unable to provide support due to staffing issues. This again led to difficulties at home.

A's family members are delighted that A will now have his own support from people he knows and likes and less time will have to be spent prompting the agency for staff rotas and questioning changes. The ongoing care and support plans for A are made in conjunction with relevant health professionals.

Option 1

Miss C employs her sister as her Personal Assistant under option 1 to allow her family to have some respite from their caring role.

Although family members are not usually employed as Personal Assistants, in this case it was felt that this arrangement would be preferable for Miss C and her family given that her mother's desperate need for a break but her reluctance to accept traditional respite for her daughter due to her profound communication difficulties as a result of her learning disability and autism and her fear that Miss C would not be understood by others. In addition, Miss C's mother places a strong emphasis on her cultural background and coming from the Philippines, she believes that family members should look after each other and she is very concerned with the thought of leaving her daughter with strangers.

The employment of a family member as a Personal Assistant whom Miss C trusts and who is familiar with her communication needs has allowed Mrs C to have 5 weekends a year when she has a break from her caring role without worry for the wellbeing of her daughter.

Option 2

M is a young woman who lived a very chaotic lifestyle. When referred to social work she was at risk through substance misuse, alcohol misuse, self-harming behaviour and through her vulnerability to exploitation. She had serious debt problems due to her using her benefits to purchase drugs and alcohol for herself and others. M lived with her mother and siblings in a council tenancy and they faced eviction due to non-payment of rent/council tax. M frequently was involved with the police through her anti-social behaviour. She made numerous allegations against men claiming that she had been sexually assaulted by them.

- After assessment M opted for a Managed Package through SDS. She receives 12 hours support per week provided by a care provider.
- This support is flexible to enable M to have support when she feels it would be best for her. She uses the support to access community learning, a work experience and for support with her tenancy. The support agency has also taken over Benefit Appointeeship and with this help, M now manages her finances within tight constraints to allow her enough to live on, pay off her debts and to avoid being exploited by others.

Since having the support the instances of drug misuse, alcohol misuse and self-harming behaviour have virtually stopped and she is no longer monitored under Adult Support and Protection Case Conference Reviews due to these risks being minimised. There also has been a reduction in the support that M has required from health such as psychiatry and community learning disability nursing.

Option 2

Mr A is diagnosed with a learning disability, autistic spectrum disorder and extremely challenging behaviours. For three years, Mr A was in hospital as an inpatient as he was unable to be safely supported in the community. His proposed care package was put out to tender and a specialist, autism specific provider was chosen under option 2.

- The introduction of this care package has allowed Mr A to successfully remain living in his own house since being discharged from hospital and means he can be supported in the community close to his family in an area he is familiar with.
- Given the care provider specialises in autism, Mr A's care package is completely tailored to his individual support requirements on a daily basis.
- His quality of life has much improved since he left hospital and he is now able to lead a meaningful and personalised life and he partakes in a wide variety of activities and staff are constantly working with him to help him achieve higher levels of independence.

Despite the ongoing challenges his behaviour presents, the specialist provider and relevant health professionals work together to ensure that his complex care needs are consistently managed.



PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

Perth and Kinross Health and Social Care Strategic Commissioning Plan Housing Contribution Statement

**Report by Clare Mailer, Head of Housing, Perth & Kinross Council
(Report No. G/19/11)**

PURPOSE OF REPORT

To update the Integration Joint Board on the contribution housing has made to delivering the Health & Social Care priorities within the Strategic Commissioning Plan. This statement provides an update on the achievements delivered, the impact this has had on outcomes for people and an overview of some of the challenges and next steps.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- 1.1 Notes the contribution housing has made to the implementation of the Perth and Kinross Health and Social Care Strategic Commissioning Plan 2016 – 2019.
- 1.2 Instructs the Chief Officer to integrate the contribution housing makes towards enabling people who are ill, vulnerable or with disabilities to live as independently as possible into the future revised Strategic Commissioning Plan.

2. BACKGROUND

- 2.1 In 2016 the first integrated health and social care Strategic Commissioning Plan for Perth and Kinross was published. One of the main aims of the plan was to support people to lead as independent, healthy and active lives as possible in their own homes.
- 2.2 Housing plays a vital role in providing services and support to intervene early to prevent later, longer term issues arising, and in enabling people to be empowered to live independent lives at home or in a homely setting.

- 2.3 Appropriate housing solutions can support people to live independently in the community avoiding the need for more costly health and social care resources. We continue to work with partners to make sure that there is a good supply of affordable mainstream and supported housing with the necessary services to meet households needs.
- 2.4 Specifically the actions around housing in the Strategic Commissioning Plan are to :-
- Increase the provision of affordable housing, particularly in areas where shortages have been identified
 - Identify and plan for new housing developments for people with specialised support needs
 - Deliver care and repair services to ensure access to adaptations for people in private sector accommodation
 - Review the use of aids and adaptations in social housing

3. PROGRESS

- 3.1 The positive contribution housing has made is detailed in the attached report however some of the key activities in relation to the specific actions within Strategic Commissioning Plan mentioned in section 2.4 above are:-
- **New Build Provision** - We exceeded our annual new build target of 550 units by delivering a total of 585. 161 of these new build houses were for social rent and all complied with the “housing for varying needs” standard. This standard aims to ensure a home is flexible enough to meet the existing and changing needs of households including those with temporary or permanent physical disabilities.
 - **Housing for people with specialised support needs** - Perth and Kinross Council Housing Service and the Health and Social Care Partnership undertook a Special Needs Housing review in 2017, informed by feedback from over 500 stakeholders. This included people with learning disabilities, autism spectrum disorder (ASD), profound and multiple learning disabilities (PMLD), physical disabilities, mental health and older people. The review highlighted that current supported accommodation and wheelchair accessible housing in Perth and Kinross is highly valued by the people who live there. It concluded that there will be an ongoing demand for housing with care and support. An Independent Living Group has been established and an action plan developed to progress key work streams that will enable the development of housing for individuals who require care and support, or physically adapted properties, such as wheelchair accessible housing, to live independently in the community.
 - **Medical Adaptations and Care and Repair** - Working with a range of partners including Occupational Therapists within the Health and Social Care Partnership we ensured residents and tenants have access to services to allow their homes to be adapted to meet their medical needs. During 2017/18:-
 - There were 253 Major Adaptations, 486 Small Repairs and 16 door entry grants provided to private home owners through this scheme.

- There were 1,605 adaptations for 1,145 different council tenants. 1,061 were minor adaptations such as the installation of safety rails and 544 of these were major adaptations such as full alterations to a home to enable greater mobility.

3.2 Other key areas of contribution include:-

- Home First has transformed the way we assist homeless people to move straight into permanent accommodation. In partnership with a range of key stakeholders including the Health and Social Care Partnership we have prepared and submitted our Rapid Rehousing Transition Plan to the Scottish Government which sets out our vision and outcomes for the delivery of homeless services over the next 5 years.
- We have invested and developed our Sheltered Housing services, responding to cross-cutting issues affecting older people such as dementia, social isolation and loneliness with a focus on inclusive living. We have also delivered a programme of capital works which has improved the environment where residents live and enabled older people from the surrounding community to benefit. This has had a significant impact on reducing social isolation.
- Good quality housing has a direct impact on the general health and wellbeing of households. In 2017/18 there has been significant investment of £23m to improve our Council homes. Overall 96.15% of our stock now meets the Scottish Housing Quality Standard against a national average of 93.6% (2017/18). Evidence suggests that people who were living in homes which met the national quality standard resulted in 39% fewer emergency admissions compared with those living in homes that were not upgraded.

3.3 The assessment of housing need and demand highlight a number of key challenges that need to be collectively addressed:-

- The changing demographics in Perth and Kinross, particularly relating to an ageing population profile, leading to an increased requirement for new and specialist housing.
- Increasing demands for adaptations to existing homes.
- The increasing range and complexity of requirements for housing support to help people live independently in the community.
- The need for a specific housing and health focus on vulnerable groups such as homeless people, older people, people with mental health issues, people with learning disabilities and drug and alcohol issues.

To address these challenges we are:-

- Collating robust housing, support and care needs information on current and future demand for housing and support which recognises the importance of location and amenities, including broadband connectivity, has in sustaining independent living.
- Developing a modelling tool to support short, medium and longer term planning for housing and support.

- Further exploring the use of Technology Enabled Care solutions within Housing Services.
- Developing an older persons housing, support and care strategy detailing plans for service transformation and remodelling of existing accommodation and the delivery of new models of older persons housing and housing with care.

4. PROPOSALS

- 4.1 Our vision for Perth and Kinross is to make it an area where everyone will have access to good quality, energy efficient housing which they can afford to live in and which is in a safe and pleasant environment. We want to ensure that people have access to services that can enable them to live independently and that they have the opportunities within their communities to participate and make social connections which they can then rely on for support in times of need.
- 4.2 This report provides an update on our achievements in delivering the housing contribution and an overview of the next steps. The housing contribution will be integrated into the revised strategy.
- 4.3 By working collaboratively continue to further develop solutions to the challenges highlighted in paragraph 3.3.

5. CONCLUSION

- 5.1 There is a breadth of evidence within this report which demonstrates the range of the Housing Service's contribution to the achievement of local and national priorities and objectives.
- 5.2 Further areas for improvement have been identified and along with ensuring support for people with a physical disability and/or sensory impairment are prioritised across the three localities in Perth and Kinross, this will be the focus of the Commissioning Plan as it evolves in the next twelve months.

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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.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	No
Resource Implications	
Financial	No
Workforce	No
Assessments	
Equality Impact Assessment	Yes
Risk	No
Other assessments (enter here from para 3.3)	No
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	No
Corporate Governance	No
Communication	
Communications Plan	No

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report supports the following outcomes of the Perth and Kinross Strategic Commissioning Plan:

- 1 prevention and early intervention,
- 2 person centred health, care and support
- 3 work together with communities
- 4 inequality, inequity and healthy living

2. Resource Implications

2.1 Financial

There are no direct financial implications arising from this report.

2.2 Workforce

There are no direct workforce issues arising from this report.

3. Assessments

3.1 Equality Impact Assessment

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

The Equality Impact Assessment undertaken in relation to this report can be viewed [here](#). This report has been considered under the Corporate Equalities Impact Assessment process (EqIA) and assessed as **relevant** and the following positive outcomes are expected following implementation:

Increased independent living for those people living with particular needs.

3.2 Risk

There are no issues of risk arising from the proposals in this report.

4. Consultation – Patient/Service User first priority

4.1 External

4.2 Internal

5. Legal and Governance

5.1 This report contains no issues which would have a legal or governance impact on the Council.

5.2 There are no Directions from the IJB to NHS Tayside or Perth & Kinross Council identified or required at this stage.

6. Communication

6.1 Not relevant to this report.

7. BACKGROUND PAPERS/REFERENCES

No background papers were relied upon during the preparation of this report.

8. APPENDICES

Appendix 1 in this report is the Housing Contribution Statement.

Appendix 1



HOUSING'S CONTRIBUTION TO THE PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

JANUARY 2019

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Introduction

The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to produce a Local Housing Strategy (LHS) which sets out its strategy, priorities and plans for the delivery of housing and related services. In developing this strategy we are also required to meet regulatory standards and outcomes agreed with the Scottish Government and the Scottish Housing Regulator. These outcomes cover: equalities; communication; participation; quality of housing; repairs, maintenance and improvements; estate management, anti-social behaviour, neighbour nuisance and tenancy disputes; access to housing and support - housing options; access to social housing; tenancy sustainment; homeless people; value for money; rents and service charges and gypsy travellers.

In summary the delivery of these outcomes outline what:

- tenants can expect from social landlords, in terms of the quality and value for money of the services they receive, the standard of their homes, and opportunities for communication and participation in the decisions that affect them
- homeless people can expect from social landlords in terms of access to help and advice, the quality of temporary accommodation, and continuing support to help homeless people access and keep a home
- owners can expect from the property management services they receive from social landlords
- Gypsy / Travellers can expect in terms of the maintenance and management of sites

As well as meeting these national regulatory requirements we also have a responsibility for delivering on our local priorities in relation to the Perth & Kinross Community Plan, the Perth and Kinross Corporate Plan and the **Health and Social Care Strategic Commissioning Plan**.

In relation to Health and Social Care outcomes, the Scottish Public Health Network in their “Foundations for well-being: reconnecting public health and housing” clearly set out the contribution Housing can have on health and wellbeing.

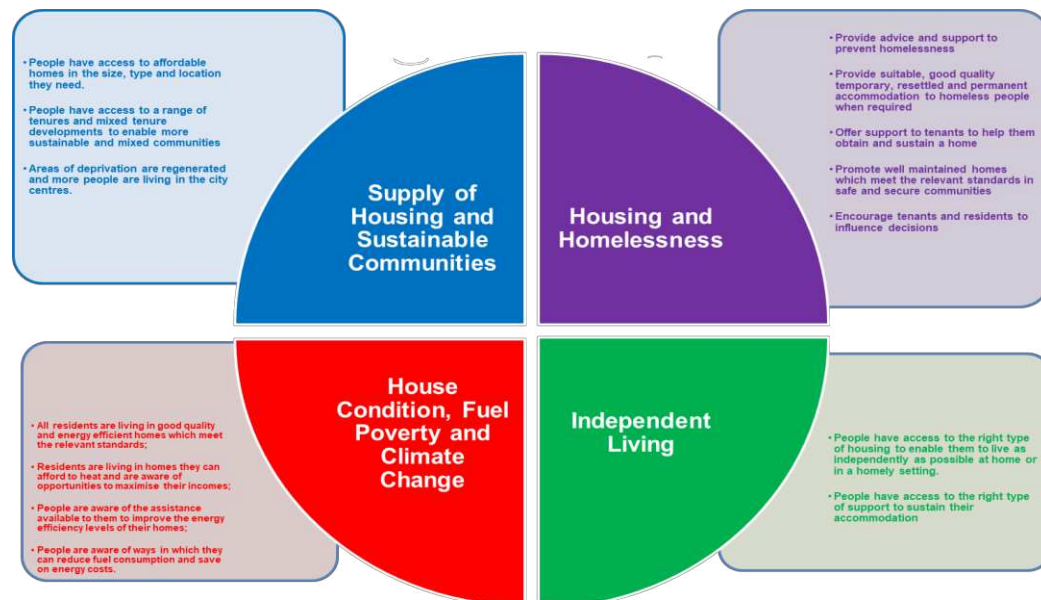
“Good housing is an essential pre-requisite for human wellbeing, and is central to some of the most pressing health challenges in Scotland, including poverty and inequality; climate change; and population ageing. Long-standing interests and new developments – for instance, legislation on health and social care integration, community planning, and community empowerment – have combined to create an ideal window of opportunity for a reconnection between public health and housing.

Physical characteristics of the dwelling itself, household experience, and aspects of place and community can all impact directly on health, as well as indirectly on health determinants, such as financial circumstances, education and employment, relationships and social life. Housing also has the potential to create, sustain, or exacerbate inequalities in health between different social groups.”

Our vision for Perth and Kinross is to make it an area where everyone will have access to good quality, energy efficient housing which they can afford to live in and which is in a safe and pleasant environment. We want to ensure that people have access to services that can enable them to live independently and that they have the opportunities within their communities to participate and make social connections which they can then rely on for support in times of need.

Strategic Context

The Local Housing Strategy sets out our key priorities and how these will be delivered.



Throughout this paper links are made to the contribution towards the achievement of Community Planning & Corporate Objectives, the objectives of the LHS and the Health & Social Care National Outcomes. The key links to the National Health & Wellbeing National Outcomes are :-

- National Outcome 1 – People are able to look after and improve their own health and wellbeing and live in good health for longer.
- National Outcome 2 – People, including those with disabilities, long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently at home or in a homely setting in their community.

The Perth & Kinross Strategic Commissioning Plan 2016 -2019 sets out, how by working together we meet people’s needs both now and into the future. The ‘Housing Contribution Statement’ is detailed within the plan and sets out how, through the Local Housing Strategy, housing will support the delivery of the aims of the Health and Social Care Partnership. This report provides an update on our achievements in delivering the housing contribution, the challenges and the next steps.

How we work together

The Housing Service is a key contributor to the development and implementation of the priorities set out within the Health & Social Care Strategic Commissioning Strategy and there are a range of governance and operational arrangements in place to ensure the achievement of these priorities.

The Health & Social Care Partnership are responsible for providing the Perth & Kinross Community Planning Partnership (CPP) with updates on the relevant actions within the Community Plan and in

particular reporting on the outcomes achieved from the delivery of the Strategic Commissioning Strategy.

Housing's contribution to this strategy is regularly discussed within the Health and Social Care Management Teams, specifically the Executive Management Team and the Integrated Management Team. In addition to this, regular meetings take place between the Head of Housing and the Head of Adult Social Work and Social Care and between Service Managers from the Health and Social Care Partnership and Housing and Environment.

The Head of Housing is a member of the Adult Protection Committee and chair of the Alcohol and Drugs Partnership. Officers with strategic housing, health and social care responsibilities are in regular liaison around strategic needs assessment and planning activities. At an operational level, locality housing teams work closely with health and social care locality teams to support the delivery of housing, health and social care outcomes within our communities.

More recently, to strengthen joint working and the delivery of shared outcomes, it has been agreed that senior managers within Housing co-chair the Independent Living Group and Housing is also represented on the Mental Health & Wellbeing Group; the Older People & Unscheduled Care Board ; the Primary Care Board; and the Planning and Commissioning Board.

The Public Sector budget setting and monitoring process also allows a shared understanding of financial pressures together with the ability to effectively provide housing solutions to prevent costly health and social care responses.

What are the challenges?

To meet our joint aims and outcomes in relation to prevention and the ability to provide person-centred support we must make best use of available resources. Through the actions in the LHS it is clear that there are many effective housing solutions that can prevent costly health and social care responses. The assessments of housing need and demand highlight a number of key challenges that need to be collectively addressed by the Health and Social Care Partnership and housing partners to support people to live at home or in a homely setting for as long as possible.

Challenges include:

- The changing demographics in Perth and Kinross, particularly relating to an ageing population profile, leading to an increased requirement for new and specialist housing.
- Increasing demands for adaptations to existing homes.
- The increasing range and complexity of requirements for housing support to help people live independently in the community.
- The need for a specific housing and health focus on vulnerable groups such as homeless people, older people, people with mental health issues, people with learning disabilities and drug and alcohol issues.

There are a number of areas which require to be explored further:-

- The collation of robust housing, support and care needs information on current and future demand for housing and support which recognises the importance of location and amenities, including broadband connectivity, has in sustaining independent living.

- The development of a modelling tool to support short, medium and longer term planning for housing and support.
- Further exploring the use of Technology Enabled Care solutions within the Housing service.
- The development of an older persons housing, support and care strategy detailing plans for service transformation and remodelling of existing accommodation and the delivery of new models of older persons housing and housing with care.

Supply of Housing & Sustainable Communities

- People have access to affordable homes of the size, type and in a location they need.
- People have access to a range of tenures and mixed tenure developments to enable more sustainable and mixed communities
- Areas of deprivation are regenerated centres

Our aim – Create more affordable homes and manage existing stock to create homes in the size, type and location people want to live with access to suitable services and facilities which encourage community integration.

Strategic Links



What have we achieved?

Good quality homes have a positive impact on the quality of life of households. The development at [Blackthorn Place](#) provides an example of how good quality housing, together with tackling overcrowding and meeting households' needs can have a positive impact on the general health and wellbeing of individuals and improve community spirit.

We continued to work with our partners in the delivery of the outcomes within the Strategic Housing Investment Plan. We exceeded our annual new build target of 550 units by delivering a total of 585. 161 of these new build houses were for social rent and all complied with the "housing for varying needs" standard. The housing for varying needs sets out design standards for mainstream housing to achieve "barrier free" design, which aims to ensure a home is flexible enough to meet the existing and changing needs of most households, including those with temporary or permanent physical disabilities, especially as the occupants age, but also provides further details of design standards for ambulant disabled people and for wheelchair users.

The design need is for a home that provides a completely step-free environment, space for a wheelchair to circulate and access all rooms, a kitchen and bathroom that suits the occupant's particular needs and fittings and services that are within reach and easy to use.

Through our new build developments at Scone, Blairgowrie and Stanley a number of homes were designed to facilitate independent living to meet the specific needs of households in the area, for example wet floor showers, wheelchair access, automatic door closers and wet rooms. These properties have all been built to a high standard with a range of features including assisted bathing facilities, additional bedrooms for carers, lowered or adapted kitchen units and structures to support the installation of hoists should they be required in the future.

In addition, through our Buyback Scheme we purchased 41 ex-Council properties in high demand areas whilst also converting 23 non-residential units to mainstream housing.

Through our Allocation Policy we reduced waiting lists, tackled overcrowding and provided permanent and temporary housing to homeless households. We supported 221 social tenants to move to homes that better met their housing and medical needs as well as their aspirations.

There has been a substantial increase in the private rented sector throughout Scotland and the proportion of households living in private rented housing increased from 10% to 15% in Scotland as a whole. The proportion of households in Perth & Kinross in 2016 was 19%. It is therefore important that we continue to have ongoing engagement with private landlords. This engagement includes the provision of support and assistance to enable them to access grants to ensure that people are living in good quality housing and to raise awareness of topics such as fire safety and child and adult protection.

IMPACT

The impact of these achievements has been that many people in the area have been enabled to access housing of a type and in an area that is suitable for their current and future households' needs, enabling them to live independently at home for longer.

What are we doing next?

- Undertaking a modelling exercise to support improved planning and delivery of housing for older people and people with particular needs.
- Increasing the supply of affordable housing in rural areas through the Strategic Housing Investment Plan.
- The creation and implementation of the "Design Guide" for new build developments will further address the needs for specific client groups.
- Further develop our engagement with Private landlords.

Housing and Homelessness

- Provide advice and support to prevent homelessness
- Provide suitable, good quality temporary and permanent accommodation to homeless people when required
- Offer support to tenants to help them obtain and sustain a home
- Promote maintained homes which meet the relevant standards in safe and secure communities
- Encourage tenants and residents to influence decisions

Our aim – To promote safe and secure communities for residents of Perth & Kinross with access to good quality, affordable accommodation with the necessary support in place to sustain them in their homes and prevent them from becoming homeless.

Strategic Links



What have we achieved?

Homelessness and Housing Access

We continue to work with our partners to provide people seeking information about their housing situation with advice and assistance about the range of housing options available to them. The Housing Options approach also allows early intervention to prevent homelessness and identify any support requirements to enable tenants to sustain their tenancy.

The need for collaborative working between Homelessness and Health and Social Care is clear. Recent health and homelessness research in Scotland evidenced that:

- 49% of homeless people have conditions relating to drugs/alcohol or mental health
- the average death of a homeless person is 47 years for a male and 43 for a female
- depression and suicide are higher among homeless people
- homelessness can also impact on the health of children – homeless children have higher rates of acute and chronic health problems

Although this is a challenging area, we have delivered some significant achievements over the past year:

During 2017/18 we:

- Carried out 2,438 housing options interviews
- Supported 181 households to access accommodation in the private-rented sector through the Rent Bond Guarantee Scheme.
- Saw 999 households present as homeless with 792 (79%) of these requiring an offer of permanent accommodation. The main reasons for homeless presentations continue to be as a result of people being asked to leave their current accommodation (30%) or a breakdown in relationship (24%).
- Saw the remainder not being assessed as homeless or resolving their homelessness either with or without our support in such a way that they did not require an allocation of permanent housing.

We successfully implemented our Home First Transformation project and significantly reduced the reliance on temporary accommodation by delivering immediate, permanent and affordable housing wherever possible. We also:

- Reduced the number of homeless households waiting for an offer of settled accommodation from **550 to 218**.

- Reduced the average length of time in temporary accommodation from 131 days in 2015/16 to 81 days in 2017/18
- Increased the proportion of housing allocations to homeless people from **50% to 56.3%**
- Allocated 645 lets to homeless applicants through Common Housing Register partners.
- Reduced the homeless case duration from 52.97 weeks to 20.77 weeks.
- Introduced a personalised budget to enable frontline staff to respond quickly and more effectively to people who are faced with a homeless or crisis situation which could impact on their ability to keep a roof over their head.

Floating Housing Support (FHS) services enable vulnerable individuals at risk of losing their tenancy to live independently and maximise their independence. The aim is to provide short-term personal outcomes focussed support, on both a practical and emotional level, to support people to live independently in their own home. People who receive the service are generally:

- Living with mental health issues
- Struggling with substance misuse issues
- Struggling with offending behaviour
- Fleeing domestic abuse
- At risk of rough sleeping/homelessness
- Displaying anti-social behaviour
- New to their own tenancy

By using monitoring data from housing support providers in the area, we know the following:

- A large number of people who use FHS services live with poor mental and emotional health
- More than half of the people who use FHS live in Perth City
- Most people who use FHS are aged 50 or over
- Slightly more than half are male
- Most people who use FHS live in social rented accommodation
- Most referrals come from the Early Intervention and Prevention Team but an increase in referrals is noted from PKC Housing Services and Registered Social Landlords (RSLs).

It is widely accepted that such preventative services have a positive financial impact on social outcomes and contribute to reducing crime, anti-social behaviour, insolvency and hospitalisation.

The Homelessness Rough Sleeping Action Group (HRSAG) was established by the Scottish Government to identify the actions and changes needed to end rough sleeping and transform the use of temporary accommodation in Scotland. Following a meeting with the HRSAG, the chair commented on our approach as follows: -

“This is the best example I have seen so far of a systems-change approach to moving the dial on homelessness and the use of traditional temporary accommodation models”.

As a result of the work undertaken with Home First, we are at an advanced stage with some of the recommendations made by both the Local Government and Communities Committee and HRSAG report. In partnership with a range of key stakeholders including the Health and Social Care Partnership we have prepared and submitted our Rapid Rehousing Transition Plan to the Scottish

Government which sets out our vision and outcomes for the delivery of homeless services over the next 5 years.

IMPACT

Home First has transformed the way we assist homeless people straight into permanent accommodation in Perth and Kinross. It has also delivered considerable savings for the Council (£676K), and had a positive impact on the outcomes for many households by reducing the stigma, duration and experience of homelessness. This can be demonstrated through the positive feedback received from people who have benefited from our approach:-

Getting a permanent house for me and my family was a god send – I thought I'd have to wait an eternity in temporary accommodation and uproot my children from their school. It wasn't their fault that the Landlord wanted his own property back".

Older Persons Housing

Our aim for older persons' housing is:

- To provide older people with easy-to-access, high quality advice on housing options and support
- To provide older people with high quality housing support and advice that is right for them
- We will work in partnership with a range of services and agencies to enable older people to fully participate in their communities
- We will provide a responsive service that can adapt to support the needs of older people when their needs, choices or decisions change
- We will promote the services on offer and encourage older people in the local communities to make use of the services as and when they feel the need
- We will actively seek feedback from older people and stakeholders to ensure that our service is fit for purpose, responsive, can adapt and remains person-centred.
- We will provide a service that is well-led and managed where staff are well trained and highly motivated to deliver the vision of the service.

During 2018 the Housing Service appointed an Older Persons Project Development Officer to support the development of housing options and solutions for older people. This officer supports the Housing Service to respond to and meet the number of cross-cutting issues affecting older people such as dementia, social isolation and loneliness, with a focus on the following activities:

- to develop social inclusive and health based projects and initiatives for tenants within our housing for older people
- to promote wider use of communal facilities within our sheltered housing for tenants living in communities – hub and spoke model
- to support the service to ensure housing for older people and the housing support provided is "future proof" - new technologies, changes to legislation, feedback from Care Inspectorate
- to support the actions for "Independent Living" as detailed below
- to support the delivery of the Housing contribution statement in relation to older people

During 2018 with funding from the Scottish Government Age Scotland published ***"Your choice of home in later life: a guide to housing options for older people in Scotland"***. The guide covers many aspects of buying or selling a home, renting, sheltered housing, retirement housing, care homes, adaptations as well as a wide range of other issues and is a useful reference guide for older people who may be looking to make changes to their current living arrangements.

To complement this guide and to enhance the service offered by the Housing Options Team and Locality Teams, the Housing Service has recently developed a Housing Options guide for older people in Perth and Kinross. This guide provides a range of useful information including details of home care services, Care and Repair, assistive technology, selling and buying, renting, retirement, sheltered and amenity housing.

A recent consultation exercise with sheltered housing tenants stated the need for housing that is good quality, technology-enabled, affordable and offers a safe and secure environment where all staff are fully trained and approachable. They want to be able to have access to services that will enable them to live independently and participate in their communities.

IMPACT

This work has enabled us to ensure that we provide individuals with housing information which assists them to make informed choices around their current and future housing needs. It also ensures we plan our service provision to meet the challenges of an ageing population, particularly as a consequence of the increasing diagnosis of dementia to ensure people can remain safely at home in their local community for longer.

Affordability and Income Maximisation

We understand that household income and/or high housing costs can impact on a person's health and wellbeing. In Perth and Kinross the median earnings in 2015 were below the Scottish average. We are therefore committed to providing tenants with value for money services and maintaining affordable rents. In partnership with our tenants our rent restructure project provided the opportunity to create a transparent and fair rent system. A rent affordability model was developed which demonstrated that our rent levels remained affordable to our current and future tenants based on local income levels. Through the review we introduced a weekly rent reduction for properties which through their physical structure were considered hard to heat.

Managing rent arrears and collection of rents remains a significant challenge and the introduction of Universal Credit in June 2018 has resulted in increased arrears for many of our tenants. The introduction of a Tenancy Sustainment Fund during last year has enabled us to support many of our tenants with rent arrears who are experiencing genuine financial hardship. We continue to work in partnership with colleagues in Welfare Rights and the Citizens' Advice Bureau to support our tenants to maximise their income.

IMPACT

Nationally, we have the 9th lowest rent levels in Scotland. In 2018/19, 88.18% of our tenants told us that they felt their rent represent good value for money an increase from 84.79% the previous year. We continue to remain the most affordable housing option in Perth and Kinross with 83% of our overall population able to afford rents without the need for support with housing costs. By maintaining low rents and supporting our tenants to maximise their incomes we are minimising the negative impacts of poverty on low income households.

Tenancy Sustainment

As the main provider of social housing in Perth and Kinross supporting our tenants to sustain their tenancies is at the heart of the services we deliver. Underpinning our approach is delivering services locally, with a greater emphasis on prevention, sustainability and early intervention promoting positive outcomes for people and communities. We continue to have high levels of tenancy

sustainment with around 90% of our tenancies being sustained. People who want to apply for social housing are invited to attend an enhanced housing options interview to discuss their options with a trained advisor. At the interview a range of solutions are discussed, tailored to the person's needs, to help prevent homelessness and/or promote successful tenancy sustainment.

Our Locality Housing Teams work in close partnership with a variety of internal and external stakeholders to ensure that where needed wraparound support is provided to tenants to help them sustain their tenancy. Through our targeted annual visit approach our teams are identifying at risk tenancies and those tenants who have been reluctant to come forward and ask for support. In 2018, 94.57% of tenants told us that they were happy with the way we managed their neighbourhood, an increase from 79.12% in 2016. Furthermore, 94.77% of tenants told us they were satisfied overall with the services they received from us.

Hoarding

Compulsive hoarding is challenging to treat because many people who hoard do not consider it to be an issue and often have little awareness of their disorder and how it impacts on their life, on others and is often associated with anxiety and depression. During 2017/18 we introduced a joint Hoarding Protocol in partnership with Scottish Fire and Rescue Service, Adult Social Work Services and the NHS, the first of its kind nationally. At the heart of this collective approach the protocol describes the role and responsibilities of each service to support and help tenants regain control of their homes and their lives. This is echoed in the feedback from one of our tenants who was supported through the Protocol:

"I am delighted to testify to the courteous approach of all professionals in regarding to my hoarding. From initial response to current resolutions my Housing Officer and support personnel created the route to progress. The intelligent holistic approach applied a basic needs foundation I lacked and mapped a road toward physical and mental recovery. You have my unreserved thanks.....".

Digital Inclusion

In today's changing world the need to support residents to become digitally included has never been more important. The Scottish Government has a vision that 95% of people under 70 are to be classed as digitally included by the year 2020. The benefits of supporting this type of work are wide ranging both in access to services and preventing social isolation.

In partnership with LEAD we have delivered 1-2-1 digital skills training to a number of tenants throughout Perth and Kinross ranging from those with no previous experience to those with basic skills. The impact of this is highlighted in the two examples below:

- ***"I now order lots more on the internet shopping and barely need to go to the shops which suits my disability, it has made my life much easier."***
- ***One lady enjoyed being shown about the internet and was impressed by the amount of tenancy information on the Council website, however she was visibly over the moon when she realised she could video call her family in Australia.***

Offering as many potential opportunities for tenants to help shape and influence the services they receive is a key priority for Housing. In late 2018 we developed an E-Panel for tenants who wished to be involved but for various reasons are unable to attend meetings or who felt uncomfortable in

that type of environment. Through the exchange of information digitally they can choose to contribute or not on various topics. To date there are 23 panel members.

Safe and Secure Communities

Involving and empowering our communities is at the heart of creating safe and sustainable communities where people want to live. We are committed to providing our tenants and residents with a range of opportunities to become involved to help shape, influence and improve the services we deliver and continue to build on our previous successes with our Estate Based Initiatives (EBI) projects. During 2017/18, we invested £200k over 50 environmental improvements projects which has delivered improvements to the safety and appearance of many localities. Works have included the repair and reconstruction of perimeter / retaining walls, improvements to footpaths and steps, installation of new perimeter fencing, car park re-surfacing and attending to soil contamination. Other community examples include:-

- Cleared snow keeping pathways clear during extreme weather.
- Supported vulnerable people whilst developing a community asset through the Westbank Project.
- Worked with Beautiful Perth and Community Greenspace in the Ladeside Renovation Project.
- Transformed a derelict bowling green into a community allotment - North Perth Allotment Association.
- Tackled graffiti across Perth & Kinross in conjunction with the Safer Communities Team.
- Enabled homeless people to participate in physical activity through the Boxing Project.
- Supported residents to obtain academic qualifications - Residents' Academy Programmes.
- Through the provision of a ride on lawnmower volunteers were supported to mow the grass for elderly and vulnerable tenants and residents in their area -North Muirton in Bloom Committee.
- Home safety visits are carried out jointly by Scottish Fire and Rescue and Community Wardens. These visits are undertaken when elderly and other vulnerable people have been identified and referred. They are essential in helping people stay in their own homes, while arrangements are put in place to get them access to the services they need.

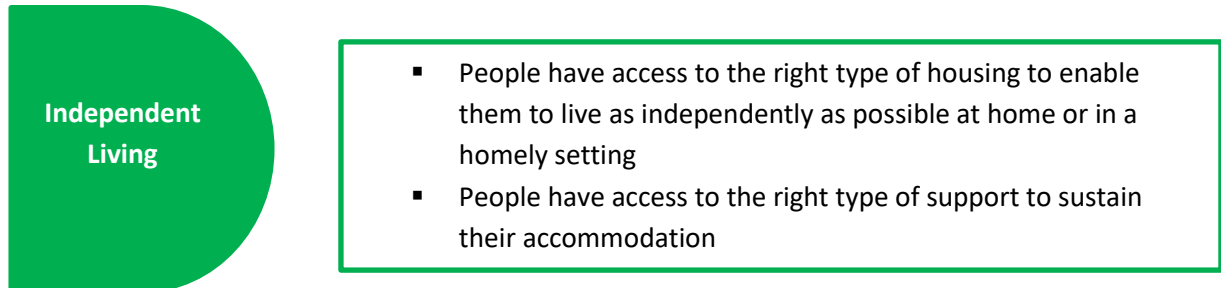
IMPACT

The wider impact on people involved in these activities include reduced social isolation through participation in a range of activities, enhanced feelings of safety within communities, enhanced wellbeing through the range of environmental improvements and enhanced confidence, communication and community belonging.

What are we doing next?

- Continue to minimise the duration of homelessness
- Implement the Rapid Rehousing Transition Plan (RRTP) including:
 - Undertaking research to gain a greater understanding of the local homelessness context and the links with health

- To undertake a review of our floating housing support service to provide a greater level of flexibility and the introduction of an intensive support service.
- The introduction of tenancy ready packs
- Continue to monitor and take actions to mitigate the impacts of Welfare Reform and Universal credit, supporting our tenants to maximise their income and reduce rent arrears



Our aim – To support people to live independently at home for as long as possible with help from the community and local support networks.



What have we achieved?

Access to good quality suitable housing and support is key to enabling people to live independently.

There are a number of factors which allow people to live as independently as possible and Housing's contribution to this includes:-

- Work with developers to build future proof sustainable housing which can be easily adapted to meet changing household needs. As mentioned the 161 new build houses for social rent complied with the "housing for varying needs" standard.
- Working with colleagues within the Health and Social Care Partnership to ensure suitable housing and/or support is available to prevent admission and deliver a seamless service for people discharged from hospital. This includes pathways to housing and adaptations to properties. These preventative measures can reduce demands on other health and social care services.
- Working with a range of partners including Occupational Therapists within the Health and Social Care Partnership we ensure residents and tenants have access to services to allow their homes to be adapted to meet their medical needs. These adaptations allow people to live at home safely and independently. During 2017/18:-
 - There were 253 Major Adaptations, 486 Small Repairs and 16 door entry grants provided to private home owners through this scheme. Some of the major adaptations included adaptations such as ground floor bedroom and bathroom extensions to meet specific needs of household members.

- There were 1,605 adaptations for 1,145 different council tenants. 1,061 were minor adaptations such as the installation of safety rails and 544 of these were major adaptations such as full alterations to a home to enable greater mobility.
 - The recent introduction of a modular ramp scheme providing temporary, moveable ramps to Council and privately owned homes has allowed the installation of 22 ramps assisting residents who are wheelchair users or have restricted mobility.
 - During 2017/18 Care and Repair completed 24 new shower adaptations to elderly or vulnerable private residences under the Over 80's Level Access Shower Scheme and provided financial support for 16 secure door entry installations for residents who are vulnerable or on a low income within flatted blocks where Perth & Kinross Council has a shared interest.
- We provide a Garden Maintenance Service for council tenants with a disability or those aged 65 years and over. This is currently provided to 648 tenants who enjoy the benefits of a garden however who struggle to maintain it.

Sheltered Housing

The Housing Service owns and manages 7 sheltered housing complexes, providing 190 homes to older people throughout the area. We also manage 2 complexes on behalf of Cairn Housing Association. The service provides a valuable service to support older people to live as independently as possible.

During 2018/18 through investment of £940,000 major capital refurbishment delivered significant enhancements to 2 sheltered housing schemes within Perth City.

At Carpenter Court improvement works involved the construction of a new glazed sun-room; the central courtyard was fully redesigned and landscaped with new exterior lighting and seating areas. Other upgrades included a new assisted bathing facility, updated walls and flooring, and upgraded communal lighting and signage. The new designs are aimed at helping those with dementia and to make the circulation areas brighter, safer and more comfortable to move about in. Work to improve the communal facilities and garden areas has supported increased social activities for the residents by creating a “social hub” for people to meet and get involved in various activities.

At Strathmore Street improvement works have enhanced communal facilities by extending the communal lounge and adding a large communal kitchen and assisted bathing. Work to improve access around the scheme has also been completed including installation of electronic corridor and external doors.

In both complexes we have installed assisted bathing facilities for use by our tenants and those in the wider community, with an assessed need, to prevent an admission to hospital or residential care.

The number of tenants within our sheltered housing units with dementia has increased and we have enhanced our training so our support staff are equipped to meet the changing needs of our residents. In addition we have worked in partnership with the Health & Social Care Partnership to expand the use of Technology Enabled Care (TEC) by the expansion of the SMART flat to enable people with learning disabilities to enhance their independent living skills.

Staff in our sheltered housing complexes have worked closely with the Care Inspectorate to deliver the Care about Physical Activity (CAPA) improvement programme. Through this programme, support officers have supported five sheltered tenants to increase their levels of physical activity resulting in various improvements in the tenants' health and wellbeing.

The Housing and Environment Zero Waste initiative has resulted in joint working with staff and tenants in sheltered housing to deliver cooking sessions to help improve the health and wellbeing of tenants. These sessions have proved extremely positive and have also helped to address some isolation issues with our older tenants.

We continue to build on our intergenerational work with some primary and secondary schools. Pupils from Perth High have supported tenants to redesign and plant borders within the courtyard area of our sheltered housing unit. Some pupils have also supported sheltered housing tenants to use technology such as i-pads and in return the tenants have supported pupils with history and modern studies projects.

Following an unannounced inspection by the Care Inspectorate in 2017/18, our Sheltered Housing Support Service was evaluated under 'Quality of Care and Support' and 'Quality of Leadership and Management'. The service was graded as very good in both of these categories. The Inspector commented that:

- Staff were very responsive, warm, friendly and approachable"
- "There are good intergenerational links"; and "The Care about Physical Activity (CAPA) implemented by officers is making a real difference by improving the health and wellbeing of some tenants".

Housing Services Housing Support

Our team of support officers provides support and assistance to tenants within our 190 units of retirement and 114 units of amenity housing. For tenants in retirement housing this is a daily welfare check and for both tenants they have access to a range of activities and events delivered in partnership with a range of services to help tackle isolation, and improve their health and wellbeing.

Following an unannounced inspection of the Housing Support Service by the Care Inspectorate in January 2018, the service was considered to be "sector leading" and received excellent grades for both the quality of care and support; and the quality of staffing and leadership. The Inspector commented: -

"The staff team had a real pride in their work, were knowledgeable, professional and, above all, fully committed to supporting people";

"The management team are extremely knowledgeable and professional."

IMPACT

All of this activity has enabled many older people to continue to live independently and safely at home and has increased their health and wellbeing. In particular the developments within our sheltered housing units has also allowed some older people within the surrounding community to benefit from activities and events in sheltered housing despite not living within the complex. This has had a significant impact in reducing social isolation.

Special Need Housing Review

During 2017/18 we undertook a review of special need housing and the final report was circulated in March 2018. This was informed by feedback from over 500 stakeholders including people with learning disabilities, autism spectrum disorder (ASD), profound and multiple learning disabilities

(PMLD), physical disabilities, mental health and older people. The final report made it clear that current accommodation with support options are highly valued by the people who live there. Overall feedback received as part of the review was very positive:-

- people enjoy living in their accommodation
- choices available to people living in accommodation with support has increased and facilitated independent living
- accommodation with support has contributed to the recovery and rehabilitation of people
- staff members are supportive in terms of helping people work towards their outcomes and life goals.

The review also highlighted that improvements could be made. Broadly, the findings and recommendations have been themed into four work streams which are being progressed by the Independent Living Group.

1. **Planning Ahead and Identifying Need:** Develop longer term and anticipatory understanding of the requirement for supported housing.
2. **Pathways into Housing:** Ensure there are clear and effective processes in place to facilitate a person's pathway into appropriate supported housing.
3. **Maximising Successful Transitions:** Review pathways for people requiring specialist housing.
4. **Appropriate Provision for the Future:** Appropriate future supported housing options for mild, moderate and severe needs, to ensure needs are being appropriately met and enable best practice.

We are working with our partners including Health and Social Care to progress these recommendations, Appendix A details a high level overview of the project plan.

What are we doing next?

- Delivery of new houses built to inclusive and universal design standards
- Take forward the recommendations identified through the review of special needs housing through the Supported Living Project.
- Further developing our approach to medical adaptations:-
 - Reviewing the process for referral prioritisation for medical adaptations
 - Exploring our housing allocation policy in relation to previously medical adapted properties to ensure that we are making best use of our resources
 - Reviewing the resource allocation for medical adaptations (financial and staffing resource including Occupational Therapy).

House
Condition,
Fuel Poverty
and Climate
Change

- All residents are living in good quality and energy efficient homes which meet the relevant standards;
- Residents are living in homes they can afford to heat and are aware of opportunities to maximise their incomes;
- People are aware of the assistance available to them to improve the energy efficiency levels of their homes;
- People are aware of ways in which they can reduce fuel consumption and save on energy costs.

Our aim – Support residents of Perth and Kinross to live in warm, dry, energy efficient and low carbon homes which they can afford to heat.



What have we achieved?

We recognise the impact that poor quality housing can have on a person's health and wellbeing and we are progressing a range of measures to support the provision of good quality housing in the area.

Good quality and energy efficient homes

In order to achieve this outcome, we need to ensure that the design of all new build homes, as well as that of our existing stock, meets the relevant energy efficiency standards. We also need to ensure that they are built in a way in which they are resilient to the future impacts of climate change.

We have also been working closely with the Council's Structures and Flooding Team to install automatic flood vents in Aberfeldy and Alyth.

Existing Housing Stock – Social Housing

Good quality housing has a direct impact on the general health and wellbeing of households and we continue to invest in our housing stock to improve emotional wellbeing, decrease the risk of long-term health conditions and improve educational attainment.

During 2017/18 we invested over £23m in the Council's Housing Capital Investment Programme to improve the condition and energy efficiency levels of council housing and helps us to work towards achieving the Scottish Government targets. During 2017/18, the following number of council properties benefitted through this programme: -

- 147 homes received kitchen replacements;
- 294 homes received bathroom replacements;
- 694 homes received upgraded central heating systems;
- 526 homes received new triple glazed windows and insulated exterior doors;
- 75 homes were fitted with externally applied wall insulation;
- 367 homes had cavity wall insulation extractions and re-fills;
- 82 homes have been fitted with new gas mains connections; and
- 28 homes were fitted with renewable energy measures such as air source heat pumps or solar panels.

A longitudinal study community health study published in June 2018 tells us that for people over 60 who were living in homes which met the national quality standard resulted in 39% fewer emergency admissions compared with those living in homes that were not upgraded.

Overall, **96.15%** of our stock now meets the Scottish Housing Quality Standard against a national average of **93.6%**. Our recent **Tenant Satisfaction Survey** evidenced the impact of these improvements with **95.83%** of tenants surveyed indicating that they are satisfied with the quality of their home. This is an improvement from 84.65% in 2016/17.

In addition, the Scottish Government has set new targets for social landlords in relation to energy efficiency. The Energy Efficiency Standard for Social Housing (EESH) sets a minimum energy efficiency rating for landlords to achieve by December 2020. As at 31 March 2018 the Council housing stock complaint rate is 80.2%. Following improvements to a property a tenant commented:-

“The house is much warmer and I use less gas. It’s fantastic”.

The design guide for new build housing developments which will address energy efficiency and climate change issues.

Through our Empty Homes Initiative (EHI) we provide grants to bring properties up to the Repairing Standard to enable properties to be rented out to private tenants through our Rent Bond Guarantee Scheme. These improvements include energy efficiency measures including replacement windows, upgrades to heating systems etc.

Fuel Poverty

The three main factors influencing fuel poverty are fuel prices, household incomes and energy efficiency levels within the housing stock. These three factors are inextricably linked meaning that households can move in and out of fuel poverty as circumstances change. It also means that a household with a good income could still face fuel poverty if their home is unaffordable (e.g. if it’s energy inefficient and/or in a location which is not on the gas network).

Although we do not have control over energy prices or households incomes, we do offer comprehensive benefits checks to everyone contacting the Welfare Rights Hotline and work with partners to provide information on income maximisation and fuel advice. Referrals are made to Home Energy Advice Team (HEAT) for people who may find themselves in fuel poverty and requiring further assistance.

Our Energy Efficiency Programme and HEAT ensures people are aware of other opportunities to maximise their incomes by saving on their fuel costs (through private sector grants and schemes). One Council tenant made the following comment about the Council’s energy efficiency programme:

“I’ve just received my quarter electricity bill and it’s saved me an average of 9% on my bill – fantastic”.

We have received a further funding award for 2018/19 of £1,345,635 through the HEEPS-ABS programme. 170 private homes are included within this proposal. A Warm Homes Funding Grant of £1.4M has also been secured. The fund is primarily designed to encourage the installation of

affordable heating solutions in fuel poor households who do not use mains gas as their primary fuel. Works will be undertaken during 2018/19.

We are also continuing to maximise grant assistance from Scotland's Gas Network (SGN) to help pay for new gas connections. More than £1.75M has been saved since 2012 and 1,614 new connections have been installed. Mains gas supplies have been fitted to a further 68 Council houses during 2017/18

A Climate Sensitivity Mapping Exercise was carried out in 2017/18 to establish which areas of Perth and Kinross are most prone to fuel poverty based on the climate. This exercise demonstrated that Blair Atholl, an area close to Killin (but within P&K boundary), Rannoch, Lochearnhead, and Aberfeldy are most prone to the effects of the climate. Work is ongoing to establish how this exercise can be linked with other housing data we hold to organise specific fuel poverty awareness sessions alongside Home Energy Scotland and our Home Energy Advice Team.

District heating is a way of producing an energy efficient heating system whilst also reducing carbon emissions at the same time. While no district heating projects have yet been identified, Perth and Kinross is currently participating in a Local Heat and Energy Efficiency Strategy (LHEES) Pilot Project. A LHEES which would designate zones for energy efficiency and heat decarbonisation by assessing heat demand and local conditions, including existing district and communal heating, local and national energy efficiency, heat decarbonisation and fuel poverty objectives; and local development planning. The pilot project is underway and we are currently awaiting a baseline data report before an energy option appraisal will be undertaken alongside engagement activity with Zero Waste Scotland/Resource Efficient Scotland to target key commercial operators and potentially residents.

We also have another project underway to investigate the feasibility of serving a new significant development site on the edge of Perth at Bertha Park through a biomass district heating system with possibilities to tie-in with other key anchor loads in the city.

A large part of our fuel poverty and energy efficiency work is trying to raise awareness of the assistance which is available to residents of Perth and Kinross to improve the energy efficiency levels of their homes.

Within Perth and Kinross, we have a Home Energy Advice Team (HEAT) service which is delivered by SCARF. The HEAT service offers free and impartial advice to all Perth and Kinross residents based specifically on their property and household circumstances. Free home visits are included to help householders to manage their fuel spend effectively, while maintaining a warm, dry, and comfortable living environment. HEAT offered **1,164** instances of advice to residents within the area. However, efforts are ongoing to continue to raise awareness of HEAT and also the assistance that can be provided by Home Energy Scotland. When added to advice issued as part of the external wall insulation programme, HEEPS Loan Scheme and Scheme of Assistance, the total instances of advice issued in relation to energy efficiency was **1,478**, just below our target of 1,500.

Discussions took place during 2017/18 with Scottish Fire and Rescue Service to hold fuel poverty awareness sessions for the 5 different watches in Perth. The idea behind this is that Firefighters could use the information to help direct households in Perth and Kinross to our HEAT service for further help and advice while carrying out 'Safe and Well' Visits.

Climate Change

It is important to ensure people are aware of ways in which they can reduce fuel consumption and save on energy costs in order to decrease fuel poverty levels and increase energy efficiency whilst minimising our carbon footprint.

Energy Efficiency Guides were distributed by SCARF and through locality offices and campuses during 2017/18. The new guide is currently being designed for 2018/19.

The HEAT team also attended a range of events during 2017/18 to raise awareness about energy efficiency and provide advice and tips on how to reduce our carbon footprint. Sessions with Housing and Welfare Rights teams were organised to discuss how tenants could benefit from assistance. Stalls were also organised within Pullar House, Blairgowrie Area Office and Crieff Area Office to offer advice to customers on energy efficiency. HEAT also attended a dementia coffee morning to provide advice and had stalls at the Carers Conference, Financial Capability Week and at the North Church Dementia Cafe Awareness Day.

What are we doing next?

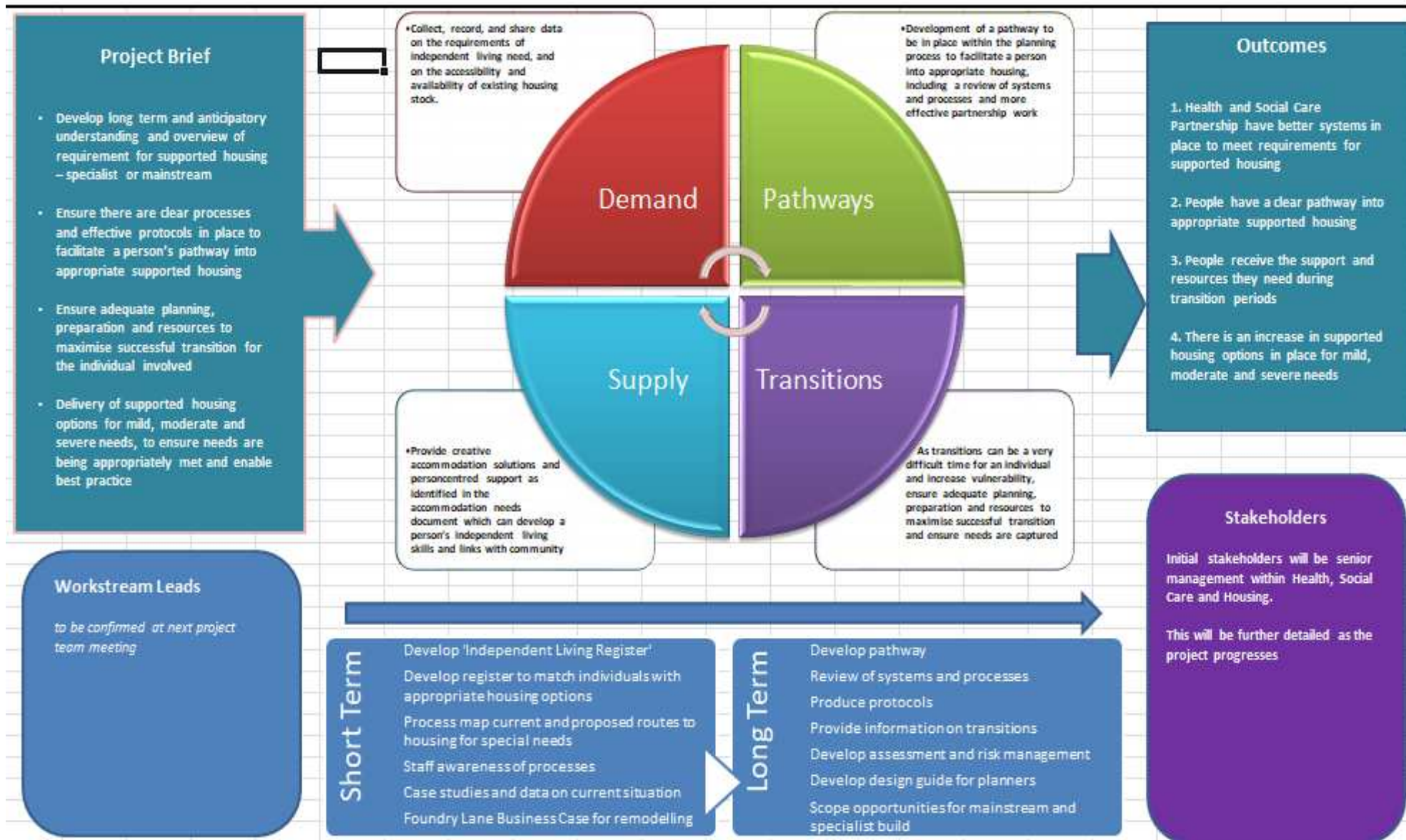
- Increase awareness of Repairing Standard and examine ways of enforcing sub-standard properties within the Private Sector (including below tolerable standard properties).
- Examine Private Landlord compliance levels with the minimum standards within Perth and Kinross.
- Ensure new build houses are designed with energy efficiency and climate change in mind
- Build a profile of properties and areas in which energy efficiency improvements could improve fuel poverty levels.
- Continue to offer a comprehensive benefits check to everyone contacting the Welfare Rights Hotline and work with Partners to provide information on income maximisation and fuel advice.
- Work closely with Community Planning Partners to raise awareness amongst staff visiting residents in their own homes.
- Organise events for residents and Private Landlords to raise awareness of fuel poverty and the agencies who can help with loans or funding for energy improvements.
- Support and promote HEEPS Equity Loan Scheme delivered by Care and Repair.

References

- Scottish Public Health Network – Foundations for well-being: reconnecting public health and housing. A Practical Guide to Improving Health and Reducing Inequalities. Emily Tweed, lead author on behalf of the SctPHN Health and Housing Advisory Group with contributions from Alison McCann and Julie Arnot – January 2017
- Emergency hospital admissions associated with a non-randomised housing intervention meeting national housing quality standards: a longitudinal data linkage study – Rodgers SE, Bailey R, Johnson R et al, J Epidemiol Community Health 2018;72:896-903

Independent Living Project

To progress workstreams that will enable the development of housing for individuals who require care and support, or physically adapted properties; such as wheelchair accessible housing, to live independently in the community. To meet the demand for housing for people with special needs covering Learning Disabilities, Autism Spectrum Disorder (ASD), Profound and Multiple Learning Disabilities (PMLD), Physical Disabilities, Mental Health, Older People in the community:





PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

Strategic Programme of Care Boards – Terms of Reference

Report by Chief Officer (Report No. G/19/12)

PURPOSE OF REPORT

The purpose of this report is to seek agreement from the IJB on the finalised Terms of Reference for the four Strategic Programme of Care Boards.

1. RECOMMENDATION(S)

It is recommended that the IJB:

- agrees the 4 Strategic Programmes of Care Terms of Reference (Appendix 1-4)

2. SITUATION / BACKGROUND / MAIN ISSUES

As part of its refresh of the Strategic Commissioning Plan, the P&K Health and Social Care Partnership reorganised its Strategic Planning Framework into four Programmes of Care:

1. Older People and Unscheduled Care
2. Mental Health and Wellbeing
3. Primary Care
4. Carers

These Boards have been established to provide a coordinated approach to achieving the objectives of the Health and Social Care Partnership's Strategic Commissioning Plan. The Boards will enable a more effective and focused approach for the planning of service delivery and will be an essential enabler in determining the key priorities of the refreshed IJB Strategic Commissioning Plan. The Boards will report to the Strategic Planning and Commissioning Board. As part of the refresh of the Strategic Commissioning Plan.

3. PROPOSALS

The four Strategic Programme of Care Boards intend to provide quarterly updates on progress to the IJB. Progress & performance will be scrutinised at each meeting of the P&K Audit & Performance Committee.

4. CONCLUSION

All 4 Boards are now functioning as Strategic Boards with roles and remits as described within the 4 attached terms of reference.

Author(s)

Name	Designation	Contact Details
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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 – Primary Care

Appendix 2 – Carer's Services

Appendix 3 – OPUSC

Appendix 4 – Mental Health & Wellbeing



Perth & Kinross Health & Social Care Partnership Primary Care Board

Terms of Reference

Author: Hamish Dougall
Chris Jolly

Review Group: P&K PC Board

Review Date: September 2019

Last Update: 6 February 2018

Document No: PCB 1.0

Issue No: 6

UNCONTROLLED WHEN PRINTED

Signed:

1. Purpose of the Primary Care Board (Background)

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four “sub” Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People’s & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Primary Care Board will oversee the development and implementation of the strategic delivery plan for Primary Care in line with the objectives of the P&K IJB Strategic Commissioning Plan and within the resources available.

2. Chairperson

The Primary Care Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Associate Medical Director and the Co Chair of the Board will be the P&K HSCP Chief Finance Officer.

3. Support

The meetings will be serviced by the P&K HSCP.

4. Membership

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually.

Strategic Programme Board
Chair/SRO
Co-Chair
Strategic Lead (Vacant)
Medical Lead
Social Work Lead
Nursing Lead
AHP Lead
Pharmacy Lead
Prison Healthcare/OOH Lead
Portfolio Lead
Finance Lead
GP Engagement Lead
Commissioning Lead (Vacant)
Locality Management Representation
Primary Care Manager
Corporate Lead
Public Partner Representative

Each individual member will act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

5. Quorum

Meetings of the Primary Care Board will be quorate with 7 members in attendance including at least the Chair or the Co Chair.

6. Frequency of meetings

Meetings will generally take place on a 6 weekly basis with movement from that schedule only being agreed in the interests of progressing the Boards business. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

The main responsibilities are specifically to:

1. Develop a Strategic Delivery Plan, including the implementation of the Primary Care Improvement Plan which encompasses the 2018 General Medical Services Contract. This work will align strategically and operationally with those services being taken forward as part of Action 15 under the Mental Health Strategy.
2. Future service plan across pathways of care
3. Ensure investment and disinvestment implications are clear
4. Ensure a clear performance framework is implemented with targets that demonstrate the delivery of strategic objectives
5. Consider implications for each locality and equity of spend
6. Develop a stakeholder Communications, Participation and Engagement plan including service user and carer input
7. Contribute to the Partnership Workforce plan setting out challenges and innovative approaches to workforce development across Primary Care
8. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
9. Through development of a clear investment and disinvestment plan set out a 1 year and 3 year financial plan for Primary Care.

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The Primary Care Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The Primary Care Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

The Primary Care Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit. In this regard the Primary Care will take appropriate steps to implement agreed strategic plans and to report progress and exceptions to the IJB. In particular where significant service changes have occurred or strategic risks have been identified the Primary Care Board will report to the IJB via the Strategic Planning and Commissioning Board.

The Primary Care Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

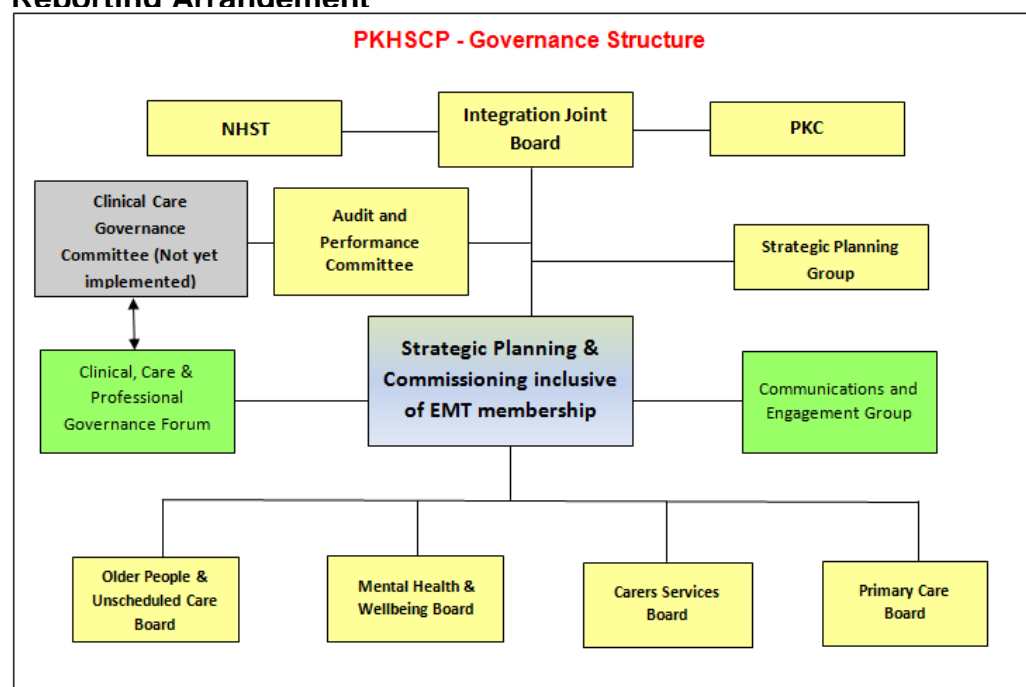
10. Review

It will be necessary to evaluate the effectiveness of the Primary Care Board and adapt arrangements as necessary. Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance. Proposed changes will be submitted to the Strategic Planning and Commissioning Board.

11. Strategic Priorities

The Primary Care Board will identify the priorities for progression and direct additional tasks when necessary.

12. Reporting Arrangement





Perth & Kinross Health & Social Care Partnership

Carer's Services Programme Board Terms of Reference

Name	Carer's Services Programme Board Terms of Reference
Version status and number	Approved – V2
Version date	16 th November 2018
Document file name	CSP Board TOR dated 2018_09_25.doc
Next review date	16 November 2019 (or before)

Version #	Status	Author(s)	Changes
0.1	Draft	Alison Gallacher	First draft for review
0.2	Draft	Michelle Smart/Karyn Sharp	Compare and contrast with MHW TOR
1.0	Approved	Alison Gallacher/Karyn Sharp	Approved following consultation

1. **Purpose of the Carer's Board (Background)**

The Health and Social Care Strategic Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four "sub" Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People's & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Carer's Services Board will oversee the development and implementation of the strategic delivery plan for Carer's Services in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

2. **Chairperson**

The Carer's Services Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Head of Social Work and the Co Chair of the Board will be the Service Manager, Older People Strategic Lead.

3. **Support**

The meetings will be serviced by the P&K HSCP.

4. **Membership**

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually.

The core membership is detailed below but it is expected that additional members will be co-opted as necessary from time to time:

Chair/SRO	Head of Adult Social Work/Social Care
Co-Chair	Service Manager, (Strategic Lead Older People)
Strategic Lead	Service Manager, (North Locality, Learning Disabilities & Employability)
Nursing Lead	HSCP Lead Nurse
Locality Management Representation	South Perthshire Locality Manager
Finance Lead	Senior Finance Officer
Children's Lead	Improvement Officer, ECS
Commissioning Lead	Service Manager, Strategic Commissioning
Corporate Lead/Portfolio Lead	Business Improvement Officer
TEC Lead	TEC Development Officer
Voluntary & Third Sector Lead	Service Manager, Carers Hub, PKAVS, Third Sector
Carers Representatives	As agreed (rotational)
Project Manager	Business Improvement Officer
Performance /Workforce Lead	Service Manager, Business Improvement
Project Support	Business Improvement Support Assistant
Administrative Support	Business Services Assistant

Each individual member will act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

5. Quorum

Meetings of the Carer's Services Board will be quorate when 50% members including at least the Chair or the Co-chair.

6. Frequency of Meetings

Meetings will take place a minimum of 6 times per year. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

The main responsibilities are specifically to:

1. Develop a Strategic Delivery Plan including already agreed transformation and savings plan; establishing clear priorities and objectives;
2. Approve and oversee the implementation of the Strategic Programme Plan for Carer's Services to include key milestones, risks, and savings plan in order that identified benefits are realised;
3. Ensure investment and disinvestment implications are clear;
4. Ensure a clear performance framework is implemented with targets that demonstrate the delivery of strategic objectives;
5. Consider implications for each locality and equity of spend, reflective of local needs;
6. Develop a stakeholder engagement plan including service and carer input;
7. Ensure the appropriate resources required by the projects within the programme are made available when required;
8. Review the risk register and escalate any risks/issues that the Board cannot resolve or manage, to IMT;
9. Receive update reports from project groups as to the progress of the programme in their area of responsibility, highlighting any risks or issues which would impede the progress of the programme;
10. Contribute to the Partnership Workforce plan setting out challenges and innovative approaches to workforce development across Carer's Services;
11. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis;
12. Through development of a clear investment and disinvestment plan set out a 1 year and 3 year financial plan for Carer's Services.
13. Develop and ensure the delivery of the Communications, Participation and Engagement, Workforce and Organisational Development plans as they relate to the work of the Board

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The Carer's Services Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The Carer's Services Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings.

The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

The Senior Leadership Team of the Carer's Services Board has devolved executive accountability to define the strategic direction of Carers (Adult /Young) in Perth & Kinross.

The Carer's Services Programme Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit.

In accordance with the Partnership Risk Management Framework, any significant service changes or strategic risks which arise will be brought to the attention of the IJB, through the Strategic Planning and Commissioning Board.

The Carer's Services Programme Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

10. Review

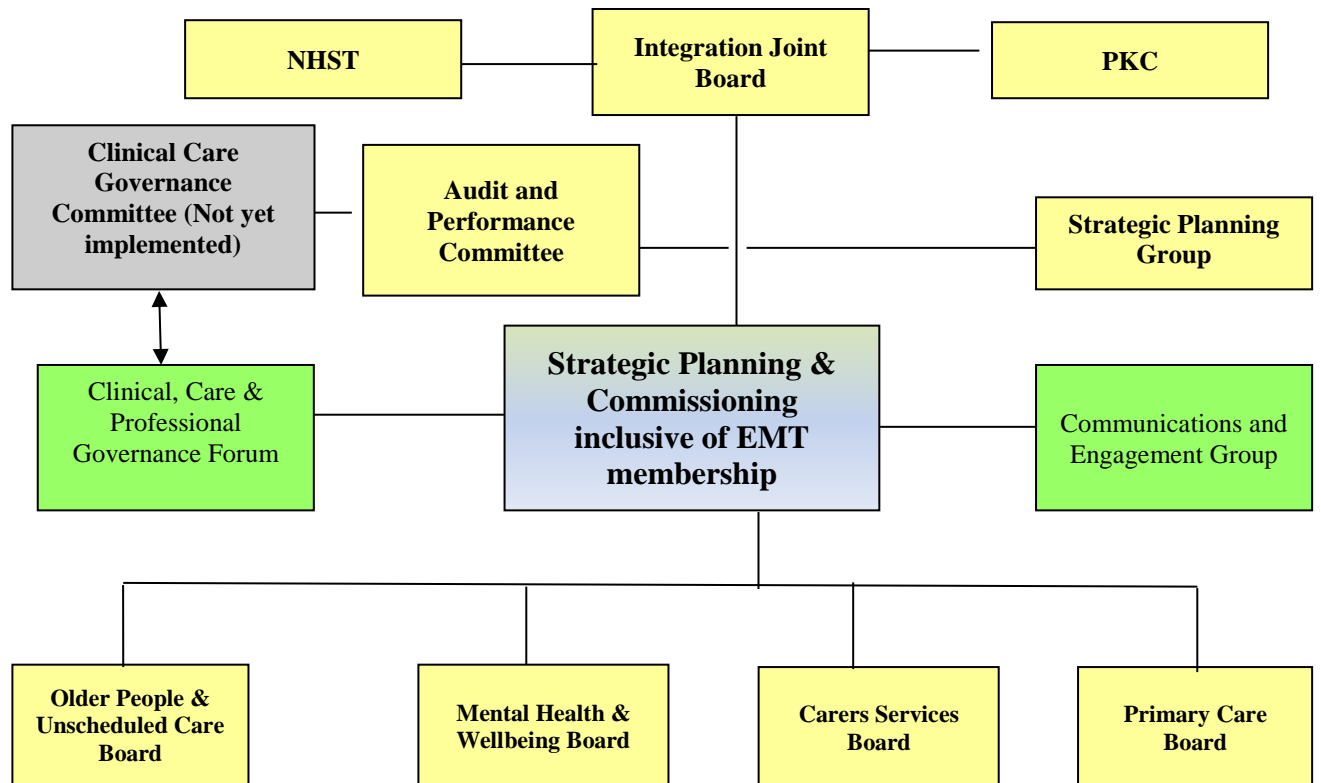
It will be necessary to evaluate the effectiveness of the Carer's Services Board and adapt arrangements as necessary. Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance. Proposed changes will be submitted to the Strategic Planning and Commissioning Board, for subsequent approval by Integrated Joint Board.

11. Strategic Priorities

The Carer's Services Board will identify the priorities for progression and direct additional tasks when necessary.

12. Reporting Arrangement

PKHSCP - Governance Structure



The Carer's Services Board will work with the Integrated Management Team for the implementation of the Carer's Services Programme of works.

Appendix 3



**Perth & Kinross Health & Social Care Partnership
Older People & Unscheduled Care Board**

Terms of Reference

Author: Hamish Dougall
Audrey Ryman

Review Group: OP&USC Board

Review Date: September 2019

Last Update: January 2019

Document No: OPUSC V1.0

Issue No: 4

UNCONTROLLED WHEN PRINTED

Signed:

1. Purpose of the OP & USC Board (Background)

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four “sub” Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People’s & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Older People’s & Unscheduled Care Board will oversee the development and implementation of the strategic delivery plan for OPUSC in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

2. Chairperson

The OP & USC Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Associate Medical Director and the Co Chair of the Board will be the P&K HSCP Head of Health.

3. Support

The meetings will be serviced by the P&K HSCP.

4. Membership

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually.

Strategic Programme Board
Chair - SRO
Co Chair
Strategic Lead
NHS Tayside Medical Lead
Social Work Lead
Nursing Lead
AHP Lead
GP Lead
NHS Tayside Older People Medical Lead
Independent Lead
Third Sector Lead
Finance Lead
Corporate Lead
Commissioning Lead
Locality Lead
Inpatient Lead
Housing Lead
Performance Lead
Public Partner Representative

Perth & Kinross Medicine for the Elderly Lead
Perth & Kinross Psychiatry of Old Age Lead
Portfolio Manager

Each individual member will act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

5. Quorum

Meetings of the Older People Board will be quorate when 7 members including at least the Chair or the Co Chair.

6. Frequency of meetings

Meetings will generally take place on a 6 weekly basis with movement from that schedule only being agreed in the interests of progressing the Boards business. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

The main responsibilities are specifically to:

1. Develop a Strategic Delivery Plan including already agreed transformation and savings plan
2. Future service plan across pathways of care
3. Ensure investment and disinvestment implications are clear
4. Ensure a clear performance framework is implemented with targets that demonstrate the delivery of strategic objectives
5. Consider implications for each locality and equity of spend
6. Develop a stakeholder engagement plan including service and carer input
7. Ensure joint planning for Large Hospital Set Aside – including acute medicine and Emergency Department
8. Contribute to the Partnership Workforce plan setting out challenges and innovative approaches to workforce development across OPUSC
9. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
10. Through development of a clear investment and disinvestment plan set out a 1 year and 3 year financial plan for OPUSC

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The OPUSC Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The OPUSC Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

The OP & USC Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit. In this regard, the OP & USC Board will take appropriate steps to implement agreed strategic plans and to report progress and exceptions to the IJB. In particular, where significant service changes have occurred or strategic risks have been identified the OP&USC Board will report to the IJB via the Strategic Planning & Commissioning Board.

The OP & USC Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

10. Review

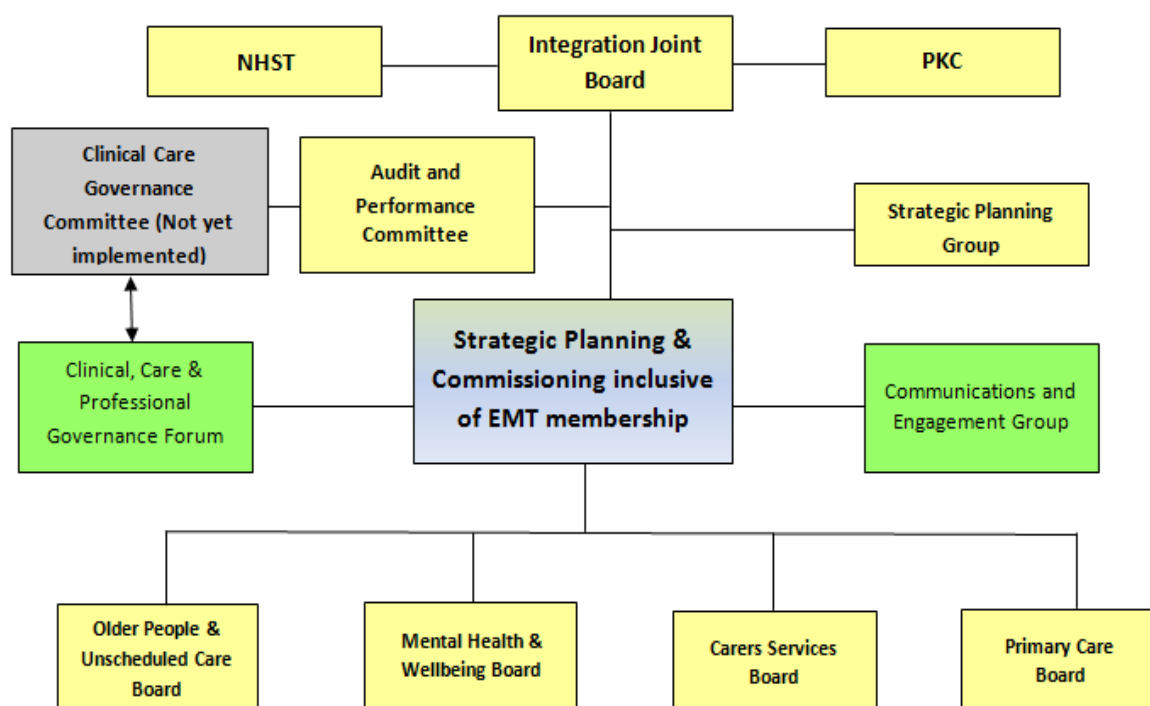
It will be necessary to evaluate the effectiveness of the OPUSC Board and adapt arrangements as necessary. Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance. Proposed changes will be submitted to the Strategic Planning and Commissioning Board.

11. Strategic Priorities

The OPUSC Board will identify the priorities for progression and direct additional tasks when necessary.

12. Reporting Arrangement

PKHSCP - Governance Structure





Perth & Kinross Health & Social Care Partnership Mental Health & Wellbeing Care Board

Terms of Reference

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Review Group: P&K MHW Board

Review Date: February 2020

Last Update: 5th February 2019

Document No:

Issue No: Draft 0.9

UNCONTROLLED WHEN PRINTED

Signed:

1. Purpose of the Mental Health & Wellbeing Care Board (Background)

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four “sub” Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People's & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Mental Health & Wellbeing Care Board will oversee the development and implementation of the strategic delivery plan for mental health and wellbeing care in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

2. Chairperson

The Mental Health & Wellbeing Care Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Head of Health and the Co-Chair of the Board will be the P&K HSCP Head of Adult Social Care & Social Work.

3. Support

The meetings will be serviced by the P&K HSCP.

4. Membership

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually. The core membership is detailed below, but it is expected that additional members will be co-opted as necessary from time to time:

#	Board Position
1.	SRO / Chair
2.	Co-chair
3.	Clinical Representative
4.	Social Work Representative
5.	Strategic Programme Lead
6.	Nursing Representative
7.	AHP Representative
8.	Portfolio Lead
9.	Finance Representative
10.	Commissioning Representative
11.	Locality Management Representative
12.	ECS Representative
13.	Housing Representative
14.	Partner Representative

15.	Inpatient Representative
16.	Prisoner Healthcare Representative
17.	Public Health Lead
18.	3 rd Sector Representative

Each individual member will fully represent, appropriately feedback into and act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

Meeting minutes will be circulated to those deemed necessary and in addition to:

18.	Human Resources Officer
19.	Communications Officer

5. Quorum

Meetings of the Mental Health & Wellbeing Care Board will be quorate when 7 members including at least the Chair or the Co-chair.

6. Frequency of meetings

It is expected that meetings will take place on a six weekly basis but with a minimum of six times per year. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

This Board differs from the other Boards in that four existing strategy groups, listed below, will report to it:

1. Mental Health and Wellbeing Strategy
2. Learning Disability Strategy
3. Substance Use Strategy (ADP)
4. Autism Strategy

The main responsibilities specifically for Mental Health & Wellbeing are to:

1. Identify areas for commissioning and decommissioning regarding the above strategies with support from the strategy groups
2. Identify key deliverables and priorities for all the strategies listed above
3. Establish appropriate clinical leadership for the implementation of the strategies
4. Develop high level monitoring of operational implementation at locality level ensuring equality of provision as appropriate
5. Coordinate the implementation of the strategies by identifying any cost cutting themes and areas of duplication and taking action as appropriate
6. Ensure the models/pathways of care proposed by the strategy programme groups are financially sustainable
7. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
8. Developing a 1 year and 3 year financial plan for Mental Health and Wellbeing

9. Ensure links to wider developments in inpatient services Community Planning Partnerships and Tayside Mental Health Board
10. Authorise and monitor proposals regarding spend of any new Scottish Government monies
11. Develop and ensure the delivery of the Communications, Participation and Engagement, Workforce and Organisational Development plans as they relate to the work of the Board

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The Mental Health & Wellbeing Care Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The Mental Health & Wellbeing Care Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

The Senior Leadership Team of the Mental Health & Wellbeing Care Board has devolved executive accountability to define the strategic direction older people in Perth & Kinross. (Authority to be agreed)

The Mental Health & Wellbeing Care Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit.

The Mental Health & Wellbeing Care Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

10. Review

It will be necessary to evaluate the effectiveness of the Mental Health & Wellbeing Board and adapt arrangements as necessary.

Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance.

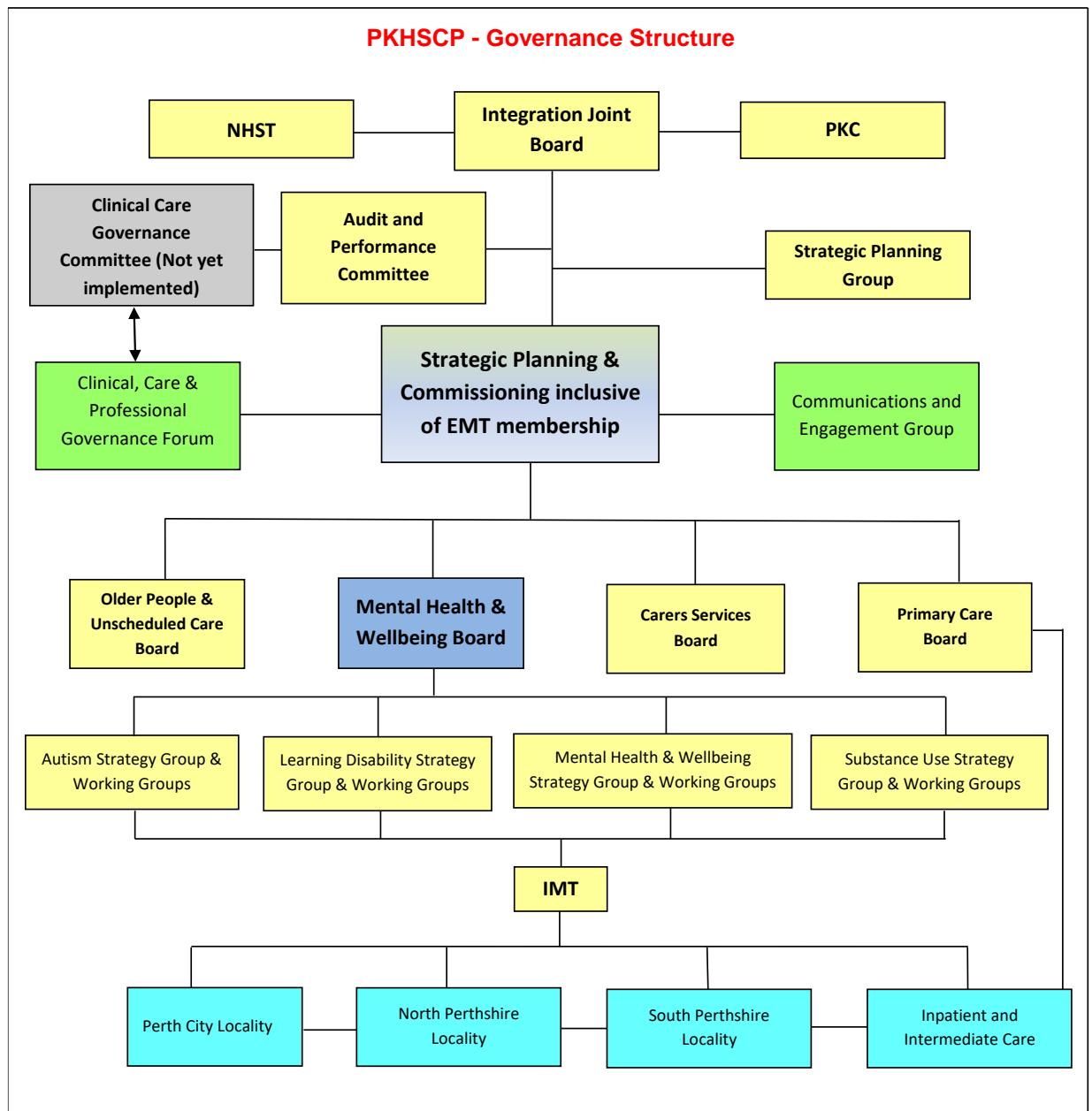
Proposed changes will be submitted to the Strategic Planning and Commissioning Board for approval.

11. Strategic Priorities

The Mental Health & Wellbeing Board will identify the priorities for progression and direct additional tasks when necessary.

12. Reporting Arrangement

The reporting hierarchy for the Mental Health and Wellbeing Care Programme is detailed in the diagram below:





PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

Strategic Programme of Care Boards – Progress Update

Report by Chief Officer (Report No. G/19/13)

PURPOSE OF REPORT

The purpose of this report is to update the IJB on progress from the four Strategic Programme of Care Boards which have been recently established by the P&K Health and Social Care Partnership.

1. RECOMMENDATION(S)

It is recommended that the IJB:

- notes the progress on establishment of the four Strategic Programme of Care Boards
- notes that the four Strategic Programme of Care Boards intend to provide an update on progress for all IJB meetings
- notes that the four Strategic Programme of Care Boards intend to provide quarterly updates on progress and performance for scrutiny to the P&K Audit & Performance Committee by means of agreed performance frameworks
- notes the proposed and planned strategic delivery actions for each Board (section 3 below)

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1

As part of its refresh of the Strategic Commissioning Plan, the P&K Health and Social Care Partnership reorganised its Strategic Planning Framework into four Programmes of Care:

1. Older People and Unscheduled Care
2. Mental Health and Wellbeing
3. Primary Care
4. Carers

These Boards have been established to provide a coordinated approach to achieving the objectives of the Health and Social Care Partnership's Strategic Commissioning Plan. The Boards will enable a more effective and focused approach for the planning of service delivery and will be an essential enabler in determining the key priorities of the refreshed IJB Strategic Commissioning Plan. The Boards will report to the Strategic Planning and Commissioning Board.

2.2

The roles and remits of all four Boards are captured within each Strategic Board's Terms of Reference. These Terms of Reference are also being presented to the IJB today for endorsement.

3. PROPOSALS & PROGRESS

3.1 Older People & Unscheduled Care (OPUSC) Board

3.1.1

The vision for OPUSC Board is to develop a Perth and Kinross model of care for older people "To support people to remain in a homely environment for as long as possible, providing access to personalised and sustainable integrated rehabilitation and reablement models of care and in partnership with communities promote healthy active ageing." This will be achieved by:

- Promoting thriving, resilient communities through additional support to access sports, leisure and encourage volunteering and neighbourhood initiatives
- Investing in a rehabilitative model of care, based in communities to significantly improve people's ability to remain at home for as long as possible
- Reviewing the use of our inpatient hospital bed base and care home placements, exploring where possible, new models to support people in their own homes for as long as possible and to ensure equity of access
- Radically enhancement of technology enabled care and home health monitoring to help people remain living in their own homes
- Continuing to improve the Admission and Discharge Pathways for people between hospital and the community

3.1.2

In order to achieve the vision and aims, and continue to build upon the momentum already established over recent years but also accelerating progress still further, the Board are proposing to:

- ***Develop and promote thriving, resilient communities through volunteering, social prescribing and neighbourhood initiatives:***
By developing and promoting thriving, resilient community's older people will be supported to be safe and healthy, independent and maximise their potential to make a positive contribution within their community which will reciprocally support them. The Partnership will continue to collaborate with voluntary and community sectors as key partners to develop, for

example, dementia friendly neighbourhoods, additional care about physical activity opportunities and promotion of a Thriving Third Age. The Partnership's Locality Management Groups will continue to work with Local Action Planning Groups and communities to increase community empowerment, wellbeing and equality.

- ***Build on the enhanced community support approach:***

The Enhanced Community Model (ECM) is where multi-disciplinary teams, including the voluntary sectors and others, work around GP Cluster to ensure coordinated support for people living in the community. This model is key to the delivery of our aim of supporting older people longer in their own homes as they age and grow frailer. Perth & Kinross was an early adopter of the ECM model with pilots undertaken in several GP Practices and the benefits of this model has been clearly evidenced across Tayside. We will therefore invest in this model, enhancing on a recurring basis, our rehabilitation and social work services to provide a more comprehensive proactive approach to care co-ordination, planning and reviewing for early intervention and prevention by utilising the eFrailty Index Tool to identify people with mild to moderate frailty. The aim will be to target potentially preventable admissions by GP practice. It will also target early supported discharge linking with the front door Frailty Team and Discharge Hub. It supports the transformation of Care at Home and more recent development of the Home Assessment Recovery Team offering a rehabilitative reviewing support at a locality level.

- ***Develop an enhanced respiratory community support approach:***

As part of Enhanced Community support approach and linked to the Primary Care Improvement Plan, the Partnership would further complement our integrated teams by provision of specialist community respiratory services. A Community Respiratory service will provide specialist support to patients with Chronic Obstructive Pulmonary Disorder (COPD) and asthma within their own home setting during exacerbations of their condition, to support early discharge from hospital and help improve self management to reduce avoidable A&E attendances and future hospital admissions. COPD is related to high healthcare costs largely from hospital admissions. Supporting people in the home environment has been evidenced as being safe and effective and should be used as an alternative way of caring for patients who would otherwise be admitted to hospital.

- ***Review bed based resources and medical model for rehabilitation:***

In July 2018, Perth and Kinross Health & Social Care Partnership commenced a scoping exercise to develop an option appraisal to review rehabilitation inpatient beds with support from external consultants Deloitte. This review is being taken forward to explore and develop a future model of care which will enable the Partnership to provide equity of access to inpatient rehabilitation beds across each locality and identify opportunities to shift the balance of care to enhanced community models. The above review will align with the future model for service delivery on the PRI site as part of an integrated multi-site co-ordinated and complementary approach to service delivery. The Partnership will also review use of care home

placements, as our strategic aim is to support as many people as possible in their own homes, rather than needing to move to a care home. In collaboration with NHS Tayside a review the Psychiatry of Old Age bed model across Tayside will be taken forward, to shift the balance of care into the most appropriate setting eg commissioning beds within the independent sector to provide support for more complex patients.

- ***Significant enhancement of technology enabled care and home health monitoring to help sustain community living:***

The use of technology is playing an increasing role in our everyday lives and has the potential to increase people's choice and control over the support they require. With the shift in the balance of care from hospital to community settings we are working with people with much more complex needs who would previously have been admitted into hospital or moved to care homes. Working towards a focused early intervention and prevention service to mitigate such admissions and to support early discharge, our aim is to help these individuals remain safely at home by providing more specialised equipment and adapting their environments in order to maximise their independence.

- ***Clinical Pathways/Large Hospital Set Aside:***

The Partnership will work in collaboration with NHS Tayside to support the redesign of patient's pathways for scheduled and unscheduled care across Tayside. Over the next two years and with the investment proposed above, the Partnership will continue to work in collaboration with Acute and Partnership Clinicians to move support for patients from acute hospital wards to support in the community. (Large Hospital Set Aside). The large hospital set aside is the amount of budget set aside by the Health Board for delegated services (including unscheduled Medical, Respiratory and Emergency Department services) provided in large hospitals for the population of the Integration Joint Board. The Partnership will develop an integrated Discharge Service to provide timely discharges home for people in hospitals. The service will deliver a full discharge to assess service, assessing people in their own homes, rather than in hospital, when they are medically fit to go home. The strategy will be to work with partners across Tayside to develop a single approach to discharging, to support Perth and Kinross patients who are in hospitals outside of Perth and Kinross.

- ***Interdependencies with Primary Care Improvement Plan:***

The Primary Care Improvement Strategy and Improvement Plan will have critical dependencies with the future models of care for Older People & Unscheduled Care in relation to the development of the Advanced Nurse Practitioner role, Community Care and Treatment Services, Community and Urgent Care Services.

3.2 Mental Health & Wellbeing (MHWB) Board

3.2.1

The MHWB slightly differs from the other Programme Boards in that four existing strategy groups, listed below, report to it:

1. Mental Health and Wellbeing Strategy
2. Learning Disability Strategy
3. Substance Use Strategy (ADP)
4. Autism Strategy

3.2.2

The vision for the Mental Health and Wellbeing Programme is to

- Support individuals to maximise their independence and health with the right support at the right time
- Embed multi-disciplinary team working at the heart of 'seamless' care pathways and support for people
- Implement a high quality model of care that is financially sustainable.

3.2.3

The Strategy Groups are critical to achieving the vision and aims of the Mental Health and Wellbeing Programme. They meet regularly and contain representatives from Health, Social Care, Third Sector and client and carer representatives.

3.2.4

The key priorities and proposals for the Mental Health and Wellbeing Board are:

- **Complex Care:**
Complex Care packages (ie packages costing over £35,000pa) account for over 70% of spend and the vast majority of these clients are people with a Learning Disability and/or Autism. Substantial funding is being spent on a relatively small number of individuals with complex care requirements supporting them in their own tenancies with bespoke packages of care. Whilst this provides highly personalised support there are significant concerns this model is not financially sustainable. A transformation project for Complex Care is being initiated and will report to the Mental Health and Wellbeing Board. The aim of this project is to develop a financially sustainable model that provides high quality care. The project will focus on assessment and review processes, accommodation, carer support, behavioural support and intervention, transitions, promoting independence and improving predictions of future demand.
- **Refreshing the Strategy Groups:**
A workshop has been arranged with representatives from each of the strategies to clarify their role and membership to ensure they are able to fulfil their responsibilities. Any outstanding issues will be escalated to the Mental Health and Wellbeing Board for resolution.
- **Action 15 Monies:**
Recurring funding was allocated to Perth and Kinross HSCP by Scottish Government to improve support for people with mental health issues by

increasing the number of dedicated mental health professionals (Action 15 of the Mental Health Strategy). All the necessary governance arrangements are in place and we received our full allocation of £300,357 for 2018/19. As can be seen in table 1 below, the monies are being invested to improve the pathway of statutory and non-statutory supports for people presenting at GP surgeries and the Social Work intake team who have mental health issues. Supports for people with mental health issues in Perth Prison are also being increased.

Table 1 2018/19	Planned allocation of funding per project £000's	Forecast Expenditure £000's
Mental Health Nurses aligned to GP clusters	79	79
Trainer / support for "Do you need to talk" chaplaincy service	8	5
Mental Health Support Worker	29	15
Funding to 'MindSPACE'	106	106
Computer Based Training	13	0
Brian in hand application licences	13	12
Social Care intake team	15	8
Prison on site team	35	0
Sub-totals	298	225
Annual allocation	300	300
Balance	2	75*

*Projected underspend in this financial year caused by reconsideration of the benefits of computer based training and longer than expected lead times to recruit into new roles.

- ***Alcohol and Drug Partnership Monies:***

New recurring funding of £464,000 p.a. was allocated by Scottish Government to reduce problem drug and alcohol use. As can be seen in table 2, this is being used to fill gaps in service provision identified during the development of a 'Recovery Oriented System of Care' across Perth and Kinross. Examples include implementation of multi-disciplinary assessment clinics, a Recovery Community and increased support for harm reduction.

Table 2 2018/19	Planned allocation of funding per project £000's	Forecast Expenditure £000's
Training for band 5 to band 6 nurses	5	5
Social Work Assistants	34	16
Band 4 nurses	30	15
Community response to overdose prevention	9	9
Whole family approach	11	5
Counselling sessions	13	13
Drug death information analyst	5	3
Non-fatal overdose pathway co-ordinator	6	3
Prison non-medical prescriber	20	10
Recovery community	20	10
Safezone – CATH /TCA	90	0
Independent advocacy service	100	100
PKAVS participatory budget	100	100
Toolbox talks training materials	5	5
Sub-totals	448	295
Annual allocation	464	464
Balance	16	169*

* Projected underspend in this financial year caused by reconsideration of the Safezone investment and longer than expected lead times to recruit into new roles.

3.3 Primary Care (PCB) Board

3.3.1

The PCB is collaborating with colleagues across HSCP to produce a robust Strategic Plan. It is however recognised that notwithstanding the need and desire for such an overarching plan, there are large pieces of work which are already being undertaken as follows.

3.3.2

Primary Care Improvement Plan (PCIP) – Progress:

The pan-Tayside PCIP seeks to develop primary care services in direct support of general practice under the terms of the 2018 General Medical Services contract (the GMS contract) so that GPs can be more focussed on their role as expert medical generalist. The IJB approved the plan in June 2018 and it was subsequently approved by the other Tayside IJBs and the Local Medical Committee before being submitted to the Scottish Government.

3.3.3

Following approval of this overarching plan, a more detailed plan was produced which set out the initial allocation of funding per project and an outline of proposed models for delivery. These proposals were drafted in the early stages of engagement with stakeholders and were provided to the Scottish Government in September 2018 to set out the aspirations of the programme.

3.3.4

It can be seen in table 1 that there is considerable slippage against the in year budget. This is largely due to the whole year effect of the budget combined with projects taking longer to progress through planning and stakeholder engagement phases. It is anticipated that expenditure against each of the projects (new services) will increase substantially in 2019/20.

Table 1	Planned allocation of funding per project	Forecast Expenditure
2018/19	£000's	£000's
Vaccinations Transformation Programme	88	80
Pharmacy	294	212
Community Care and Treatment	180	29
Urgent Care	24	0
MSK	49	29
Mental Health	67	8
Sub-total(s)	703	358
Budget	1249	1249
BALANCE	547*	891*

*The Primary Care Improvement Fund is a ring fenced budget which can only be used to deliver the Primary Care Improvement Plan which encompasses the implementation of the 2018 GMS Contract. Expenditure against this resource is jointly agreed between Integration Authorities and the Local Medical Committee.

3.3.5

It can now be reported that relative to the expenditure outlined above the following projects are starting to move into the implementation phase. This phase will see projects start to deliver services to a small number of practices and then increase throughout 2019/20 and beyond.

3.3.6

The Primary Care Improvement Programme:

- ***Vaccinations Transformation*** - This project seeks to shift responsibility for the delivery of routine vaccinations away from general practice. This is being taken forward in a staged process across NHS Tayside over a three year period.
- ***Pharmacotherapy*** - This project seeks to create and provide a uniformity of pharmacy services to all General Practices. This will address considerable variance in the services delivered to different practices and

by increasing the staffing cohort to deliver these services burdens on GPs will be reduced. Slippage against the allocated budget for this project relates to difficulties in recruiting the requisite staff. Additional recruitment exercises are being undertaken to try to address this however it is acknowledged that there is a national shortage of qualified pharmacists. Other more innovative solutions in respect to the skill mix within teams are also being explored as a mitigatory measure.

- **Community Care and Treatment** - The new GMS contract places responsibility on Integration Authorities for the delivery of a wide range of services which have routinely been provided in General Practice ie phlebotomy, wound care, blood pressure monitoring, suture removal, electrocardiograms (this is not an exhaustive list). This project remodels the delivery of these services so that they remain close to patients but are delivered by the Health and Social Care Partnership. The aspirations of the contract are that this is done in a holistic manner so that services are designed, set-up and delivered sustainably. This is a complex undertaking and has required a significant level of engagement with GP practices and clusters. This is particularly the case when considering the favoured model for delivery across Perth and Kinross. It can be reported that the favoured model is now at an advanced stage of development and new services are planned for start-up in early 2019.
- **Urgent Care** - In order to allow GPs to focus on more complex patient needs a range of other roles will be necessary to support the patient population. Advanced Nurse Practitioners (ANPs) will in future form a core element of wider multi-disciplinary teams aligned to practices. Plans are at an advanced stage in the recruitment process to appoint 3 roles initially with the potential for this to increase in the later years of the programme. Slippage against the allocated budget for this project is due to the ongoing engagement with GPs on the roles and responsibilities of ANPs as well as the model for integration with general practice. It is also acknowledged that there is a limited pool of eligible candidates for these valuable roles and so recruitment to all posts may not be possible initially. To mitigate this issue, plans are being developed in collaboration with the Scottish Ambulance Service in respect to the potential for Specialist Paramedics to undertake a similar role.
- **Musculoskeletal (MSK) first contact service** - This project alters the patient pathway for MSK presentations so that patients initially see an MSK physiotherapist rather than a GP in appropriate circumstances. This new service started in early January 2018 with 1.5 WTE staff delivering 13 clinical sessions across Perth City and the South Perthshire cluster. Additional clinical sessions across Perth and Kinross are planned to commence from April 2019. Slippage against the allocated budget for the project is due to delays in project start-up and the phased approach to roll out. This has required less resource initially but will benefit from the lessons learned in the early stages.

- **Mental Health** - Funding from the Primary Care Improvement Fund (PCIF) has been combined with “Action 15” funding in order to create a range of new positions to support patients with low level anxiety and depression. Action 15 funding is received by Integration Authorities under the Scottish Government’s Mental Health Strategy. With particular reference to PCIF funded positions, 6 WTE Mental Health Nurses are currently being recruited (4 funded from PCIF). These posts will be closely aligned to general practices to support/treat patients and to streamline the signposting and referral to other wider services. Many of these other services are being developed in tandem with these roles and are being funded via “Action 15” monies.

3.3.7

GP Prescribing:

The annual expenditure against the prescribing budget represents an ongoing challenge for the Health and Social Care Partnership with the latest financial data (Sept 2018) indicating a funding gap of £1.2m.

3.3.8

To understand the drivers for the gap between the budget and the forecast expenditure, it is necessary to analyse the variances in prescribing behaviour across GP practices. For several months, work has been undertaken to create and produce reliable variance reports which provide sufficiently detailed data at practice level. This work is nearing completion and early analysis is providing opportunities to engage practices which are most a variance

3.3.9

When considering engagement at GP practice level, it can be seen that practices which have been supported to focus on quality prescribing have been able to show notable reductions in overall expenditure.

3.3.10

Despite this overspend position the latest data available in respect to overall prescribing trends (November 2018) highlight that all of the major indicators demonstrate improvements. It can be seen that overall expenditure, the number of items prescribed and the average cost of each item are all in decline when compared to the same period in the previous year.

Table 2 - % Growth in prescribing indicators for the 12 months to November 2018 when compared to the previous 12 month.

Performance Indicator	Angus	Dundee	Perth & Kinross	Unallocated	Tayside	Scotland
% Growth – No of Items	-1.50%	-0.74%	-0.48%	-0.23%	-0.86%	0.11%
% Growth – Average Cost Per Item	-3.85%	-3.62%	-2.98%	5.62%	-3.36%	-1.79%
% Growth – Expenditure	-5.03%	-4.33%	-3.46%	-5.63%	-4.19%	-1.69%

3.3.11

The Board has approved plans for the Quality Safety and Efficiency in Prescribing (QSEP) Programme Management Team to expand the use of GP engagement funding to maximise the potential of the current pan-Tayside programme of interventions.

3.3.12

The approved plan seeks to identify areas of individual variances in GP prescribing which cannot easily be explained or justified. This approach will again assist in focussing attention on the areas most in need to maximise the potential of savings plans for 2018/19. It will also assist in the development of future plans for the 2019/20 QSEP programme.

3.4 Carers Board

3.4.1

Since the last update to the IJB, the Carers Programme Board approved the Perth & Kinross Health and Social Care Partnership Short Break Services Statement on 6 December 2018. It was a requirement of the Carers (Scotland) Act 2016, (Carers Act) that each Health and Social Care Partnership publishes their Short Break Services Statement by 31 December 2018 and our Short Break Services Statement was made available on the PKC website on 24 December 2018. A summary version of the Statement and a supplementary information leaflet regarding the Statement is to be produced to raise awareness of the short breaks that are available to carers in the area, to minimise carer breakdown and support carers in their role.

3.4.2

A draft Carer Strategic Plan identifying the aims and priorities of the programme has been developed. This plan will underpin the Carers Strategy, which will ensure that carers in the area have access to good information in relation to the resources and support that is available to them. It will enable carers to inform developments in the services which are commissioned and the work we do, to improve the support that is available to them. This will enable carers to continue caring and to have a life alongside caring which has been developed and informed by their own interests and outcomes.

3.4.3

The Carer Strategy (2019-2022), is currently in development following the Carers' Conference in November 2018 and a workshop which was held in December 2018. Both events involved carers, officers and key stakeholders from the voluntary and third sectors. They identified the key commitments for the strategy and the activities which will support them. The Carer Strategy (2019-2022) will apply jointly to both Young and Adult Carers and the Partnership is working with colleagues in Education and Children's Services to ensure that the document reflects this. The Strategy is consistent with the Health and Social Care Standards which are based on five outcomes relating to the experience of people involved with Health and Social Care and the five principles which reflect the way that everyone should expect to be treated. Consultation with carers for the development of arrangements to support them

is critical to this work and is also required under the Carers Act. The strategy is to be available for approval by IJB before 1 April 2019.

3.4.4

Data validation has taken place for the first six months' submission of the Carers Census 2018/19 to the Scottish Government, to ensure the quality of information presented.

4. CONCLUSION

All four Boards are now functioning as Strategic Boards however further progress is necessary to fully establish their longer term strategic delivery plans. The Boards will raise or escalate matters of relevance to the Strategic Planning and Commissioning Board as required. Further progress reports will be provided at each Integration Joint Board. The Strategic Programme of Care Boards intend to provide quarterly updates on progress and performance for the purposes of scrutiny to the P&K Audit & Performance Committee via performance frameworks.

5. DIRECTIONS

There are no Directions from the IJB to NHS Tayside or Perth & Kinross Council identified or required at this stage.

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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.



PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

APPLICATION TO AMEND GMS CONTRACT and TO CLOSE THE BRANCH SURGERY PREMISES IN ST MADDOES FOR THE CARSE MEDICAL PRACTICE, ERROL

Report by Associate Medical Director, Hamish Dougall (Report No. G/19/14)

PURPOSE OF REPORT

The purpose of this report is to outline the current issues relating to the general practice provision for the Carse Medical Practice, Errol and to consider the Practice's request to vary their GMS Contract. The practice are proposing the closure of their branch surgery in St Madoes and providing general medical services from the main practice centre in Errol.

Although the application is to amend the hours for the practice and close the St Madoes branch surgery, the core hours of business will remain the same when the practice moves back to Errol.

1. RECOMMENDATIONS

The Integration Joint Board is asked to:

- Note the application made by the Carse Medical Practice to close their branch surgery premises in St Madoes in accordance with Part 8 - Variation and Termination of Contracts of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018;
- Support the aim of the Carse Medical Practice that all current patients will have the opportunity to remain registered with the Carse Medical Practice and continue to see their current GP team;
- Note the preferred option is for the Carse Medical Practice to consolidate its services on one site to maintain the sustainability of the practice, subject to approval by NHS Tayside Board; and
- Approve further consultation with the GPs and the GP practice population is held to inform a Health Needs Assessment that will support the development of new GP practice premises in the longer term.

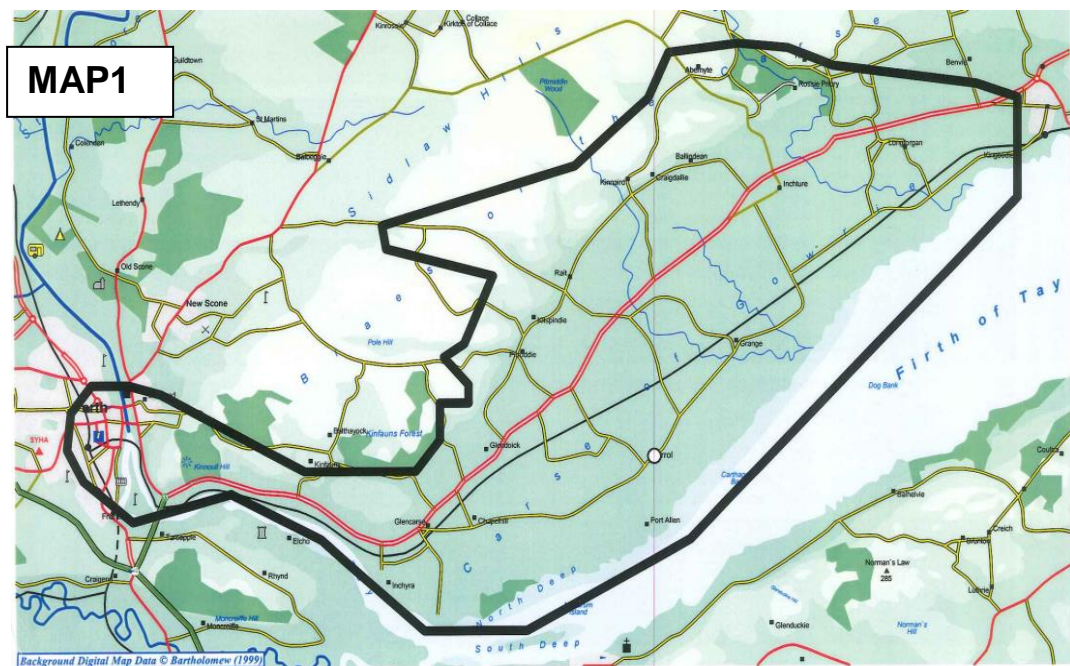
2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 The Carse Medical Practice

The Carse Medical Practice currently has three part-time GPs providing 13 sessions per week (one session equates to 4 hours). One of the three part time GPs left the practice on 31st December 2018. An extended locum GP has been appointed in the practice from 1st January 2019 working 3 sessions per week. Additional sessions are being worked by the GPs to suit the needs and demands of the practice.

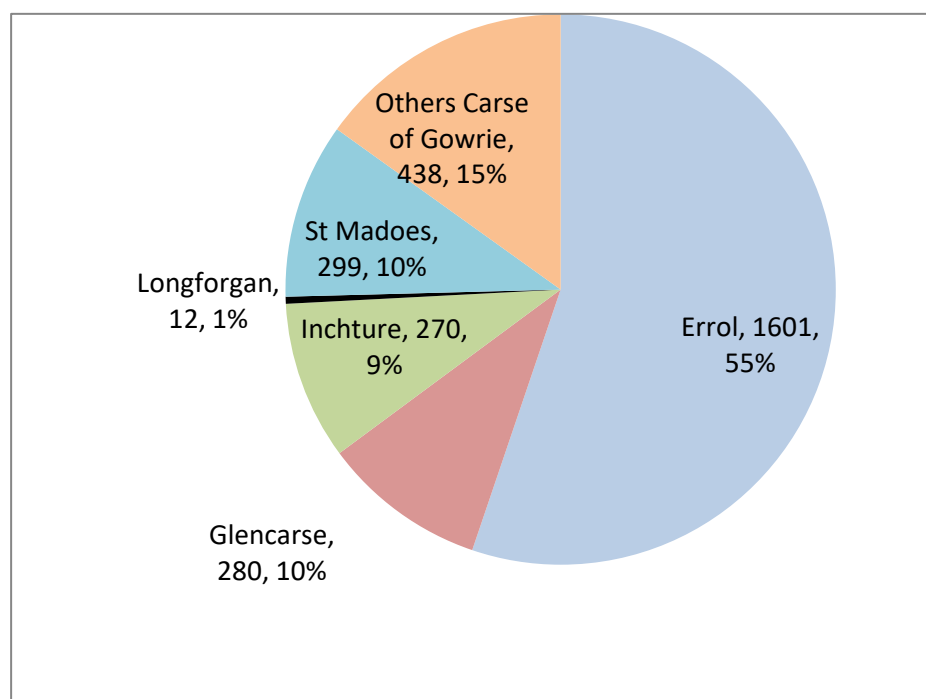
The practice has a patient list size of 2,900 patients of whom almost 300 patients (10%) are recorded as having a St Madoes address. Not all of these patients attend the St Madoes surgery.

A map detailing the Carse Medical Practice GP practice boundary is also listed below (Map 1). (Source: Primary Care Services, NHS Tayside).



The areas of residence of patients within the Carse Medical Practice are noted in table 1 below.

Table 1 From the GP Practice list, the number of patients currently registered with Carse Medical Practice by location.



The Carse Medical Practice patient population is 2,900 patients. The Invergowrie Practice, which also serves the Carse of Gowrie, has a registered patient list of 2,100 patients. All other patients in the Carse of Gowrie seek medical services from other practices in Perth & Kinross and Dundee.

Only a limited number of services are provided in St Madoes, however there is often only one GP or nurse and receptionist at St Madoes. This has created difficulty not just providing appointments but in terms of ensuring the health and safety of both staff and patients. The staff, because of the limited capacity at St Madoes, has limited support available to them on-site.

Patients will remain registered with the Carse Medical Practice and will continue to see the GP team they have been seeing. This has been one of the main areas of concern received from patients during the consultation phase. Whilst the consultation raised a number of issues, overall the majority of those patients that had participated were satisfied with the proposals and very well received. The overall view was that the patients were in favour of the proposals put forward, especially the provision of new premises.

2.2 GP Practice Premises Issues in the Carse of Gowrie

Historically, the Carse Medical Practice has operated from two practice premises in the Carse of Gowrie, the main surgery in Errol and the branch surgery in St Madoes. Errol had always been the main centre of business and St Madoes the smaller branch surgery.

In April 2017, the owner of the premises in Errol terminated the lease agreement with NHS Tayside on the premises. Despite an exhaustive search to locate alternative GP premises in Errol, the practice were forced to locate their business to St Madoes. Whilst being unacceptable to all concerned due to the state of the premises in St Madoes, the practice had no alternative other than to move to St Madoes. From the outset, patients have been advised of the practice's intention to make application to NHS Tayside to transfer all of the GP business to Errol.

The GPs have continued to fight strenuously to provide adequate GP premises in the Carse of Gowrie. In April 2018, approval was given by NHS Tayside to locate temporary accommodation in Errol for a five year period. This will enable the practice to continue the provision of general medical services in Errol and serve all patients in the Carse of Gowrie. These premises are scheduled to open at the end of February 2019. The date is yet to be confirmed.

NHS Tayside has a five year planning approval to proceed to build new purpose built GP premises in Errol. The planning permission applies from April 2018. This build process will be subject to formal approval of NHS Tayside's Asset Management Group, appropriate planning provision, land feasibility study, a Health Needs Assessment, capital finance support from NHS Tayside, etc.

2.3 The GP Practice Premises in St Madoes

Regulation 24, Schedule 3 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 details the minimum standards which a General Medical Practitioner must provide at their practice premises. This regulation also makes provision for payments to be made under the NHS General Medical Services rent and rates scheme to GPs provided that the premises meet the standards set out in Schedule 3 to these regulations. In pursuance of these obligations, NHS Tayside has formally inspected the branch surgery premises of the Carse Medical Practice sited in St Madoes. The premises have been found to be unfit for purpose and the practice has been working with the Estates Department of NHS Tayside and Perth & Kinross Health & Social Care Partnership to resolve the various issues, one of which is the payment of rent and rates for sub standard accommodation.

The practice has had to invoke business continuity plans on a number of occasions to close the premises in St Madoes through holiday periods, flooding, and repairs, at times agreed with Primary Care Services. The St Madoes branch surgery could be closed for two to six weeks in each case. In these circumstances, all of the practice services provided in St Madoes have been accessed at the Carse Medical premises in Errol.

Perth & Kinross Council Planning Department have held discussions with the practice and Perth Kinross Health & Social Care Partnership

intimating that the land on which the premises in St Madoes are sighted has support from the local community.

The conclusion has been that the Practice move all business to a single site in the Carse of Gowrie, namely Errol. Overall patients were supportive of the proposals from practice.

3. PROPOSALS

The Carse Medical Practice have requested an amendment of their contractual arrangements to consolidate all of their services on one site and to close the St Madoes branch surgery.

The GP Practice entered into a consultation and engagement process around the proposal to close the branch surgery in St Madoes. In considering the impact of the request for closure a range of mechanisms have been used. This has been in collaboration between the practice and the Health & Social Care Partnership to seek feedback from patients about any concerns they have about this proposal and any mitigation they would like to be put in place.

The Consultation and engagement plan is detailed in bullet point 4 of Annex of this report.

4. CONCLUSION

The Perth & Kinross HSCP has worked with the practice to agree and complete the consultation with patients, the details of which are contained in this report. Following this, the potential options will be considered by the key partners involved, including the practice.

It is recommended that the IJB notes the reasons for the request by the Carse Practice to close the St Madoes branch surgery and supports the request. If the proposal to close is supported by the IJB, this will be confirmed with NHS Tayside, (and it would subsequently be for NHS Tayside Board to approve the application as the holders of the contract with the Practice). An agreed closure date would be agreed with the Practice and the patients notified of this. If they choose to, patients could register with an alternative practice.

Author(s)

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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.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	N/A
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	N/A
Clinical/Care/Professional Governance	N/A
Corporate Governance	N/A
Communication	
Communications Plan	Yes

1. Strategic Implications

1.1 This report supports the following outcomes of the Community Plan in relation to the following priorities:

- prevention and early intervention,
- person centred health, care and support
- work together with communities
- inequality, inequity and healthy living
- best use of facilities, people and resources

2. Resource Implications

2.1 Financial Implications

In accordance with the 2018/19 SEHD GMS Statement of Financial Entitlements, GPs are entitled to reimbursement of acceptable accommodation for rent and rates. Rents are normally based on cost or by notional sum agreed by the District Valuer's Office, NSS Scotland.

St Madoes

The rental payments relating to the St Madoes surgery will cease once they cease to be used. This is currently forecasted for the end of January 2019. The current rental costs both land and portakabin, associated with

the premises in St Madoes are £26,916 pa. The rates payment is £1,223 pa.

Errol

Former Premises - All rental payments associated Errol ceased when the former lease on 30 Errol Road, Errol was terminated by the former owner in April 2018. The previous rental cost associated with the former premises in Errol was £18,000 pa. The payment for rates was £5,907 pa.

Temporary Premises - The lease for the new temporary premises in Errol has been agreed by the NHS Scotland District Valuation Office and NHS Tayside at £65,000 pa. The details around the lease is being finalised by the Scottish Office Central Legal Office and NHS Tayside.

New Permanent Premises – it anticipated that new permanent premises will come into full practice use at a date to be agreed. This date will be determined and agreed by NHS Tayside Asset Management Group, agreement with a contractor, Primary Care Services, Perth & Kinross HSCP, a land survey, planning permission and a feasibility survey. The previous rent and rates costs associated with the former premises in Errol and St Madoes will be available to cover the rental cost associated with the temporary and permanent new premises.

2.2 Workforce

There are no direct Human Resources issues associated with this proposal. GPs are independent contractors. Their contract is held with NHS Tayside.

GP practice staff are employees of the practice and therefore they are accountable to the GP practice for discharge of the responsibilities.

There are workforce issues relating to the recruitment and retention of GPs in general practice which the New GMS Contract 2018 is designed to address. The Primary Care Improvement Plan and its associated funding is being used to support other/additional staff to support new models of care in general practice.

3. Assessments

3.1 Equality Impact Assessment

An integrated impact assessment has been undertaken. This proposal has potential implications for some protected characteristic groups. Those with a physical disability, along with older people and those with young children (who are more likely to have mobility issues) may be negatively impacted because of the issues for travel. Those on low incomes may also be impacted negatively because of travel costs. However it is anticipated that the number of people affected will be small for the former, and limited for the latter. The practice has recognised the risk of requiring more home visits.

3.2 Risk

The practice has requested to amend their General Medical Services (GMS) contract to allow the closure of the branch surgery in St. Madoes. In considering the implications of this request other options have been considered:

- Option 1 - status quo - If the Practice is not granted authority to close the branch surgery there are a number of risks, as highlighted in the report. Additionally there is a risk that this would further destabilise the Practice. The Practice could become unsustainable longer term.
- Option 2- all services move to Errol- This is of specific note as there is only one practice in the Errol area. Although there is only one GP practice in the area it is well serviced and provides a comprehensive range of general medical services. However the former premises in Errol have ceased. The temporary premises are planned to commence at the end of February 2019. The temporary premises in Errol, whilst welcome, will not be large enough to accommodate all services of a fully functional general medical practice supported by a health and social care team. A strategic assessment of accommodation needs will be developed in conjunction with the Asset Management Group of NHS Tayside. Further consultation with patients around the services to be provided in any new purpose built premises will be undertaken.

This is the preferred option by the practice as all patients will retain the same General Practice Team providing a level of continuity of care and would enable the practice to maintain sustainability. From the consultation process it is assumed that the majority of the patient population will remain with the practice, which will support the wider Primary Care services to retain the current level of stability.

- Option 3- the Practice is granted authority to close St Madoes, subject to the HSCP commissioning another Practice to deliver services in the area - this is not seen as a viable option for a range of complex reasons. No other Practice has the capacity to take on this number of additional patients. Losing up to 20% of the patient list would be destabilizing for the practice.

Risk 1 Description	<p>Risk Associated with not consolidating to one site.</p> <p>If the proposal to close the branch surgery is not agreed the Practice would continue to have significant periods where they cannot safely staff two sites and would require short term closures. It would reduce the likelihood of recruiting new partners. It would also lead to ongoing issues in terms of safety for patients and staff in the Carse Medical practice premises in Errol. The practice would likely resign their contract with NHS Tayside</p>
Risk Category	Operational
Inherent Risk Level	likelihood (5) x Impact (4) = Risk Scoring 20
Mitigating Actions	Centralise all services on one site including timescales and resources
Residual Risk Level	Likelihood (3) x Impact (3)= Risk Scoring 9
Planned Risk Level	Likelihood (3) x Impact (3)= Risk Scoring 9
Approval recommendation	If this paper is supported there is no requirement to approve this risk.

Risk 2 Description	<p>Risk Associated with consolidating to one site</p> <p>If the proposal is agreed the key risk is the potential difficulty for some to access services at Errol. The distance is relatively small, although does have challenges for those with a disability or low income. The Practice has mitigated for this and would make house calls where necessary.</p>
Risk Category	Operational
Inherent Risk Level	Likelihood (5) x Impact (2) =Risk Scoring 10
Mitigating Actions (including timescales and resources)	Longer term the discussions around transport may support this risk.
Residual Risk Level	Likelihood (4) x Impact (2) = Risk Scoring 8
Planned Risk Level	Likelihood (3) x Impact (2)7 Risk Scoring 6
Approval recommendatio	The balance of risk is such that this risk should be accepted.

3.3 IT Assessment

The IT network for General Practice forms part of the network for NHS Tayside. The NHS Tayside IT Service supports the installation and development of all IT network software, hardware, communications and protocols for GP practices. The service has been disconnected from the previous premises at the Rowans, Errol. An enhanced network has been established in St Madoes on a temporary basis and a new network is in place for the temporary premises in Errol scheduled to open towards the end of February 2019.

4. Consultation and Engagement Plan - June 2018

Consultation Plan

1.SERVICE AREA	Perth & Kinross Health & Social Care Partnership
2. NAME OF PROJECT / SERVICE CHANGE	The Carse Medical Practice: Application to close the St Madoes branch surgery of The Carse Medical Practice, Errol.
3. DESCRIPTION AND BACKGROUND OF PROJECT / SERVICE CHANGE	<p>In April 2018, the lease agreement between the landlord and the GP practice for the premises operated by the Carse Medical Practice, Errol, was terminated by the landlord. Having explored other options for temporary premises, the practice had no alternative than to re-locate their business to what was their branch surgery in St Madoes.</p> <p>The practice premises in St Madoes are not fit for purpose and are frequently closed during adverse weather conditions. NHS Tayside has approved temporary premises in Errol, which are scheduled to open for business at the end of February 2019.</p> <p>The Carse Medical Practice made application to NHS Tayside dated 2 October 2018 to vary their hours to operate and maintain a single site for provision of General Medical Services in the Carse of Gowrie. The preferred single site is Errol, and the practice wish to close their surgery premises in St Madoes.</p>
4. AIM / PURPOSE OF ENGAGEMENT	<p>There has been local interest in the GP Practice in the Carse Medical Practice, and Perth & Kinross and NHS Tayside are very keen to secure the best possible service for the patients registered with the practice within our financial constraints. The central purpose of the public consultation is to obtain your ideas and views, as well as those of others living and working in the Carse of Gowrie. We aim to consult as widely as possible through the distribution of information, the organisation of 'drop in' sessions and targeted sessions at different events, social media and other online opportunities to provide feedback.</p> <p>We invite you to help us improve health care services for everyone associated with the Carse Medical Practice. We would like to obtain the views and comments from the local community and the practice population on the operation of a single GP practice model in the Carse of Gowrie in Errol, which will involve the closure of the branch surgery in St Madoes.</p> <p>Involving communities, patients, carers, NHS staff and the public is an important part of improving the quality of health services. The views, perceptions and feedback on local health services of these stakeholders are invaluable for learning and improvement and evaluating their involvement will check how well NHS Boards are listening.</p> <p>An inclusive process must be able to demonstrate that the NHS listens, is supportive and takes account of views and suggestions. Stakeholders have to be involved. This public consultation will inform stakeholders of the proposals for change to general medical services in the Carse of Gowrie. Views, suggestions and concerns will be listened to ensuring people are involved at an early stage and throughout the process to produce the final business case for change.</p>

5. PROJECT / SERVICE LEAD	James Devine, Primary Care Manager, Perth & Kinross Health & Social Care Partnership, 2 High Street, Perth, PH1 5PH
6. TIMETABLE <ul style="list-style-type: none"> ▪ PROJECT ▪ ENGAGEMENT / CONSULTATION 	<p>1. This consultation sets out the proposals to re-design the provision of General Medical Services in the Carse of Gowrie. Consultations on the proposals were formally consulted on. Other than the patients themselves, other groups were all invited to participate</p> <ul style="list-style-type: none"> • The staff and management responsible for Primary Care Services; • Staff within the Perth & Kinross Council Planning Department; • The Chief Officer for Health & Social Care Partnership has commented and supported various issues relating to the services provided by the practice; • The Head of Health and the Associate Medical Director have supported the practice on various issues relating to Errol and St Madoes; • Locality Managers for the HSCP have also been consulted on the proposals; • The Associate Medical Director for Primary Care Services at NHS Tayside has been heavily involved in supporting the practice achieve this position; • Internal Communication with Perth & Kinross Planning Department; • Communication with other GP Practices in Perth & Kinross; • NHS Tayside Councillors for Errol and St Madoes • Primary Care Services at NHS Tayside who directly manage the contractual arrangements for all GP practices in Tayside. • Perth & Kinross HSCP • Patients registered with the Carse Medical Practice • The GP Cluster for South Perthshire Locality • GP Group for Perth & Kinross HSCP <p>2. Patients were invited to submit their views in a range of ways, namely:-</p> <ul style="list-style-type: none"> • To Perth & Kinross Health & Social Care Partnership at 2 High Street, Perth • Telephone the Carse Medical Practice on 01738 860860 • Questionnaire set by the practice for use of patients • Primary Care Services at NHS Tayside Telephone Number 01382 424179. <p>The practice distributed notices around the area in Errol and St Madoes to publicise their proposals. Communication with local Councillors and the Community Council was also undertaken.</p> <p>In addition, the practice held an open consultation event in April 2018. This was held in the practice premises in St Madoes and was facilitated by the GP partners, the Practice Manager. Local Councillor Alasdair Bailey also attended.</p> <p>Prior to this Consultation, other significant consultation meetings had been held as follows:</p>

	<ul style="list-style-type: none"> • Practice Audit – Confirmed patients use both sites • PKC HSCP St Madoes Questionnaire – relocation of GP Service • Outcome from PKC HSCP questionnaire • Planning Application/Practice Statement • Emergency meeting with NHS Tayside and Perth & Kinross HSCP held in Errol 2 November 2017 • HSCP Public Meeting in the Madoch Centre 28 November 2017 • Attendance at Community Council Meeting from January 2018 onwards • 2nd Emergency meeting PRI – Planners/HSCP/Primary Care Service 13 March 2018 • Open event for patients in March 2018 • Responding to media Reports re the proposed closure from October 2017 - various • Meeting with Perth & Kinross Council Planning Department regarding the land which is leased by the practice to the Council. The Council wish to utilise this land for other community purposes. <p>3. Preferred Option for Consultation</p> <p>The consultation set out the rationale and proposals from the Carse Medical Practice to close their branch surgery premises in St Madoes. The practice identified that they wished to provide the best high-quality, person-centred, safe, effective, sustainable service model that can be delivered within available resources to optimise General Medical Services.</p> <p>This public consultation centred on the preferred option for change: to progress to a single site General Medical Services practice in the Carse of Gowrie and to close the St Madoes surgery. Through this option, NHS Tayside and Perth & Kinross HSCP aims to improve the quality of care and achieve more sustainability, resilience and certainty for all patients across the Carse of Gowrie.</p> <p>The consultation was undertaken by Perth & Kinross HSCP in collaboration with the Carse Medical Practice.</p> <p>Although NHS Tayside is consulting on the preferred option, no final decision has been made. The feedback from the public consultation will allow further opportunities for local communities and staff to influence the Board recommendation. After the consultation closes all responses will be reviewed and any points considered. A report will be made by Perth & Kinross HSCP to the NHS Tayside Board who will consider all the work, including feedback from the consultation and will make a recommendation on the way forward.</p> <p>Throughout this whole process the practice has ensured that our patients and staff have been kept informed and have gone to the wider community in an attempt to explain the decisions.</p>
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	<p>4. Involving communities</p> <p>Communication with the registered patient population has been viewed as very important by the practice. This is seen as a crucial part of improving the quality of health services in the area. The practice has communicated their proposals to their patients, carers, NHS staff and the views, perceptions and feedback on local health services of these stakeholders are invaluable for learning and improvement, and evaluating their involvement will check how well NHS Boards are listening.</p> <p>An inclusive process must be able to demonstrate that the NHS listens, is supportive and takes account of views and suggestions. Stakeholders have to be involved.</p> <p>This public consultation will inform stakeholders of the proposals for change to general medical services in the Carse of Gowrie. Views, suggestions and concerns will be listened to ensuring people are involved at an early stage and throughout the process to produce the final business case for change.</p> <p>5. The public consultation organised in collaboration between Perth & Kinross HSCP and the Practice.</p> <p>Consultation Reporting</p> <p>A summary of the issues arising from the consultation process can be summarised as follows:-</p> <p>Proposed Closure of St Madoes (Survey Questionnaire)</p> <p>The issues raised directly with practice during the consultation process were:</p> <p>“The services were frequently closed due to adverse weather conditions.” “some patients were not aware of any closures”</p> <p>“Heard previously that the former GP in Errol was leaving so expected this issue to arise. Disappointed that the St Madoes will not be upgraded”</p> <p>“This has been known by the population in St Madoes”</p> <p>“There requires to be a definite plan in place for the provision of medical care for the residents in St Madoes and Glencarse”</p> <p>“It is unacceptable to close St Madoes with no proposal for replacement”</p> <p>“something more modern would be nice”</p> <p>“More doctors, inc a male GP”</p> <p>“additional clinics, such as podiatry, warfarin, AHPs, physio, family planning, smoking, mental health, alcohol control”</p> <p>“parking for wheelchairs”</p> <p>“More available appointments”</p>
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	<p>“improved surgery opening times”</p> <p>“Continuation of excellent pharmacy collection and delivery service.”</p> <p>“A suitable location”</p> <p>Open Events</p> <p>Open event organised by some of the local Councillors on 28 November 2017. The event was held in the Madoch Centre, St Madoes. The event was facilitated by the Councillors and Murdo Fraser MSP. Around 30 people attended. Some of the issues raised were:</p> <ul style="list-style-type: none"> • Concern around the loss of Errol and St Madoes practice and where the GPs would be housed. It was reported that only proposals to close St Madoes had been considered. • There was a query about whether or not there were adequate doctors in the practice. • Given the proposals from the practice, bus travel in the Carse would need to be reviewed. <p>Open Event organised by the GP practice was held in March 2018. The event was held in the practice premises in St Madoes. The meeting was facilitated by the GP partners and the Practice Manager. Councillor Alasdair Bailey attended. Around 30 people attended.</p> <ul style="list-style-type: none"> • The practice reported that a very successful meeting was held with patients of the Carse Medical Practice in April 2018. Feedback at the meeting was very positive from the patients. The services which the practice provide for the practice population was also very well received by the patients. • There were positive and helpful comments from the patients as to why the proposals had been made, especially about the issue of recruiting new GP’s for the area. The key issue raised was the fear of a lack of local facilities and the convenience that the St Madoes surgery gives the people close to it. There is a bus services from Errol to Longforgan, St Madoes and around the Carse area. However, bus times can be infrequent relating to surgery appointments • Overall patients were supportive of the practice and their proposals. <p>Consultation Communications</p> <p>Communication Team NHS Tayside : Notices between Carse Medical Practice & their patients</p> <p>“Carse Medical Practice: A spokesperson for Perth and Kinross Health and Social Care Partnership said, “Local GPs, Perth and Kinross Health and Social Care Partnership and NHS Tayside continue to work closely together and are committed to ensuring GP services continue to be provided in the Carse of Gowrie area.”</p>
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	<p>“The GPs at Errol Practice have said that their building is up for sale and the practice must vacate the premises by April 2018.”</p> <p>“These circumstances have provided an opportunity to review the current service model in the Carse of Gowrie to consider, with local communities, the best options to build sustainable primary care health services”</p> <p>“Following a very productive meeting this week with elected representatives for the Carse ward, NHS Tayside, Perth & Kinross Council Planning Department, Perth & Kinross Health and Social Care Partnership and the Carse Medical Practice, agreement was reached to further explore the provision and location of temporary GP practice premises. “</p> <p>“This is significant step forward for the practice in their continuing commitment to provide medical services to their practice population across the Carse of Gowrie.”</p> <p>“Plans outlining the next steps and future engagement are currently being developed and details will be shared with the patients of the practice in due course. This will also include details of local consultation with patients on new purpose built permanent premises for the Carse of Gowrie.”</p> <p><u>From Carse Medical Practice</u></p> <p>“We are pleased to inform you that as of Friday 20 July 2018, the planning application for a temporary surgery to be located near Errol has been approved. As soon as we have more information we will keep you updated as to the progress of this.”</p> <p><u>From Carse Medical Practice</u></p> <p>“The Practice would like to update you with information regarding the next phase of the new temporary building.”</p> <p>“Planning permission was granted in July this year and we have now been informed that the modular build will be arriving week commencing 22nd October 18.”</p> <p>“We hope to be moving to this new temporary site in the first week in December (weather permitting).”</p> <p>“As always we will endeavour to keep you updated as and when the building progresses.”</p> <p><u>Updated Premises Notice</u></p> <p>“Due to unforeseen circumstances, our move to the new temporary premises has been delayed. We are now looking to be moving mid to late January 2019.</p> <p>Thank you for your patience and we will keep you informed as we get closer to moving</p> <p>Thank you”</p>
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	<p>The feedback from the public consultation will allow further opportunities for local communities and staff to influence the Board recommendation. After the consultation closes all responses will be reviewed and any points considered.</p> <p>Consultation Summary</p> <p>The report of the consultation organised by Perth & Kinross HSCP states that 161 questionnaires were sent to patients on the GP practice list. There were 60 respondents. Overall, patients were unsure of the consultation and expressed that view that they did not want to lose access to the St Madoes surgery.</p> <p>Following the consultation process and the event held by the practice in St Madoes, patients had more information, understanding and appreciation of what the practice was proposing and why new facilities were necessary. The proposals outlined by the practice team were very well received by those patients whom had attended. The overall view was that the patients were in favour of the proposals put forward, especially the provision of new premises.</p>
<p>7. STAKEHOLDERS (Identify and consider equalities of participants and list e.g. patient groups; carers; relatives; public partners; voluntary organisations; general public; staff; clinicians, spiritual care team etc)</p>	<p>Patients registered in the practice Local communities served by the GP practice within their practice boundary Local Councillors Members of Errol Community Council MP, and MSPs for the constituency Staff employed by the GP practice Perth & Kinross Health & Social Care Partnership HSCP Locality Managers GP Cluster leads GP Group</p>
<p>8. METHODS OF ENGAGEMENT (Consider appropriate methods – e.g. questionnaire surveys; focus groups; one to one with patients; media press releases, online etc and support needs of participants)</p>	<p>1.Public notices displayed in the practice and community premises Various</p> <p>2.Open event held by the GP Practice in April 2018 April 2018</p> <p>3.Meetings with Errol Community Council Various</p> <p>4.Significant communications meeting held and attended by the practice</p> <ul style="list-style-type: none"> • Emergency meeting held in Errol 2 November 2017 • HSCP Public Meeting in the Madoch Centre 28 November 2017

	<ul style="list-style-type: none"> • Attendance at Community Council Meeting 25 January 2018 • 2nd Emergency meeting PRI – Planners/HSCP/Primary Care Service 13 March 2018 • Open Evening for patients 17 April 2018 • Media Reports re closure – various
9. KEY CONTACT FOR IEC PLAN	James Devine, Primary Care Manager, Perth & Kinross Health & Social Care Partnership , 2 High Street, Perth, PH1 5PH
10. DETAILS OF ANY EARLIER RELATED ENGAGEMENT / CONSULTATION ACTIVITY	<p>Questionnaire to random sample of the practice population affected</p> <p>Meeting with local Councillors in Madoch Centre, St Madoes in November 2017</p>

5. Legal and Governance

5.1 None

5.2 There are no Directions from the IJB to NHS Tayside or Perth & Kinross Council identified or required at this stage.

6. Communication

The Carse Practice wrote to NHS Tayside in September 2018 to request a contractual change and to close the St Madoes branch for the reasons described in the report. The HSCP has worked and agreed with the practice to agree and complete the consultation with patients by the HSCP. Details of which are contained in this report. Following this, the potential options would be considered by the key partners involved, including the practice.

6.1 Internal

Consultation has been extensive and has involved a varied group of internal Health and Social Care staff. This has included in particular

- The staff and management responsible for Primary Care Services.
- Staff within the Perth & Kinross Council Planning Department.
- The Chief Officer for Health & Social Care Partnership has commented and supported various issues relating to the services provided by the practice.
- The Head of Health and the Associate Medical Director have supported the practice on various issues relating to Errol and St Madoes
- Locality Managers for the HSCP have also been consulted on the proposals
- The Associate Medical Director for Primary Care Services at NHS Tayside has been heavily involved in supporting the practice achieve this position

6.2 External Communication with Perth & Kinross Planning Department

There are a very limited number of new houses being built in the Carse area currently. The Longforgan developments have concluded. Plans are currently being considered for new housing in Errol, although these are at an early stage and will require formal planning approval.

6.3 Communication with other GP Practices in Perth & Kinross

The nearest GP surgeries to the Carse Medical Practice are:

- 7 Perth City GP practices, including branch surgeries in Methven and Scone. Apart from Methven, all surgeries are within a 9 mile trip to Errol. However, of the practices concerned only Caledonian Road Surgery serves both Errol and St Madoes. Whitefriars Green surgery only serves patients from St Madoes.
- Invergowrie Medical Practice, which is around 9 miles from Errol, accepts patients residing in Errol, but not St Madoes.
- Westgate HC, Dundee, which is around 11 miles from Errol, accepts patients residing in Errol.
- NHS Tayside has confirmed that the Muirhead Medical Practice does not accept patients residing in Errol.

6.4 Councillors for the Errol and St Madoes Ward

Regular communications have been held with the local councillors for the ward around the proposals to consolidate services in Errol and the proposed close of the branch surgery in St Madoes.

The Community Council has also been consulted by the practice on all of their proposals over the past 18 months.

These discussions have been very active and helpful in the process.

6.5 NHS Tayside

Regular communications have been held with Primary Care Services at NHS Tayside who directly manage the contractual arrangements for all GP practices in Tayside.

Guidance around the contractual arrangements has been supported by Primary Care Services

6.6 Perth & Kinross HSCP

Over the past 18 months, regular communications and meetings have been held with the GP practice in Errol to ensure clarity of proposals and to ensure that the right support was in place from within NHS Tayside and Perth & Kinross Health & Social Care Partnership.

Staff within the partnership has been part of the project team assessing service issues.

6.7 Patients

Regular and frequent communications from the practice have been undertaken by the practice over the past 18 months. Public notices have been distributed in the practice and in various community premises.

These will continue as the practice moves to the temporary premises in Errol and then to the new building.

6.8 GP Cluster for the South Locality

Consultation and support from the Cluster team has been agreed and supported by the GP Cluster.

6.9 GP Group for Perth & Kinross HSCP

The GP Group for the partnership fully support the proposals submitted to consolidate services and close St Madoes. The Group recognise that unless this proposal is reported the practice will have little option than to resign their NHS contract with NHS Tayside.

6.10 A further communication plan will be developed to support engagement with relevant parties if the application is approved.

7. BACKGROUND PAPERS/REFERENCES

N/A

8. APPENDICES



PERTH & KINROSS INTEGRATION JOINT BOARD

15 February 2019

Public Bodies Climate Change Duties

Report by Chief Officer (Report No. G/19/15)

PURPOSE OF REPORT

This report provides the Integration Joint Board with information on the requirements to report annually to Scottish Ministers on compliance with Climate Change duties.

1. RECOMMENDATION(S)

The Integration Joint Board is requested to:

- Note the requirements placed on Public Bodies to report on climate change.
- Note the Perth & Kinross IJB climate change report for 2017/18 was submitted to Sustainable Scotland Network by 30 November 2018.

2. SITUATION/BACKGROUND / MAIN ISSUES

Chief Officers of Integration Joint Boards have again been notified of the duties on Integration Joint Boards (as public bodies) and to submit a climate change report for the period 2017/18 to the Scottish Government by 30 November 2018. Guidance notes for completing the Public Bodies Climate Change Duties Report was issued in August 2017 (<https://www.keepsotlandbeautiful.org/media/1559286/ijb-cc-reporting-master-guidance-final-v11-14-aug-2017.pdf>).

The legislative context is that in 2009 the Scottish Parliament passed the Climate Change (Scotland) Act with cross party support. Part 4 of the Act states that a 'public body, must in exercising its functions:

- act: in the way best calculated to contribute to the delivery of (Scotland's climate change) targets;
- in the way best calculated to help deliver any (Scottish Adaptation Programme);
- and in a way that it considers most sustainable.

The 3 elements of the public bodies climate change duties are:

- **Mitigation – Reducing Greenhouse Gas Emissions**
Public Bodies must act in the way best calculated to contribute the Act's greenhouse gas emissions reduction targets. The Act has set an interim target of a 42% reduction by 2020 and an 80% reduction by 2050, on a 1990 baseline.
- **Adaptation – Adapting to the impacts of a changing climate**
The first statutory adaptation programme – Scotland's Climate Change Adaptation Programme (SCCAP) was published in 2014. While public bodies have varying degrees of influence in relation to adaptation, all public bodies will need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and services.
- **Acting Sustainably – Sustainable Development as a Core Value**
This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account and viewed over the short and long term.

The *Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015* came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes 'An Integration Joint Board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c).

IJBs are therefore expected to work alongside Health Boards and Local Authorities to complete their climate change reports as per the Climate Change Order. It is however recognised that several areas of the reporting form will not be applicable due to the level of control IJBs will possess in certain areas.

3. PROPOSALS

NHS Tayside and Perth & Kinross Council report annually to the Sustainable Network Scotland (part of the Keep Scotland Beautiful Charity) since 2015. As part of their reporting for this year, NHS Tayside and Perth & Kinross Council have included Dundee, Angus and Perth & Kinross IJB's performance monitoring on climate change, as in previous years. The reasoning behind this is:

- Dundee, Angus and Perth & Kinross IJBs do not directly employ staff. All staff is employed by either NHS Tayside or respective Local Authority.
- The majority of the activities in relation to climate change sit outwith IJBs governance accountability arrangements. However, through redesign of care pathways and in making most efficient use of resources, the actions of the IJB will make a contribution to reductions in travel and co location of staff and services.
- The IJBs adhere to both the NHS Tayside's and relevant Local Authority's strategies and policies for Climate Change.

Perth & Kinross Health & Social Care Partnership have completed the attached draft climate change reporting template on behalf of Perth & Kinross's IJB.

4. CONCLUSION

Perth & Kinross IJB are required by legislative requirement as a Public Body to submit a Climate Change report for 2017/18. It is however recognised by the Sustainable Scotland Network that the majority of IJBs who are established as corporate bodies will not have the responsibility or accountability for work / policy areas and that NHS Board's or Local Authorities will report on the required information on behalf of the IJB.

Author(s)

Name	Designation	Contact Details
Maggie Rapley	Service Manager for Business Planning & Performance	m.rapley@nhs.net

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.

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

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PART 6: VALIDATION AND DECLARATION

Recommended Reporting: Reporting on Wider Influence

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body

Perth and Kinross

1(b) Type of body

Integration Joint Board

1(c) Highest number of full-time equivalent staff in the body during the report year

0

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Unit	Value	Comments

1(e) Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
0	The IJB does not directly employ staff. Staff are either contracted through NHS Tayside or Perth & Kinross Council. Currently our performance framework does not include any metrics in relation to climate change and sustainability. We contribute to the measures identified by NHS Tayside and Perth & Kinross Council.

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

1(f) Report year

Specify the report year.

Report Year	Report Year Comments
Financial (April to March)	

1(g) Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

NHS Tayside and Perth & Kinross Council have delegated the responsibility for planning services for adult health and social care to the Perth & Kinross IJB. P&K IJB is a 'body corporate' arrangement. The IJB is responsible for operational governance and oversight of integrated functions and delivers on these functions in accordance with the Perth & Kinross Health & Social Care Strategy. Perth & Kinross IJB was established on 1 April 2016. The Perth & Kinross Health & Social Care Partnership consists of NHS Tayside, Perth & Kinross Council and partners from the Third and Independent Sectors. The main purpose of integration is to improve the wellbeing of adults who use health and social care services particularly those whose needs are complex and require support from both health and social care services. The vision of the Partnership is: We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible with choice and control over the decisions they make about their care and support.

Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and work with the third and independent sectors and communities, to prevent longer term issues arising.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

Currently the accountability and responsibility for climate change lies with NHS Tayside and Perth & Kinross Council. The governance and strategy also lies with NHS Tayside and Perth & Kinross Council.

The majority of the activities for climate change sit outwith the IJBs own governance arrangements.

2(b) How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)

Perth & Kinross IJB does not have specific decision making routes in relation to climate change and has not allocated responsibility to heads of services. In future years, working with NHS Tayside & Perth & Kinross Council we will have clarity on the IJBs responsibilities and will allocate accordingly.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link
See NHS Tayside / Perth & Kinross Council Submission		

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

2(d) Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Refer to NHS Tayside and Perth & Kinross Council's submission.

We work with and from NHS Tayside and Perth & Kinross Council's climate plan or strategy.

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document
Adaptation	AS per NHS Tayside / PKC submission
Business travel	AS per NHS Tayside / PKC submission
Staff Travel	AS per NHS Tayside / PKC submission
Energy efficiency	AS per NHS Tayside / PKC submission
Fleet transport	AS per NHS Tayside / PKC submission
Information and communication technology	AS per NHS Tayside / PKC submission
Renewable energy	AS per NHS Tayside / PKC submission
Sustainable/renewable heat	AS per NHS Tayside / PKC submission
Waste management	AS per NHS Tayside / PKC submission
Water and sewerage	AS per NHS Tayside / PKC submission
Land Use	AS per NHS Tayside / PKC submission
Other (state topic area covered in comments)	AS per NHS Tayside / PKC submission

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

The IJB's priority for the coming year is to achieve a better understanding and clarity in relation to any obligations or responsibilities it has in relation to climate change over and above the responsibilities and obligations of NHS Tayside and Perth & Kinross Council.

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

The IJB has not yet assessed its capability/performance in relation to climate change.

2(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

As per NHS Tayside & Perth & Kinross Council's submission.

PART 3: EMISSIONS, TARGETS AND PROJECTS**3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year**

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint						0 tCO2e	

3b Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
0.0									

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Other					

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

Name of Target	Type of Target	Target	Units	Boundary/ scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year											
Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.											
Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/ emission source saved	Estimated carbon savings per year (tCO2e/ annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

Total	Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in comments)			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead

Total	Source	Saving	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.

Total	Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in comments)			

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total	Comments

3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

Refer NHS Tayside / PKC Submission

PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

The IJB has not yet assessed current and future climate-related risks. We will work with NHS Tayside, Perth & Kinross Council and other IJBs in Tayside in future.

4(b) What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

None.

4(c) What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

We will continue to utilise the tools and strategies of NHS Tayside and Perth & Kinross Council to raise awareness with staff and communities re climate change, risk assessment and implementing improvements.

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment		N/a	
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment		N/a	
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment		N/a	
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks		N/a	

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks		N/a	
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks		N/a	
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society		N/a	
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society		N/a	
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society		N/a	

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

4(e) What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

In line with NHS Tayside and Perth & Kinross Council's review arrangements.

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Evaluation and monitoring is through NHS Tayside and Perth & Kinross Council.

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

Improve links with NHS Tayside and Perth & Kinross Council and other Tayside HSCP climate change leads

Ensure service delivery change considers climate change impact where appropriate

Clarify the obligations and accountabilities of the HSCP in relation to climate change adaptation

Better promote awareness of climate change with staff and communities using existing NHS Tayside and Perth & Kinross communication tools

4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

Refer NHS Tayside and Perth & Kinross Council submission

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

NHS Tayside and Perth & Kinross Council's Procurement policies. See submission.

5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

Refer NHS Tayside / PKC submission

5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

Refer NHS Tayside / PKC submission

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

Report contents shared with NHS Tayside, Perth & Kinross Council and other Tayside HSCP Climate Change leads

6(b) Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

Data return approved by Perth & Kinross Health & Social Care Partnership's Executive Management Team and Integrated Joint Board.

6(c) External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

N/A

6(d) No validation process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

N/A

6e - Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name	Role in the body	Date
Maggie Rapley	Business Planning & Performance Manager	13 November 2018

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)

Please indicate emission amounts and unit of measurement (e.g. tCO₂e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

(1) UK local and regional CO₂ emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO₂ emissions: **full dataset**:

Select the default target dataset

Table 1a - Subset

Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments

Table 1b - Full

Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments

Q2a – Targets

Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target saving	Target / End Year	Saving in latest year measured	Latest Year Measured	Comments

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Public Sector Climate Change Duties 2018 Summary Report: Perth and Kinross

Q3) Policies and Actions to Reduce Emissions

Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy / Action	Comments

Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communication and Capacity Building.

Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

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STANDARDS UPDATE

ISSUE 20: December 2018

News

Monitoring Officers' Workshop

The Standards Commission held a workshop with Monitoring Officers on 5 November 2018 to discuss and identify potential improvements that could be made to the Councillors' Code of Conduct. The Standards Commission will ensure that these are passed on to the Scottish Government. We welcome other suggestions - these can be sent to enquiries@standardscommission.org.uk.

In addition, attendees discussed trends and issues arising, and approaches to training elected members on the provisions in the Code. The Standards Commission will consider suggestions that were made in respect of its own training and guidance material to determine whether any of these can be progressed.



Survey of Members of Devolved Public Bodies

The Standards Commission issued a survey to members of devolved public bodies at the end of August 2018. The intention of the survey was to establish whether the lack of complaints about members of devolved public bodies was the result of a high level of adherence to the Codes of Conduct (based on the Model Code of Conduct) or whether poor conduct was taking place but going unreported. The Standards Commission also sought to establish the extent of awareness amongst members of certain provisions in the Codes. A document summarising the responses received can be found on the [Standards Commission Surveys](#) page of our website.

Recruitment of New Member

The Scottish Parliamentary corporation is recruiting a new Standards Commission member, with Interviews scheduled to take place on 21 January 2019. The new member will replace Mrs Lindsey Gallanders, whose tenure ends in mid-February 2019. The Standards Commission wishes to thank Mrs Gallanders for all her hard work, commitment and support over her six years as a member.



Regional Training Events

The Standards Commission held a training event on 14 November for elected members and officers on the revised Councillors' Code of Conduct. Thank you to all those who attended and to Perth and Kinross Council for hosting the event. We hope delegates found the event useful and interesting.

A reminder that the next event will take place on 18 February 2019 at North Lanarkshire Council, Motherwell. If you would like to reserve a place, and have not already done so, please email: enquiries@standardscommission.org.uk.

Interim Suspension Policy

Section 21 of the Ethical Standards Act provides the Standards Commission with the power to impose an interim suspension on a councillor or member of a devolved public body on receipt of an interim report from the Commissioner for Ethical Standards in Public Life in Scotland (CESPLS) about an ongoing investigation. The Standards Commission has introduced a policy outlining how it will make any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the CESPLS. This can be found on the [News](#) page of our website.



Videos on the Ethical Standards Framework and the Key Principles

Videos (including one in BSL format) on the Ethical Standards Framework in Scotland, the role and remit of both the Standards Commission and the CESPLS and the key principles of public life that underlie the Codes of Conduct can now be found on the [What We Do](#) page of our website.

Cases Overview

Since the last briefing in September 2018, two cases were referred to the Standards Commission by the Commissioner for Ethical Standards in Public Life in Scotland (CESPLS) about elected members of Argyll and Bute Council and Angus Council. The Standards Commission has scheduled Hearings in both cases. In addition, the Standards Commission held a Hearing in respect of one case involving a councillor from Angus Council. The outcome of the Hearing is outlined below.

Angus - LA/An/2094

The Hearing Panel determined that the Respondent, Councillor Richard Moore of **Angus Council**, had breached the Councillors' Code of Conduct by behaving in a disrespectful manner towards two fellow councillors and two officers at a briefing event in relation to the Angus Health & Social Care Partnership and the Angus Care Model. Having heard evidence from the councillors and officers concerned, the Hearing Panel was satisfied that Councillor Moore had made unwarranted and inappropriate physical contact with them at the event. The Panel was further satisfied that Councillor Moore's behaviour towards the officers, including references to them being "lovely ladies" in the context of a workplace and formal meeting where the officers were acting in an official capacity and undertaking work functions, was patronising and demeaning. The Panel did not accept that Councillor Moore would have made similar remarks to male officers.



The Panel noted that Councillor Moore proffered an apology and had further advised that he had amended his behaviour in light of the concerns raised. However, the Panel found that he had been disrespectful towards fellow councillors and officers in four separate incidents. The Panel was concerned that Councillor Moore did not appear to understand the impact of his behaviour on others. The Panel was particularly concerned that Councillor Moore had not demonstrated insight into how the language he had used in a professional environment would have made female colleagues and officers feel and, instead, had sought to minimise this. The Panel was further concerned that Councillor Moore had not demonstrated insight into the fact that unwarranted physical contact was wholly inappropriate.

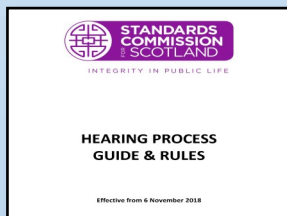
The Panel suspended Councillor Moore's entitlement to attend all meetings of Angus Council and of any committee or sub-committee thereof, for a period of three months with effect from Friday, 23 November 2018.

Appeal on LA/Fi/2050

The Respondent lodged an appeal against both the Standards Commission's decision to find him in breach of the Councillors' Code and its decision to suspend him, for two months, from **Fife Council's** Regulation and Licensing Committee. The appeal was heard by the Sheriff Principal of Perth Sheriff Court on 13 August 2018. We are awaiting the decision.



Details of the outcome of cases, including full written decisions and information about scheduled Hearings, can be found in the [Our Cases](#) section of our website.



Revised Hearing Rules

The Standards Commission recently reviewed and revised its Hearings Rules, Guidance on the Relevancy of Evidence at Hearings and Guidance for Unrepresented Respondents. The revised documents can all be found on our website on the [Hearing Process Guide and Rules page](#).

Professional Briefing

As you will see, we have changed the format of our quarterly briefings, with the aim of making them more accessible and engaging. We would welcome any feedback or suggestions on the new format or content. Please send any comments to enquiries@standardscommission.org.uk.



For further information on the support we can offer councillors and members of devolved public bodies, please either speak to your Monitoring Officer or Standards Officer or look out for information on our website. Alternatively, please contact us:

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