Council Building
2 High Street
Perth
PH1 5PH

12 February 2019

A meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** will be held in **the Council Chamber, 2 High Street, Perth, PH1 5PH** on **Tuesday, 19 February 2019** at **13:00**.

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

Robert Packham
Chief Officer

Those attending the meeting are requested to ensure that all electronic equipment is in silent mode.

Members
Councillor Callum Purves, Perth and Kinross Council (Chair)
Councillor Eric Drysdale, Perth and Kinross Council
Professor Nic Beech, Tayside NHS Board
Lorna Birse-Stewart, Tayside NHS Board
Bernie Campbell, Carer Public Partner
Jim Foulis, Associate Nurse Director, NHS Tayside

Audit and Performance Committee of the Perth and Kinross Integration Joint Board
Tuesday, 19 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 PREVIOUS MEETING

3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 30 NOVEMBER 2018 **5 - 8**
(copy herewith)

3.2 ACTION POINTS UPDATE **9 - 10**
Report by Chief Financial Officer (copy herewith G/19/17)

3.3 MATTERS ARISING

4 PERFORMANCE

4.1 CORPORATE PERFORMANCE **11 - 18**
Report by Chief Officer (copy herewith G/19/18)

4.2 PERFORMANCE UPDATE: OLDER PEOPLE AND UNSCHEDULED CARE **19 - 36**
Report by Head of Health and Head of Adult Care & Social Care (copy herewith G/19/19)

5 GOVERNANCE

5.1 STRATEGIC RISK MANAGEMENT **37 - 42**
Report by Chief Financial Officer (copy herewith G/19/20)

5.2 TRANSFORMING GOVERNANCE ACTION PLAN 2018/19 **43 - 52**
Report by Chief Financial Officer (copy herewith G/19/21)

5.3	**CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18** Report by Chief Social Worker (copy herewith G/19/22)	**53 - 122**
6	**FINANCE & AUDIT**	
6.1	**AUDIT STRATEGY** Report by KPMG (copy herewith G/19/23)	**123 - 148**
6.2	**INTERNAL AUDIT PROGRESS REPORT** Report by Chief Internal Auditor (copy herewith G/19/24)	**149 - 152**
6.3	**AUDIT RECOMMENDATIONS UPDATE** Report by Chief Financial Officer (copy herewith G/19/25)	**153 - 168**
6.4	**2018/19 FINANCIAL POSITION** Report by Chief Financial Officer (copy herewith G/19/26)	**169 - 184**
6.5	**AUDIT SCOTLAND REPORT - 'HEALTH AND SOCIAL CARE UPDATE ON PROGRESS'** Report by Chief Officer (copy herewith G/19/27)	**185 - 238**
7	**FOR INFORMATION / NOTING**	
7.1	**AUDIT & PERFORMANCE COMMITTEE - REVISED TERMS OF REFERENCE** (copy herewith G/19/28)	**239 - 242**
7.2	**AUDIT SCOTLAND - PERTH & KINROSS IJB ANNUAL AUDIT REPORT 2017/19** (copy herewith G/19/29)	**243 - 244**
7.3	**MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE - REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - FINAL REPORT** (copy herewith G/19/30)	**245 - 266**
8	**PRIVATE DISCUSSION**	
9	**PROPOSED DATES OF NEXT MEETINGS / DEVELOPMENT SESSIONS** Thursday 20 June 2019 at 9.30am Monday 16 September 2019 at 9.30am Monday 2 December 2019 at 9.30am (Development Session) Monday 17 February 2020 at 9.30am	

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

Minute of Meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, Ground Floor, Council Building, 2 High Street, Perth on Friday 30 November 2018 at 9.30am.

Present: Councillors C Purves (Chair) and E Drysdale (both Perth and Kinross Council); R Peat, Tayside NHS Board, J Foulis, Associate Nurse Director, NHS Tayside; and B Campbell, Carer Public Partner.

In Attendance: A Drummond, Staff Representative, NHS Tayside; R Packham, Chief Officer; J Smith, Chief Financial Officer; E Devine, M Rapley and P Jerrard (all Perth and Kinross Health and Social Care Partnership); S Hendry and A Taylor, Democratic Services, Perth and Kinross Council; and T Gaskin, Chief Internal Auditor, Perth and Kinross IJB.

Apologies: N Beech, Tayside NHS Board; and D Fraser, Perth and Kinross Health and Social Care Partnership.

1. WELCOME AND APOLOGIES

Councillor Purves welcomed all those present to the meeting and apologies were submitted and noted as above.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING

3.1 MINUTE OF MEETING OF THE AUDIT AND PERFORMANCE COMMITTEE OF 20 SEPTEMBER 2018

The minute of meeting of the Audit and Performance Committee of the Perth and Kinross Integration Joint Board of 20 September 2018 was submitted and approved as a correct record.

3.2 ACTION POINTS UPDATE

The Action Point Update (Report G/18/202) from the meeting of 20 September 2018 was submitted and noted.

3.3 MATTERS ARISING

Item 3.5 – Role of Audit and Performance Committee Moving Forward

R Packham advised that at the NHS Tayside Board meeting held on 25 October 2018 a discussion was held around the potential establishment of a Clinical Care Governance Committee of the IJB where the Board advised that this would be a helpful development.

4. GOVERNANCE

4.1 AUDIT AND PERFORMANCE COMMITTEE – REVISED TERMS OF REFERENCE

There was submitted a report by the Chief Financial Officer (G/18/205) detailing the revised Terms of Reference for the Audit and Performance Committee of the Integration Joint Board (IJB).

Resolved:

(i) The revised Audit and Performance Committee Terms of Reference, as detailed in Appendix 1 of Report G/18/205, be noted.

(ii) It be noted that the revised Audit and Performance Committee Terms of Reference, detailed in Appendix 1 to Report G/18/205, would be considered for approval by the Integration Joint Board following this meeting.

5. ASSURANCE: INTERNAL CONTROL AND RISK MANAGEMENT

5.1 RISK MANAGEMENT PROGRESS UPDATE

There was submitted a report by the Chief Financial Officer (G/18/203) presenting the Audit and Performance Committee with a Perth and Kinross Health and Social Care Partnership (PKHSCP) Risk Register and a revised Risk Management Framework.

Resolved:

(i) The Strategic Risk Register, as detailed in Appendix 1 to Report G/18/203, be approved.

(ii) The refreshed Risk Management Framework, as detailed in Appendix 2 to Report G/18/203, be approved.

(iii) The next steps, including the development of action plans in relation to red risks and the development of risk registers for each Programme Board, be noted.

(iv) It be noted that the Chief Internal Auditor advised for clarity that Perth and Kinross IJB only has responsibility for strategic risks and not any of the operational risks.

(v) The Risk Management Framework incorporating any suggested changes following the engagement process with the other IJB's, the NHS and local authorities be brought back to a future meeting of this Committee.

5.2 HM INSPECTORATE OF PRISONS FOR SCOTLAND – HMP PERTH INSPECTION

There was submitted a report by the Head of Health (G/18/204) providing an update following the inspection carried out by HM Inspectorate of Prisons for Scotland supported by Health Improvement Scotland (HIS) in HMP Perth between 14 May and 1 June 2018.

Resolved:

(i) The work undertaken to date following the inspection be noted.

(ii) It be noted that the improvement plan was approved by the Perth and Kinross Care, Clinical and Professional Governance Forum on 2 November 2018.

(iii) The improvement plan be noted and approved for submission to Health Improvement Scotland.

(iv) It be noted that a mock inspection was carried out during the week commencing 15 November 2018.

(v) It be noted that Health Improvement Scotland returned for three days from the 26 November 2018 to carry out an interim inspection.

(vi) It be noted that a full HMIPS re-inspection will take place in approximately 12 months' time.

(vii) It be acknowledged and supported that the service will continue with the patient safety collaborative.

(viii) It be acknowledged that the service will continue working with wider healthcare services including public health, mental health and substance misuse and other partners including Criminal Justice, Police and Procurator Fiscal to develop new models of care which meet the needs of the population of both HMP Perth and HMP Castle Huntly.

6. FOR INFORMATION / NOTING

No further business.

7. PRIVATE DISCUSSION

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

8. DATE OF NEXT MEETING / DEVELOPMENT SESSION

Tuesday 19 February 2019.

9 VALEDICTORY

It was noted that this was Robert Peat's last meeting as a member of the Committee now that he had taken up the position of Chair of the IJB. Councillor Purves thanked Dr Peat for his contribution and commitment to the work of the Committee since his appointment.

Action Points Update 19 February 2019
Perth & Kinross IJB – Audit and Performance Committee

G/19/17

Ref.	Min. Ref.	Meeting	Action	Responsibility	Timescale	Revised Timescale	Update/Comments
27	4.1	06/03/18	Governance & Accountability Arrangements – Chief Officer to bring a paper to IJB setting out in detail the governance arrangements. The Audit & Performance Committee agreed for the report to come back in September 2018.	RP	November 2018	March 2019	Governance and accountability arrangements paper agreed in March 2018. Subsequent workshops held in November have further enhanced learning and understanding. A further one page Governance document is being prepared to be completed by 31st March 2019.
29	4.1	19/06/18	The Chief Officer to provide a further update at the next meeting on progress with a training and development plan and performance for IJB members.	RP	September 2018	February 2019	The Service Manager for Business Planning and Performance is working with the Vice Chair of the IJB Board to develop a training and development programme for IJB members to be presented to the IJB in May 2019.
32.	4.1	20/09/18	Chief Financial Officer to provide a further update at the next meeting of the Committee on further progress on the Transforming Governance Action Plan.	JMS	November 2018	February 2019	Agenda item for 19 February 2019 meeting.
35.	7.1	20/09/18	2018/19 Financial Position – The Chief Officer be instructed to seek formal agreement from Perth and Kinross Council and NHS Tayside on the risk sharing arrangements for 2018/19.	RP	November 2018	February 2019	Letter sent to Perth and Kinross Council and NHS Tayside and response received which indicated that further discussions will take place between Parent Bodies once financial recovery plan agreed.

AUDIT & PERFORMANCE COMMITTEE

19 February 2019

CORPORATE PERFORMANCE

Report by Chief Officer (G/19/18)

PURPOSE OF REPORT

The purpose of this report is to update the Integration Joint Board (IJB) Audit & Performance Committee on the Health & Social Care Partnership (HSCP) Corporate Performance.

1. RECOMMENDATION(S)

It is recommended that the IJB Audit & Performance Committee:

- notes the corporate performance attached (Appendix 1).
- agrees that the Partnership provides quarterly updates to the Audit & Performance Committee.
- notes that there are no particular exceptions being reported at this time.

2. SITUATION / BACKGROUND / MAIN ISSUE

The Audit & Performance Committee as part of it's duties has committed to maintain oversight of the Partnership's performance in relation to statutory functions such as complaints handling, freedom of information and participation requests. In addition, the corporate performance report provides an opportunity to set out areas of partnership wide performance that would not be considered within individual Strategic Programme Board Performance Frameworks. Corporate Performance Reporting is part of a wider approach to risk management, allowing the Audit & Performance to consider aspects of performance not identified within other performance reporting arrangements that may have an impact on delivery of the strategic objectives of the IJB.

3. PROPOSALS

The Partnership will provide quarterly performance updates to the Audit & Performance Committee on the Corporate Performance. The measures to be reported will be kept under ongoing review. Where significant variance from agreed targets is identified, improvement plans will be developed.

4. CONCLUSION

The Audit & Performance Committee has responsibility for overseeing the Partnership's performance in relation to statutory functions. This report sets out for the first time the Partnership's performance in this respect and in addition provides Partnership wide performance that would not be provided within programme board performance reports.

Author(s)

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

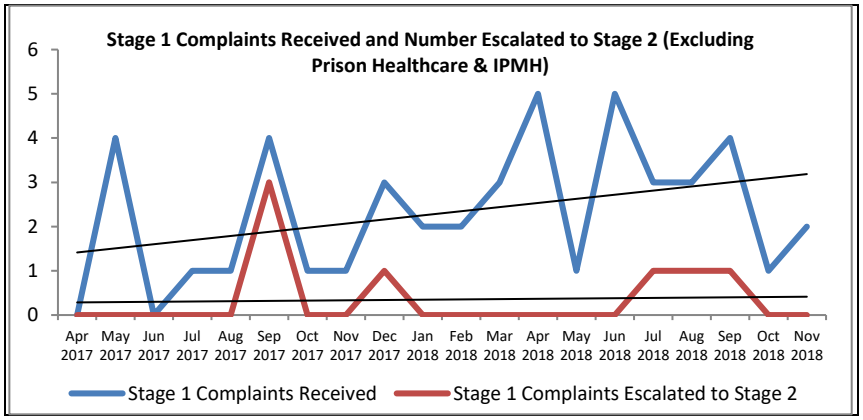
APPENDICES

1. Corporate Performance Framework February 2019

PERTH & KINROSS
HEALTH & SOCIAL CARE PARTNERSHIP

PERFORMANCE FRAMEWORK – CORPORATE

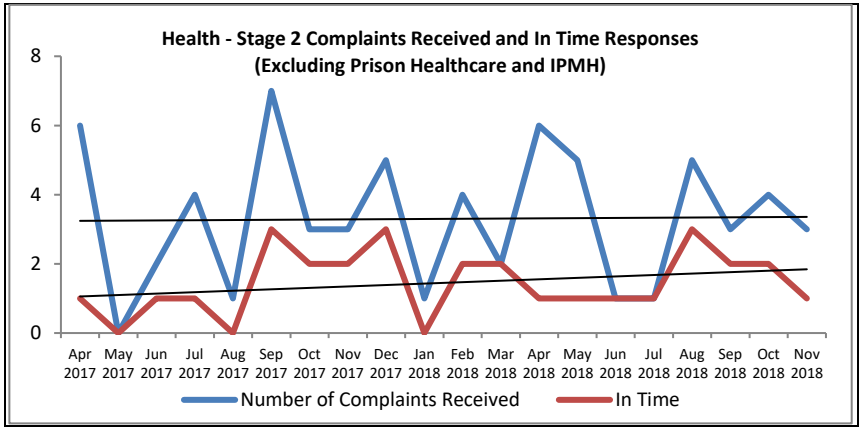
1. Health Stage 1 Complaints Received and Number Escalated to Stage 2 (Excluding Prison Healthcare)



NARRATIVE

The number of health stage 1 complaints received shows a steady increase over the reporting period but most continue to be resolved at this early stage and not escalating to the formal stage 2 process.

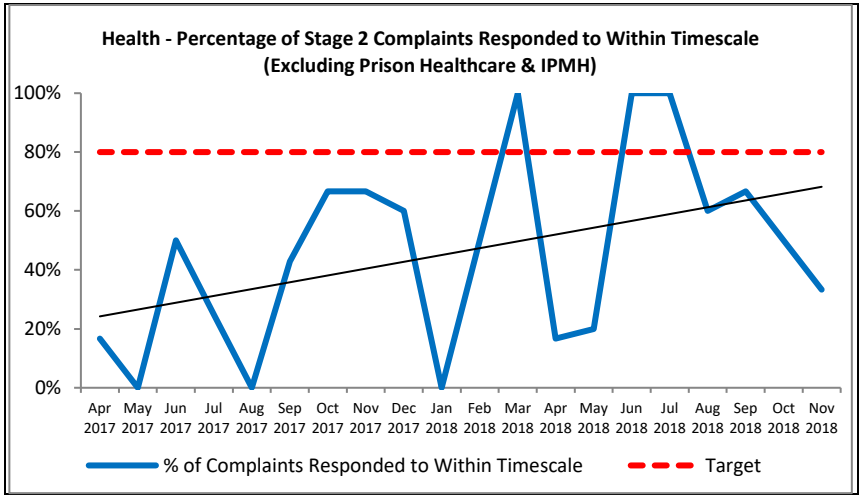
2. Health Stage 2 Complaints Received and Responses Within Timescale (Excluding Prison Healthcare)



NARRATIVE

The number of complaints received is fairly static over the reporting period. This will continue to be monitored over the coming year.

3. Health Stage 2 Complaints Responded to Within Timescale (Excluding Prison Healthcare)



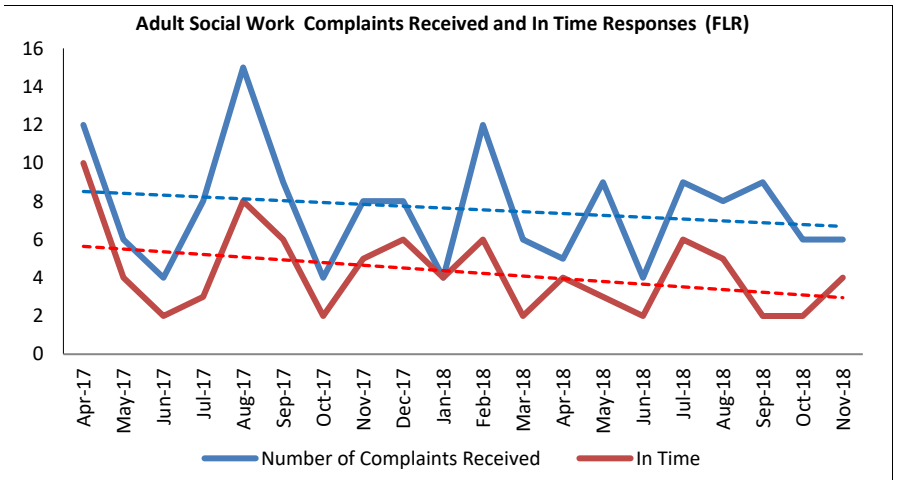
NARRATIVE

Performance in meeting the target time to respond shows an improving position over this period but still below the NHS Tayside target of 80%.

This can be for many reasons and complaints can involve very complex issues which take time to provide a full response. Delays are unfortunate but it is important that the response provided fully answers the issues identified by the complainant. We always strive to keep the complainant informed of any delay in the expected response and provide an expected timescale.

This will continue to be monitored over the coming year.

4. Adult Social Work Number of Front Line Resolution (FLR) Complaints Received and Responses Within Timescale

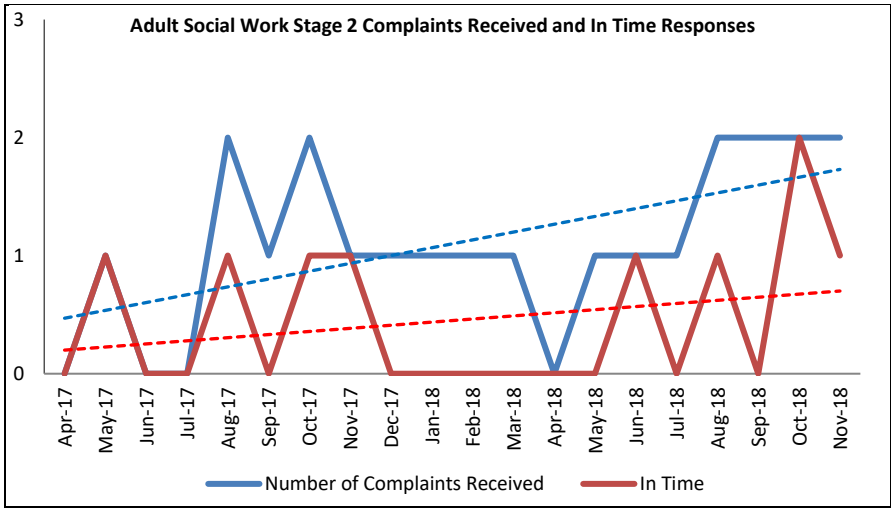


NARRATIVE

The number of complaints received varies from month to month with no obvious reasons for the increase in numbers in certain months.

The slight reduction in complaints received during holiday times June and December tends to be reflected across all services.

5. Adult Social Work Stage 2 Complaints Responded to Within Timescale



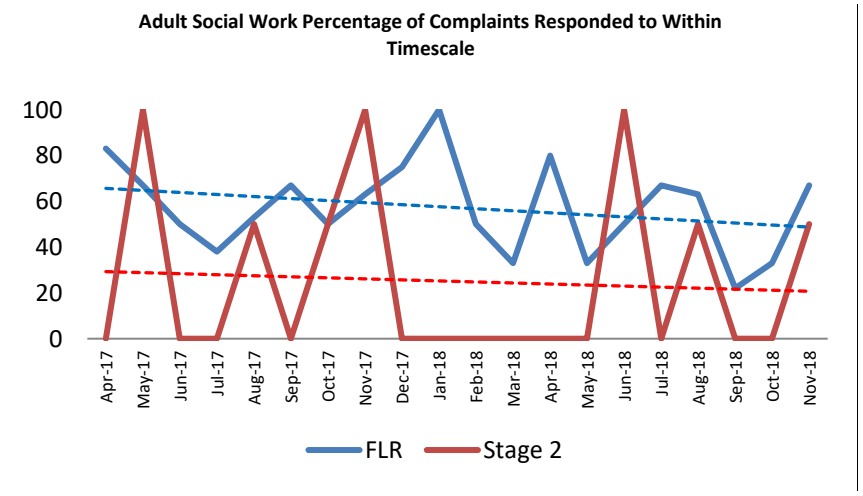
NARRATIVE

The number of Stage 2 complaints are very small when reported on a monthly basis meaning large swings in performance being indicated where in fact only one or two complaints have caused the swing.

0 can mean no responses were sent out in that month rather than being out of time

The months where no Stage 2 responses were sent out are :
April 2017
June 2017
July 2017
April 2018
September 2018

6. Adult Social Work FLR and Stage 2 Complaints Responded to Within Timescale

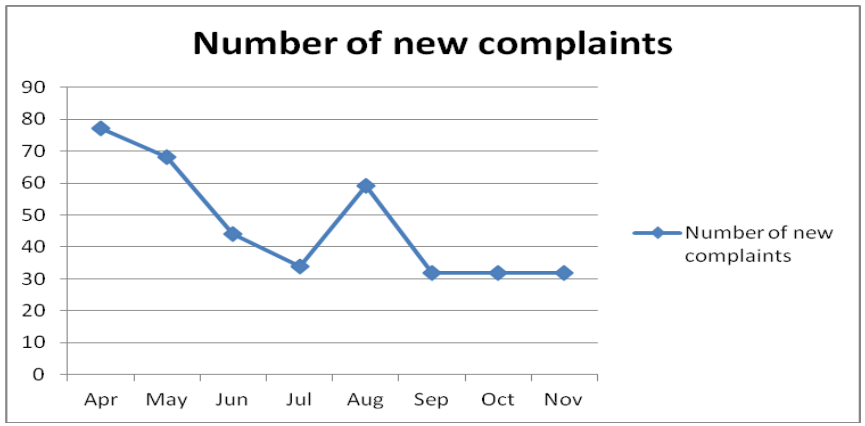


NARRATIVE

0% can mean no responses were sent out in that month rather than being out of time

The months where no Stage 2 responses were sent out are :
April 2017
June 2017
July 2017
April 2018
September 2018

7. H7.Health Number of Prison Healthcare Complaints Received



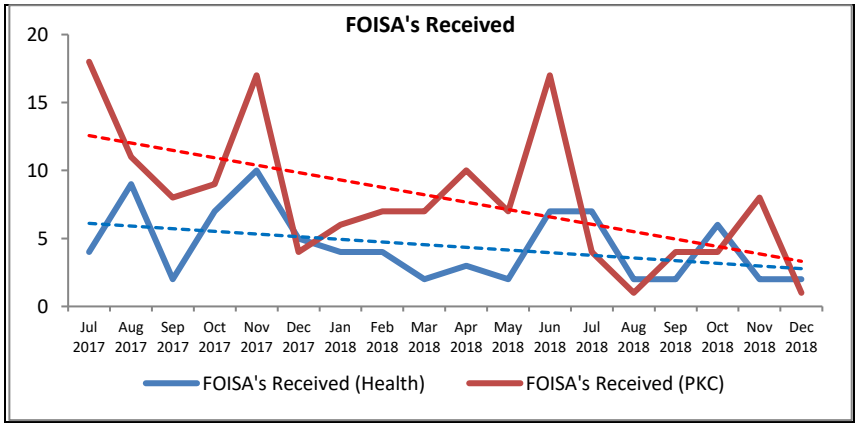
NARRATIVE

A significant amount of work has and continues to be undertaken regarding the management of complaints and the engagement of the prisoner population.

The service continues to work towards early resolution to new complaints whenever possible.

The main themes of complaints continues to be medication related. It is worthy on noting that the service has started to recieve compliments also for the care and treatment provided by Prison Healthcare staff.

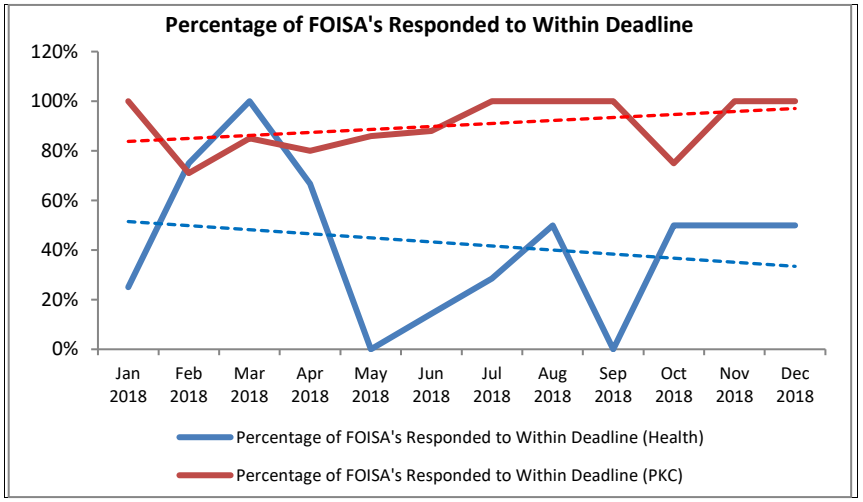
8. Freedom of Information Requests Received



NARRATIVE

The number of FOISA's received varies throughout the year with no obvious pattern. The quantity received can often be related to a 'hot' news topic where several requests in the same subject can arrive.

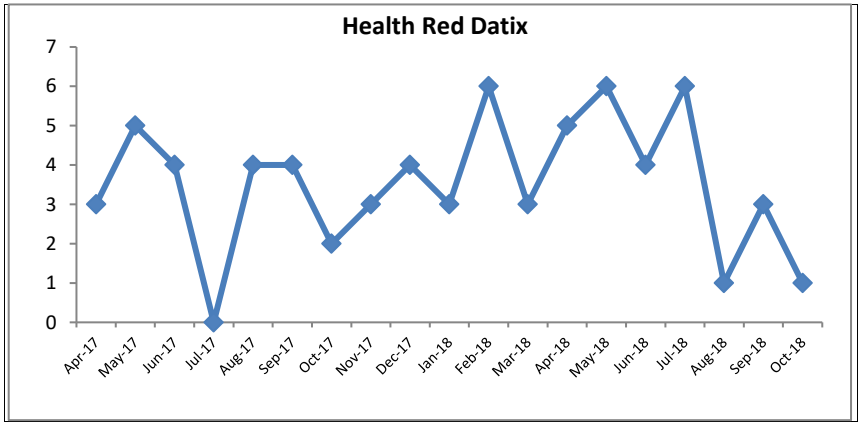
9. Freedom of Information Requests -Percentage Responded to Within Deadline



NARRATIVE

For Health when a FOISA is received from Information Goverance, the information requested goes out to relevant people/teams for a response. Chaser emails go out prior to the deadline too. It should be noted that the internal deadline we receive from Information Governance is earlier than the external deadline, therefore it may well be that although we have missed the internal deadline, the external deadline may have been met.

10. Total Number of Red Datix Health (Excluding Prison Healthcare)



NARRATIVE

Information extracted from DATIX on 7th January 2019. Excludes red events within Prison Healthcare Service and Inpatient Mental Health & Learning Disabilities.

All new red events are summarised and discussed at weekly management team meetings and at the two monthly Care & Professional Governance Forum.

AUDIT & PERFORMANCE COMMITTEE

19 FEBRUARY 2019

PERFORMANCE UPDATE: OLDER PEOPLE AND UNSCHEDULED CARE

Report by Head of Health & Head of Adult Care and Social Care (G/19/19)

PURPOSE OF REPORT

The purpose of this report is to update the Integration Joint Board Audit & Performance Committee on the Older People and Unscheduled Care (OPUSC) performance for the purposes of scrutiny and assurance.

1. RECOMMENDATION(S)

It is recommended that the IJB Audit & Performance Committee:

- Notes the OPUSC Board performance outcomes report attached (appendix 1).
- Agrees that the OPUSC Board provides quarterly updates on progress and performance of OPUSC activity to the Audit & Performance Committee (inclusive of narrative, quantitative and qualitative reporting).

2. SITUATION / BACKGROUND / MAIN ISSUES

The Audit & Performance Committee as part of it's duties has committed to maintain oversight of the P&K Health & Social Care Partnership strategic performance. At the 19th June 2018 meeting the Audit & Performance Committee was presented with an overview of the indicators which the OPUSC Board agreed to own and report on going forward. The attached report is the first performance report from the OPUSC Board. The OPUSC Performance Framework is still work in progress and a more full report on all indicators will be presented to the Audit & Performance Committee in June 2019.

The Committee should be assured that the OPUSC Board Chair has established and implemented satisfactory arrangements for reviewing performance against strategic objectives.

3. PROPOSALS

The OPUSC Board will provide quarterly performance updates to the Audit & Performance Committee. The OPUSC Board will develop an improvement plan to reduce variances against targets.

4. CONCLUSION

This report sets out key performance monitoring in relation the Older People and Unscheduled Care.

Author(s)

Name	Designation	Contact Details
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APPENDICES

1. OPUSC Board Performance Outcomes

Appendix 1

Perth and Kinross Health and Social Care Partnership

Older People and Unscheduled Care Board

High-level performance report for Audit and Performance Committee

Tuesday 120219 09:15 Version 12

Version 11

Key messages

- After significant service change and investment, performance on delayed discharge is improving, especially in PRI. Delayed discharge was the number one performance issue for the Partnership at its inception. Over the last 3 years the Partnership has been working closely with the Scottish Government to learn from other areas and improve our performance around delays. Significant time and resource investment has been made to improve our performance and the data clearly indicates our improvement.
- Emergency admissions for older people remain relatively stable and there has been an appreciable reduction in associated bed days during 2018. There is also evidence of higher levels of readmissions during this period which we will investigate further.
- Perth and Kinross is performing well at supporting people at end of life in the community, with a percentage above the Scottish average. This performance has been on the increase since 2016
- Care at home hours continue to increase as might be expected however the numbers of clients supported is not increasing with the same speed. An improvement project is underway to ensure the Partnership commissions an efficient, effective and quality Care at Home service so we can continue to meet demand within current resources.

1 Introduction

The OPUSC Board have agreed a set of performance measures that will be used to measure success in delivering strategic priorities. Whilst this is under continual review, this report summarises performance against the OPUSC measures agreed across older people and unscheduled care. The report consists of three sections; the first relating to unscheduled care, the second to older people with an emphasis on those residing in the community and finally areas of future development.

2 Perth and Kinross Profile

2.1 Demographics

P&K has a proportionately large elderly population and this is growing over time. In 2017 there was an estimated 34,515 people aged 65 and over in Perth & Kinross (approximately 22.8% of the population). It has been projected that, by 2041, the population of those aged 85 and over will increase by 130% from the 2016 population (Source: NRS, 2017). This is shown in Figure a below:

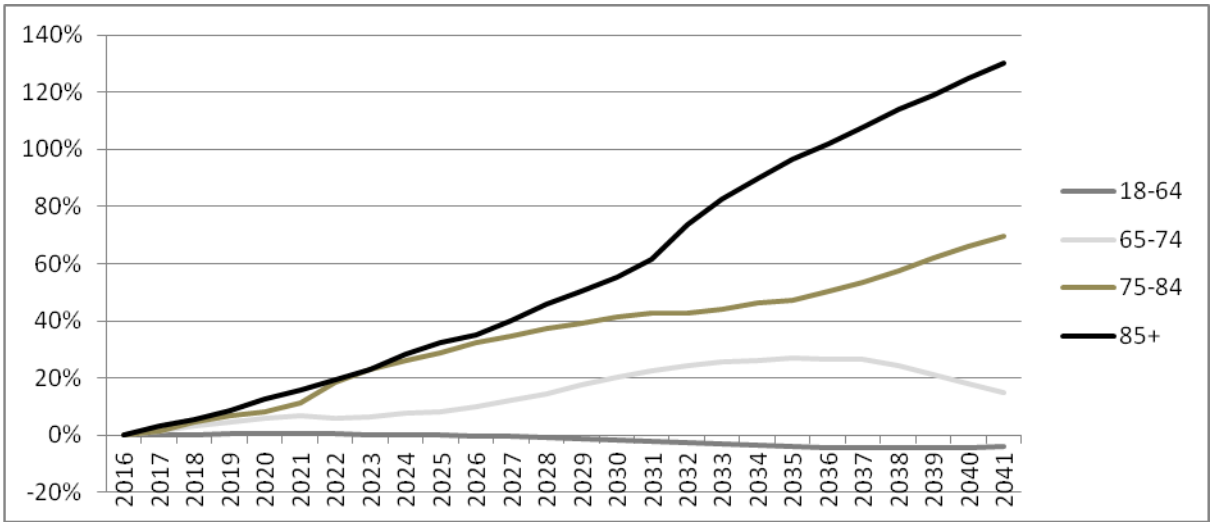

Figure a Projected P&K Population - % increase from 2016

Life expectancy and healthy life expectancy are increasing for both men and women, but so is the length of time spent in ill-health. The number of chronic conditions increases with age and the prevalence of dementia is strongly correlated with age. In Scotland, Dementia has a prevalence rate of 14.5% and 16.4% for males and females respectively for those aged between 80 and 84. Perth & Kinross has an estimated 3,333 residents with Dementia (Source: Alzheimer's Scotland, 2017).

Figure b illustrates the demographic change that Perth & Kinross has experienced from 1982 to 2017. It shows that demographic pressures are coming from a baby boom period which is now entering into our 65+ age group and will require increased demand for services.

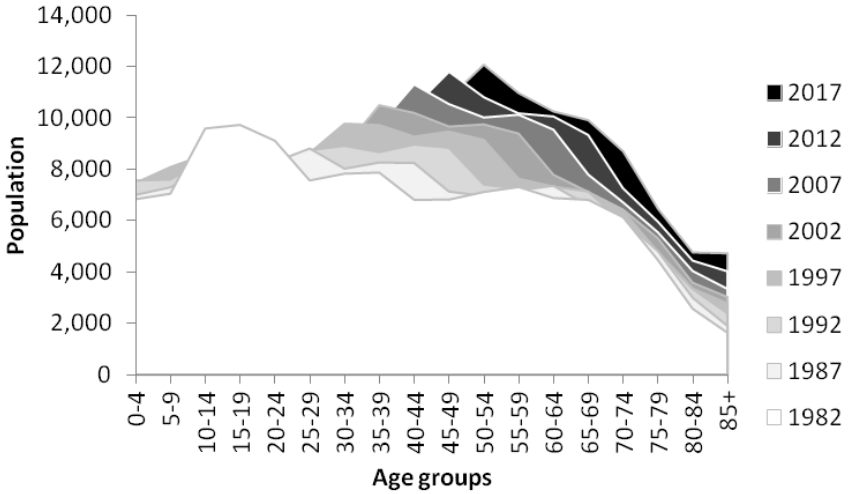

Figure b Historical and projected working age and 65+ populations for P&K

Over the past decades, the population of Perth and Kinross has steadily risen by a little under one percent per year. However, the older components of the population have been growing more quickly than the working age component.

3 Unscheduled Care

Unscheduled care is a term used to describe any unplanned health or social care.

3.1 Delayed discharges

Over the past four years, there is an improving picture in relation to delayed discharge for Perth and Kinross. Year on year, the median number of people delayed daily has been reducing, and we have recently witnessed a low level that is unprecedented since 2014. For patients, this represents a reduction of the impact of unnecessary time spent in hospital. We know that unnecessary bed days are associated with reduced function. This improvement therefore represents improving quality of care.

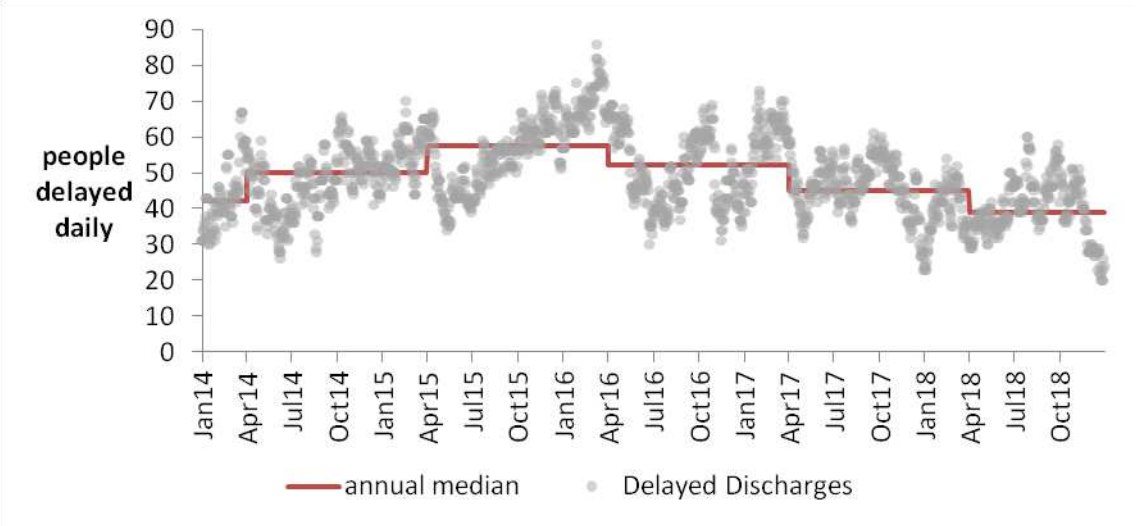

Figure 1 People experiencing delay (daily measurement) (Source: EDISON via QlikView)

As well as representing improvement at the patient level, this has resulted in a reduction of inpatient bed days lost to delay (Figure 2). This is an important aspect of our efforts to improve inpatient capacity and flow.

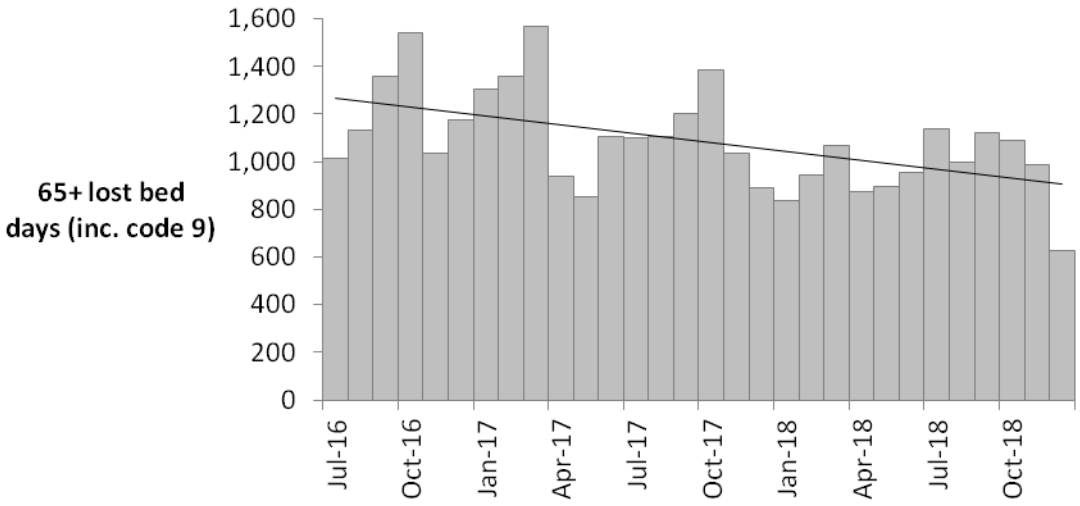

Figure 2 Bed days lost to delay monthly (Source: EDISON via QlikView)

There is evidence of improvement in all types of site. However the District General Hospital of Perth Royal Infirmary, which has seen a strong focus on reducing delays, has demonstrated the most rapid decline in bed days lost to delays.

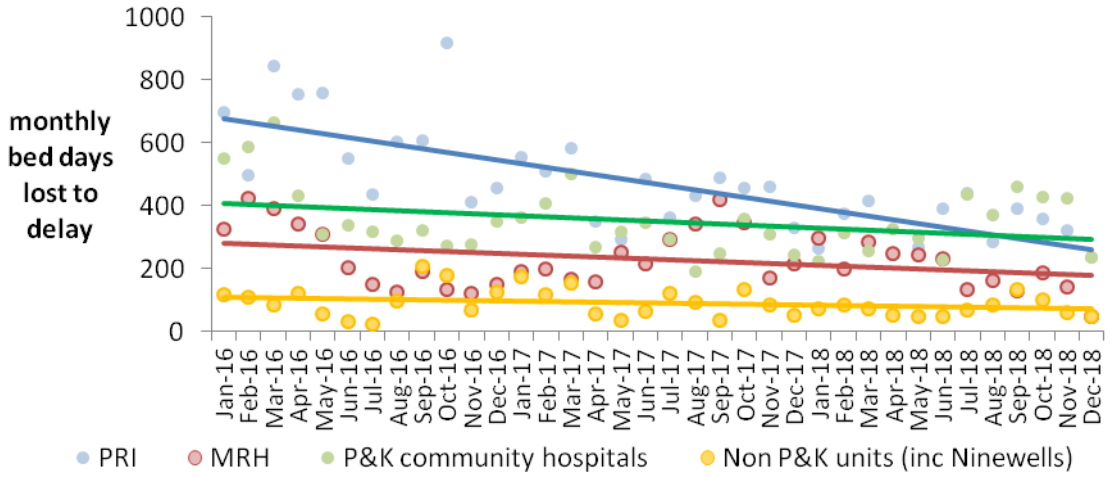

Figure 3 Bed days lost to delay monthly by facility type (Source: EDISON via QlikView)

3.2 Delayed Discharge Improvement Actions:

The general reduction in bed days lost due to delayed discharges seen in 2017 appears to remain. The festive period, unusually, saw this improvement continue. The most feasible explanation for maintaining lower numbers is the impact of the actions that have been undertaken in the last two years to improve performance.

A range of improvement actions have been taken forward to improve our performance in relation to delayed discharge. These actions have been introduced at various times and after each one is introduced it adds to the positive impact of the last. These improvements included:

- the introduction of an almost immediate Monday to Friday placement authorisation process (June 2016)
- the introduction of integrated action planning for individuals
- a faster track welfare guardianship process (August 2016)
- an increased capacity of the Hospital Discharge Team (December 2016)
- the introduction of a Discharge Hub (April 2017)
- the introduction of HART (January 2018)
- the introduction of Frailty Team (October 2018)

3.2.1 Ongoing Improvement

Improvements for this year increased focus on:

- continuing to develop a single discharge process across Tayside
- implementing Care at Home improvement Plan
- Further work on Frailty and Discharge to Assess.
- exploring causality relating to the observed variation in complex lost bed days
- a Focus on recruitment and retention of care staff across whole of health and social care and partners
- Working in partnership with the 3rd and independent sectors to achieve sustained reductions in this area. For example, we are testing a Royal Voluntary Service model to support discharge through Winter Planning Monies which will be evaluated within the 2019.

3.3 Unscheduled Hospital care

The following charts illustrate patterns of unscheduled hospital care use for Perth and Kinross older people since April 2016. These charts are based on the same data as used for the Ministerial Group Indicators.

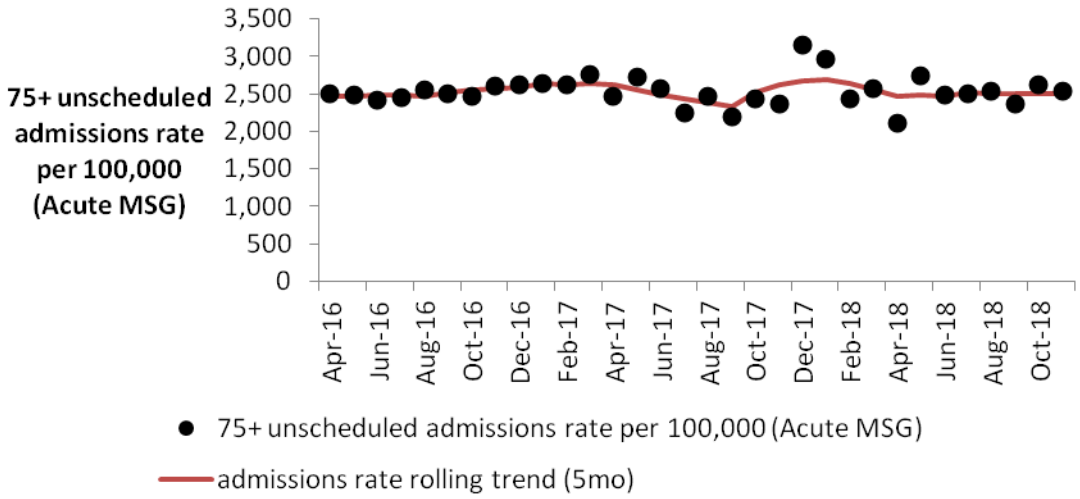

Figure 4 75+ unscheduled admissions per 100,000 population (Source: ISD)

Figure 4 illustrates the rate of unscheduled admissions per 100,000 for the 75+ population. In December 2017 there was a 33% increase in the unscheduled admission rate for the 75+ population compared to November 2017's rate. This increase in admissions may have been caused by the adverse weather experienced during this period resulting in exceptional demand on services due to respiratory conditions and flu like illnesses. Unscheduled admission rates were also relatively high in January 2018 which may be attributable to the considerable increase in falls rate as shown in Figure 12. Rates started to become stable again in May 2018.

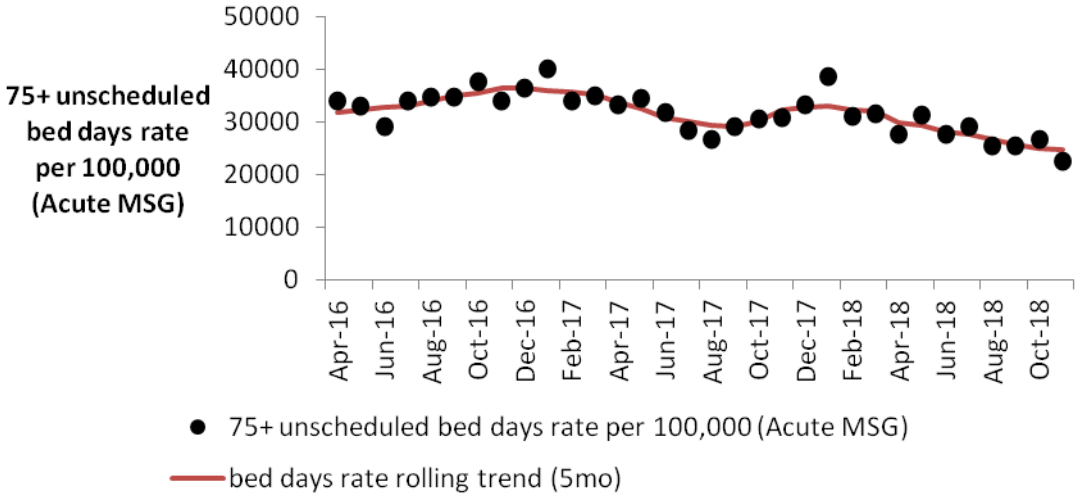

Figure 5 Bed day rates for75+ unscheduled admissions per 100,000 population (Source: ISD)

Figure 5 shows the 75+ Unscheduled bed days rate per 100,000. The bed rate has been steadily decreasing since December 2016. However, similar to Figure 4 Unscheduled admission rates, there was an increase in unscheduled bed days commencing November 2017 with a particular spike in January 2018. Unscheduled bed day rates continued to decrease from January 2018.

3.3.1 Readmissions

A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period following discharge from a continuous inpatient stay. Readmission rates reflect several aspects of integrated health and care services - including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners.

Figure 6 shows the percentage of admissions within 28 days following discharge for 75+ Perth and Kinross residents.

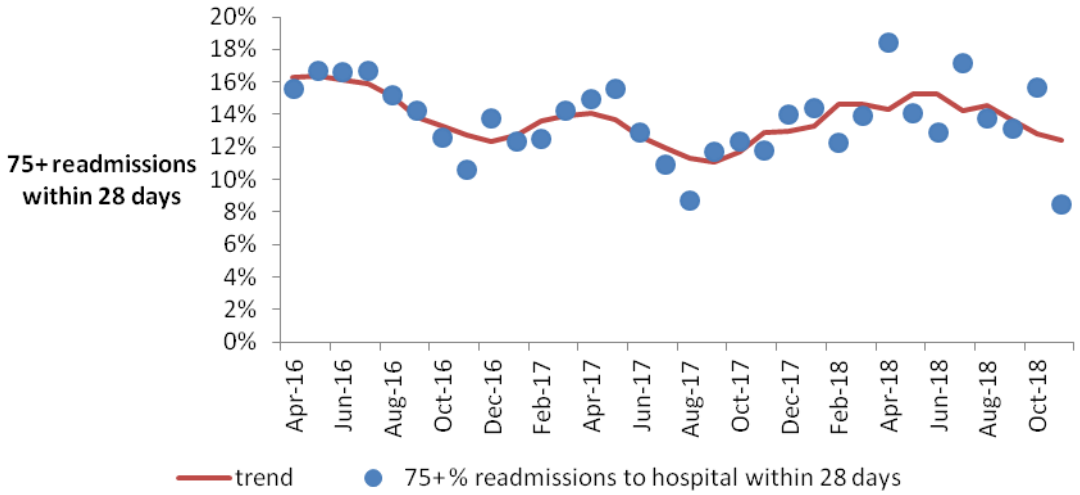

Figure 6 Percentage of admissions within 28 days following discharge for 75+ Perth and Kinross residents. The red line is a rolling average based on two months before and after each data point. (Source: ISD)

From the same period, the unscheduled admission rate has remained relatively stable, but readmissions (which remained fairly consistent since 2017) saw an increase during 2018 up until the end of the year. Interestingly, readmission rates at the tail end of the year were relatively low, reducing from 15.7% in November to 8.5% in December. The pattern of readmissions and its relationship to wider patterns of unscheduled care (e.g. admissions and bed days) prompts further investigation.

We are currently exploring readmissions data to better understand relationships and variation with previous years in relation to, for example, diagnoses on subsequent and readmission, and the delays between these events. Until we understand the data set in relation to each sub locality and identify the readmission cohorts and key variables relating to these groups, we will be unable to give a robust understanding of current data.

Local tracking requires to be set up with responsibility shifting to each sub locality integrated team to understand the data set for each area.

3.3.2 Ongoing Improvements

Improvements for this year include:

- Improving early intervention and prevention approaches by building on the enhanced community support model within integrated care teams.
- Delivering an enhanced respiratory community support approach to provide specialist support to patients with COPD and asthma within their own homes
- Enhance technology enabled care and home health monitoring to help sustain community living.
- Work in collaboration with NHS Tayside to support the redesign of patient's pathways for scheduled and unscheduled care
- Support the implementation plans for the Primary Care Improvement Strategy in relation to the development of Advanced Nurse Practitioner role, Community Care and Treatment Services and Urgent Care Services.

4 Older People

This section covers adults aged 65 plus supported in the community.

4.1 Proactive Care and Support at Home

4.1.1 Care at Home

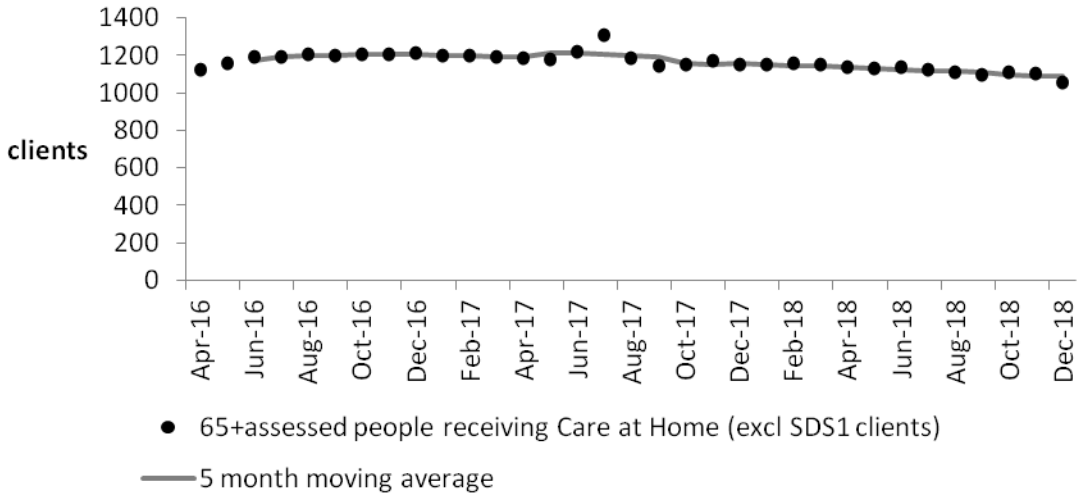

Figure 7 65+ Care at Home clients (excluding SDS option 1) (Source, local data)

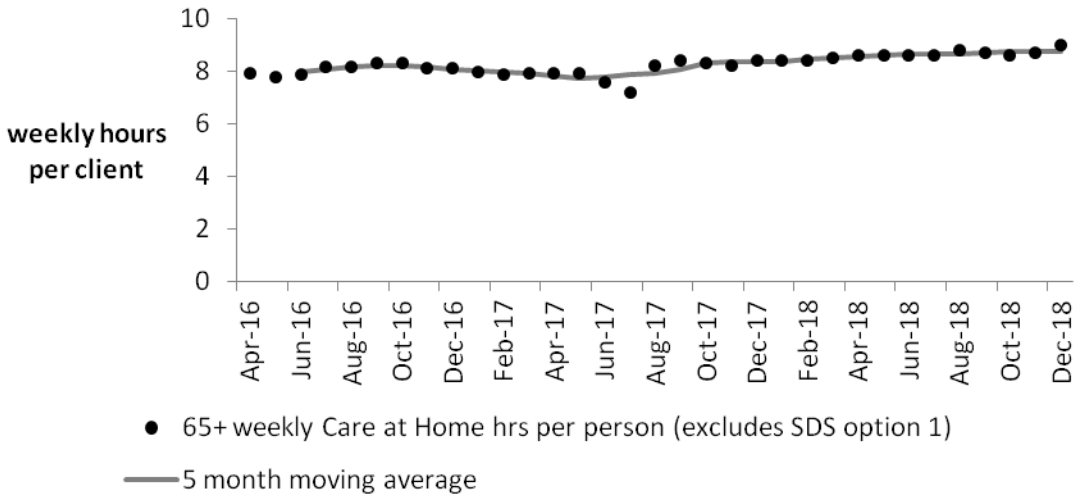

Figure 8 65+ weekly Care at Home hours per person, excluding SDS option 1 (Source: local data)

Figure 8 shows a stable, if slightly reducing, number of adults supported by care at home while figure 9 shows an increasing number of hours per person since April 2016. This is in line with the expectation that the complexity of needs of people supported at home would be increasing in line with demographic trends. The Partnership has reviewed the sustainability of the current Care at Home service model in light of these increasing hours a Care at Home improvement plan has been developed to look at efficiencies within the service.

4.1.2 Reablement

There has been a decrease in reablement by 3% from 2016/17. This drop has been attributed to supporting a very elderly population with increased frailty. Instead of being referred to reablement, these people are by-passing the reablement process and are being referred direct to Care at Home as reablement is assessed as unlikely. This is more clearly seen in figure 4 where we are apparently seeing a continual slow reduction in the numbers of people who achieve independent living after reablement. Further analysis of this situation is required to fully validate that this is what we are observing.

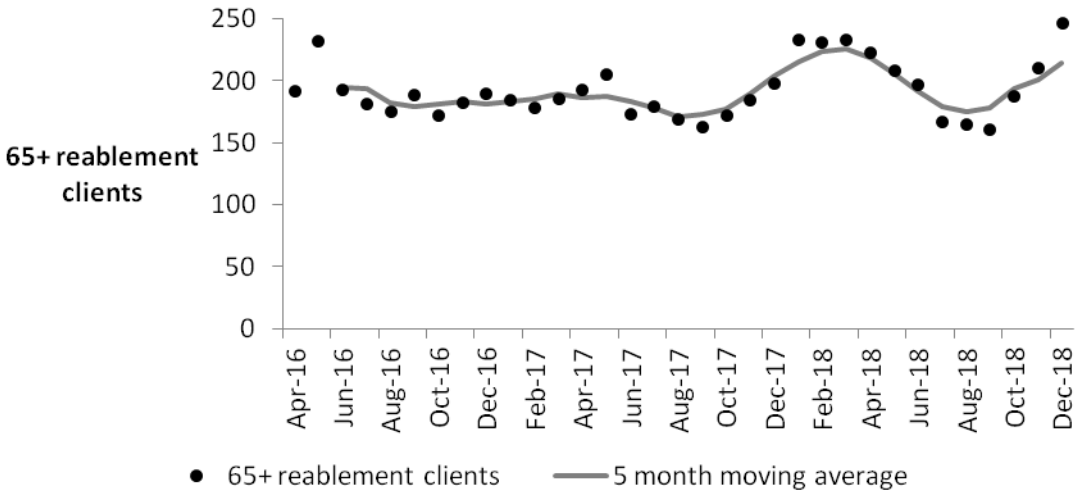

Figure 9 65+ reablement clients (Source: local data)

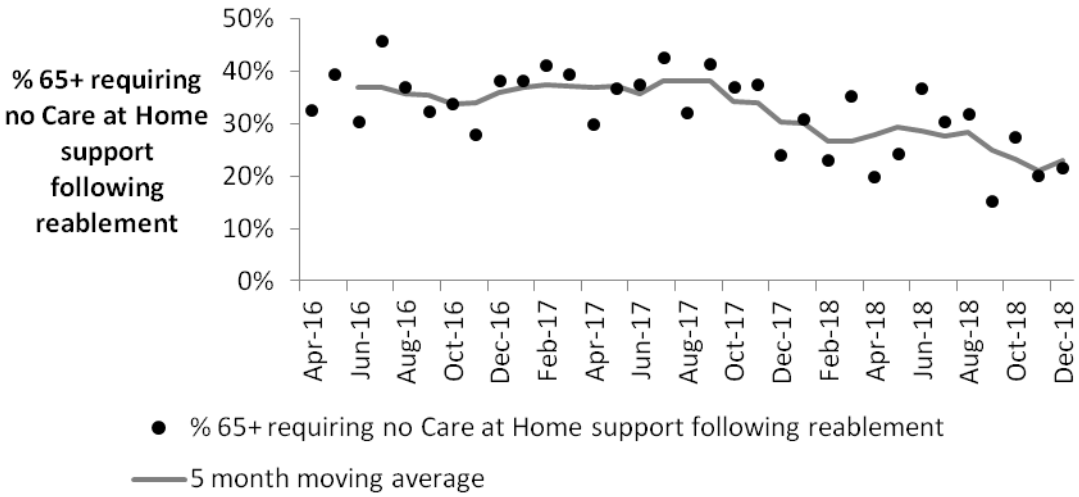

Figure 10 Proportion of 65+ reablement clients who do not require a package of care following reablement (Source: local data)

This performance outcome needs further refinement, as the Reablement service is expected to not only remove the need for care where possible and appropriate, but also to reduce the levels of care for those already in receipt to best meet their needs. In Section 4, a further refinement of this performance indicator is suggested.

4.1.3 Technology Enabled Care

Perth and Kinross are active in a range of Technology Enabled Care (TEC) strategic initiatives, for example:

- Perth and Kinross is one of three areas participating in the Scottish Government's 'analogue to digital' pilot. This will assist the implementation of a fully digitised telecare service in Perth and Kinross;
- The Perth and Kinross telecare service recently attained TSA accreditation. We will continue to ensure provision of a high quality service and maintain accreditation;

- A new SMART flat is being developed in the centre of Perth where staff can receive training and an understanding of the benefits of the different types of Telecare equipment, and where people can visit to try out the range of telecare supports that are available in Perth and Kinross;
- The telecare team will offer training and information sessions to professionals and the public to continue to increase the number of people supported with Telecare;
- The telecare will support transformation projects and the implementation of the TEC strategy.

We will be developing a performance view in relation to TEC capable of demonstrating the impact of the above strategies, including a drill down in relation to specific equipment types.

4.1.4 Falls prevention

Falls represent the most frequent and serious type of accident in the over 65 age group causing significant physical and psychological distress for older people and their carers, not to mention substantial cost implications for Health and Social Services. Evidence states that by introducing well-organised services, based on recommended practice and evidence-based guidelines falls and fractures can be reduced in older people.

Within Perth and Kinross, for the last few years the rate of falls month-on-month illustrates complex variability (Figure 11). Overall there is a very slight increasing trend. While on average, there are 180 65+ falls admissions per 100,000, this has usually varied from 30-40 above and below this. Moreover we observed a considerable spike in this measure for January 2018, where the rate almost reached 300 (293). We are investigating this unusually high incidence of falls for January 2018 to help us understand reasons for variation.

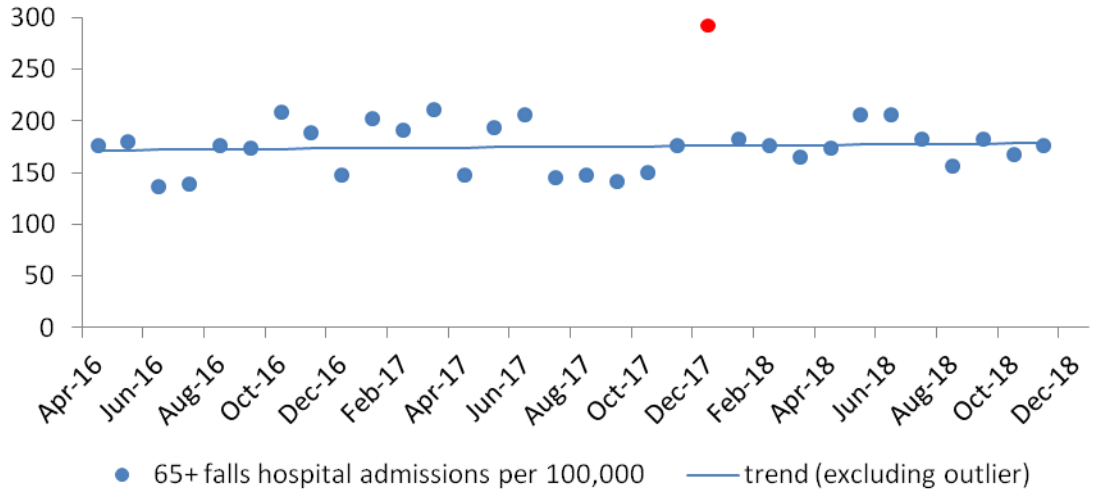

Figure 11 Perth and Kinross 65+ falls hospital admissions per 100,000 (Source: ISD). Note: trend line based on data that excludes the January 2018 outlying data point.

As well as normal random variation, month-on-month variability may be explained by other factors such as: risk management at the individual level; variations in how falls are managed in the community; street/pavement conditions; weather forecast accuracy; and corresponding service responses to inclement weather.

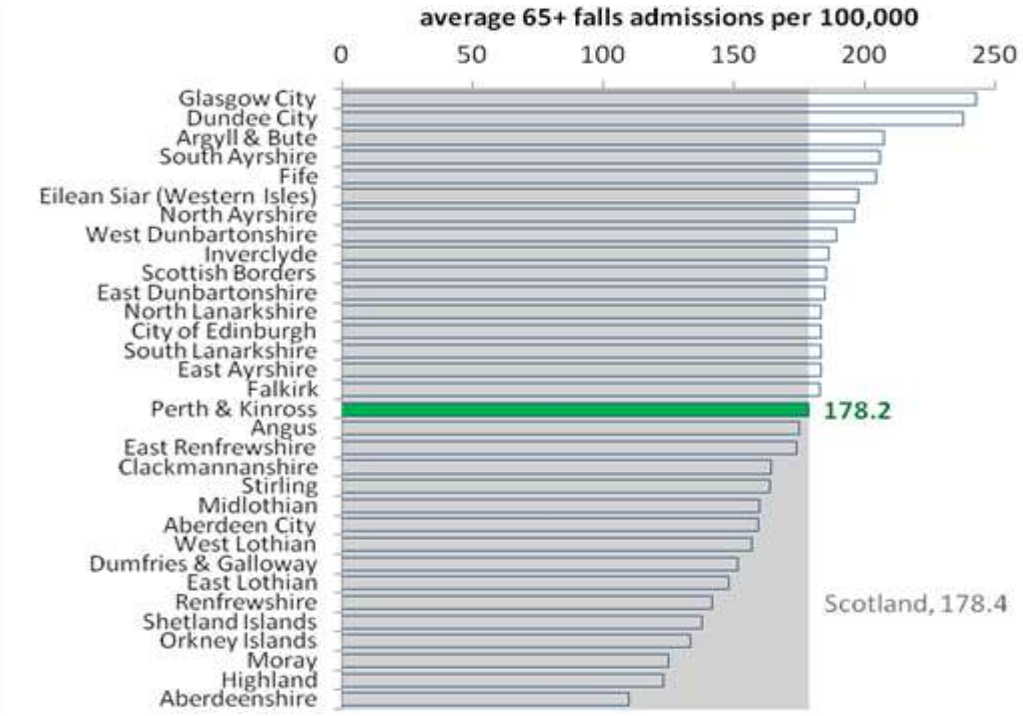

Figure 12 Average 65+ monthly falls admissions per 100,000 (2017/18, Source: ISD Table 16 - Emergency admissions to hospital as a result of a fall)

In relation to other partnerships, the rate of 65+ falls admissions for Perth and Kinross reflects that of Scotland as a whole (Figure 12). There may be underlying reasons for the variation in performance between partnerships (for example there may be an urban/rural component). However, cognisant of such complexities, we seek to drive this performance indicator towards that demonstrated by "similar" partnerships that demonstrate lower rates.

Our continuing focus on falls prevention includes the following key actions:

- Continue to embed the Scottish Government Framework for Action 'Falls Prevention and Management in the Community';
- Develop an improved performance view capable of highlighting the impacts of the above initiatives;
- Investigate the spike in falls admissions seen during January 2018 in relation to other areas in Scotland and contextual factors.
- Continue to benchmark Perth and Kinross against other partnerships.

4.1.5 Supporting people at the end of life

The proportion of the last six months of life spent in the community relate directly to individuals' preferred place of care at the end of their life. As there is no national and systematic data recorded on a person's preferred place of care at end of life, it is not possible to represent people's preferences. Instead a surrogate measure is used, i.e. "Percentage of last six months spent at home

or in a community setting". Although this is not a direct measure of compliance with an individual's preferred place of death, it can serve to provide a broad indication of progress.

Figure 13 illustrates the percentage of time people aged 75+ spend in the community within the last six months of their life. While there is a degree of variation month on month, the chart illustrates a slight increase over the last three years. In addition, for all age groups, Perth and Kinross performs relatively well in comparison with other partnerships and with Scotland as a whole (Figure 14).

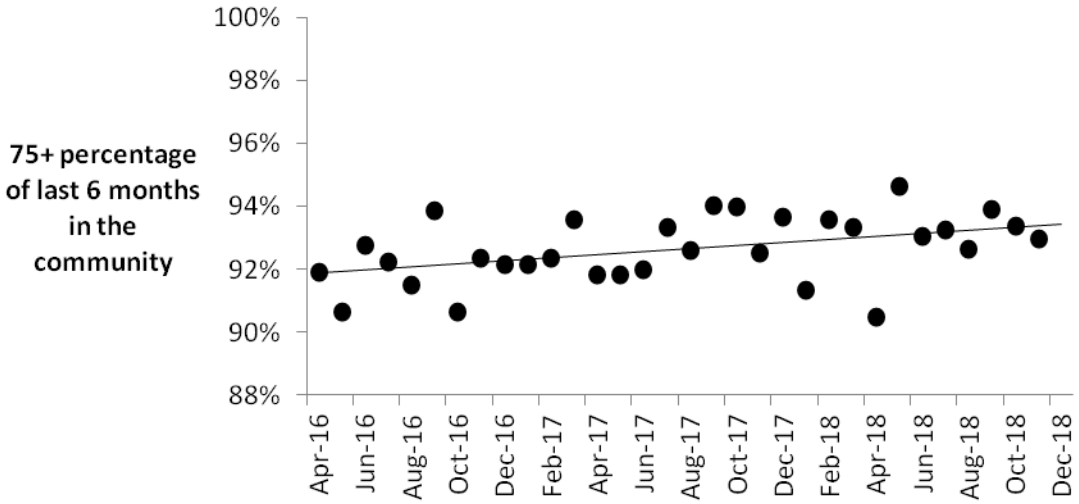

Figure 13 Percentage of time people aged 75+ spend in the community within the last six months of their life (Source: ISD)

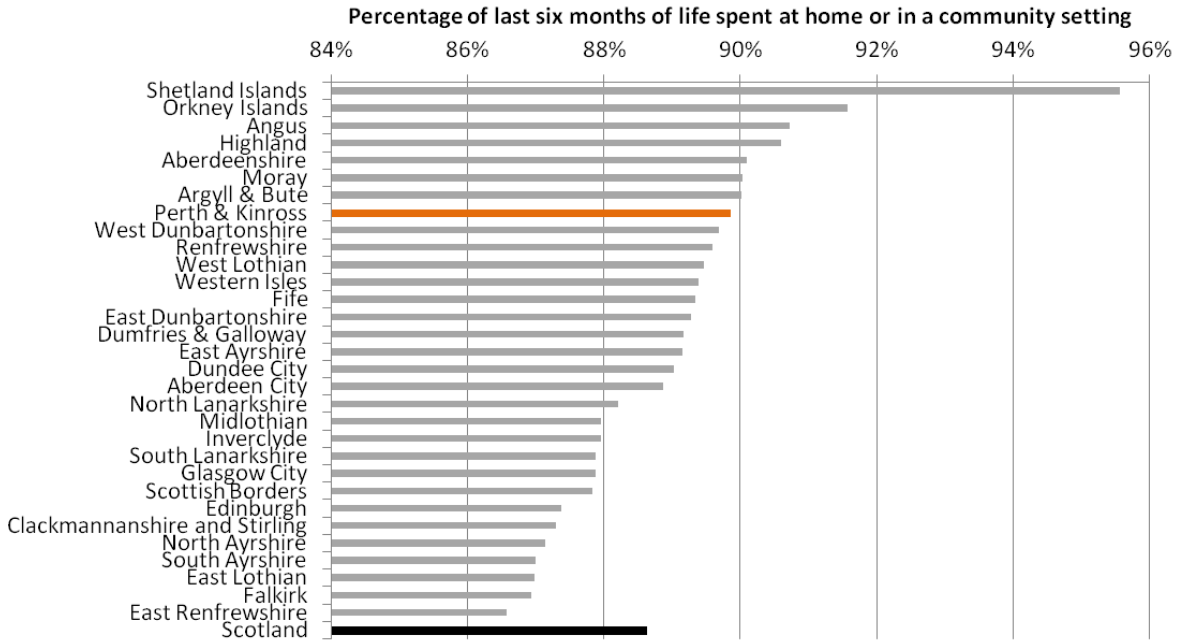

Figure 14 Percentage of last six months of life spent at home or in a community setting for Scottish partnerships: 2017/18 (provisional) (source: ISD QOM tables)

Community teams support people to stay at home for as long as possible. Community nursing teams supported by local homecare teams and HART ensure early discharge and support to ensure patients are managed at home for end of life care where it is the person and families choice to do so. This is further supported by a Marie Curie Nurses/Carers as part of the NHST Commissioned service through Marie Curie

In addition, Enhanced Community support is available in some parts of Perth and Kinross, which allows an early intervention and wraparound service to people who are deteriorating and at risk of hospital admission. This forms part of an Integrated Care Team approach and will support the key worker test of change in sub localities.

4.2 Residential and Nursing care

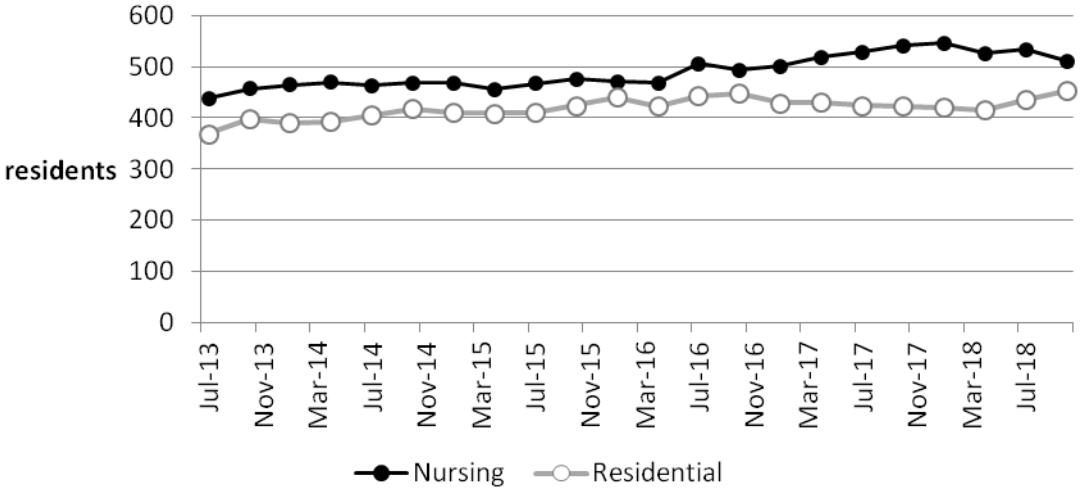

Figure 15 Number of residents in residential and nursing care homes (Source: local data)

Since April 2018 there has been a slight increase in the demand for residential care. Conversely, we may be seeing a reduction in nursing home residents. These trends are at variance with more recent year's data which has shown from 2017 a decrease in residential placements. This was in line with our strategic priorities of increasing support to client's in the community to enable them to remain living within their own homes and thus avoid a care home placement. Further study is required to analyse if this increase from mid-2018 is a short term statistically anomaly or in line with longer term trends.

5 Future Performance Reporting Areas

In order to understand whether we are achieving the aspirations of the strategic objectives outlined by the Older People and Unscheduled Care strategy we are working towards becoming more sophisticated in the data we are gathering. We aim to be able to gather the following data so we can gauge our performance in these key areas.

- *Reduction in Care Hours Following Reablement*
- *The Number of Community Anticipatory Care Plans Completed For People Following Diagnosis of Dementia*
- *Number of people in Supported Living Services*
- *Number of Occupational Therapy Assessments*
- *Supporting Individuals with Frailty (eFrailty Tool)*
- *Numbers of People with Continence Issues provided with Support in the Community*
- *Performance Information on Intermediate Care (incl. Rehabilitation and Community Hospital Support)*
- *Number of People Supported by Telecare in the Community*

AUDIT & PERFORMANCE COMMITTEE

19 February 2019

STRATEGIC RISK MANAGEMENT

Report by Chief Financial Officer (G/19/20)

PURPOSE OF REPORT

The purpose of this report is to update the IJB Audit & Performance Committee on progress in managing the high level IJB Strategic Risk Management Profile.

1. RECOMMENDATION(S)

It is recommended that the IJB Audit & Performance Committee:

- notes the progress in managing the high level IJB Strategic Risk Management Profile (Appendix 1).

2. SITUATION / BACKGROUND

At the Audit and Performance Committee meeting in November 2018 a high level strategic risk profile for the IJB was reviewed and endorsed. The attached profile reflects progress in reducing residual risk score in relation to our areas of highest risk (RED risks).

The high level Strategic Risk Profile will be reviewed at every IJB Audit & Performance Committee and exceptions will be reported through the Chief Officer to the IJB. Where appropriate (in terms of exception reporting) lower level risk mitigation plans will also be open to scrutiny by the Audit & Performance Committee.

The high level Strategic Risk Profile will also be shared routinely with both NHS Tayside and Perth & Kinross Council Risk Management Forums.

3. UPDATE

Since the endorsement of the high level Strategic Risk Profile in November 2018 the HSCP Executive Management Team has further scrutinised the high level red risks, revised mitigation timelines and have been working on risk mitigation action plans for the areas of high risk (**Red)**. This is in accordance with the P&K HSCP Risk Management Framework where **Red** risk mitigation action plans will be reviewed every two weeks by the Executive Management Team, **Amber** risks will be reviewed six weekly. **Green** risk will be reviewed 3 monthly to ensure no deterioration in status. A large number of actions have been taken forward however at this stage overall the following strategic risks remain categorised as high:-

- Finance
- Workforce
- Leadership

However significant further actions are now being taken forward by the Executive Management Team which should have a material impact by 31st March 2019, particularly in relation to Finance and Leadership.

Ongoing conversations are taking place with Internal Audit allowing for validation of our risk management process.

4. CONCLUSION

Risk Management arrangements are in line with the agreed P&K HSCP Risk Management Framework. Whilst progress has been made in implementing plans to reduce the risk profile of the IJB, a number of key areas of high risk remain.

Author(s)

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APPENDICES

1. IJB Strategic Risk Management Profile

Perth Kinross HSCP Strategic Risk Register

				Inherent Risk					Residual Risk						
Risk Numbe	Category	Risk Description	Risk Owner	Impact Value	Probability Value	Inherent Score	Current Controls	Control Value	Impact Value	Probability Value	Residual Score	Treatment Actions	Risk Manager	Status	Due date
SR01	Strategic	**FINANCE** There is insufficient financial resources to deliver the objectives of the Strategic Plan which could result in: **Consequences** - Reduced Service; - Increased risk to service physically, mentally and socially; - Delayed discharge; - Impact on patient; - Impact on NHS beyond the partnership; - Potential impact on workforce and external partners; - Political pressure around reduced service; - Reputational damage of Partnership; -Central government intervention **Cause** - Insufficient settlement; - Increased demand; - Increased cost of provision; - Pace of transformation being hindered by the cultural pace of change; - Lack of clarity around future models of service delivery (inc shifting the balance of care)	Chief Finance Officer	5	5	25	1. Financial Planning Process 2. Enhanced Budget Negotiation Process (PKC & NHS) 3. Programmes of Care linking financial and service planning 4. IJB BRG Process 5. Financial Monitoring & Reporting 6. Eligibility Criteria	B - C - B ↓ B - B - B ↓	5	5	25	1. All parts of Partnership have a 3 year financial plan. 2. To ensure that the budget negotiation process is agreed and understood and aligned to IJB 3. Enhance leadership and ownership in respect of Programmes of Care. 4. IJB / Elected Members awareness of financial process / pressures. 5. Review financial monitoring process 6. Taking forward audits through a shor life working group around risk framework in support of eligibilty criteria.	Stuart Lyall / Arlene Wood/ Hamish Dougall Rob Packham / Karen Reid / Grant Archibald Rob Packham Rob Packham Diane Fraser/Evelyn Devine Diane Fraser	Open Open Open Closed Open Open	28 February 2019 31 January 2019 31 March 2019 18 January 2019 31 January 2019 31 March 2019
SR02	Strategic	**WORKFORCE** There is a risk of an inability to recruit and retain within some areas across the Partnership which could result in: **Consequences** - Lack of service provision / closure - Increased Delayed Discharge - Failure to deliver integrated care; - Lack of experience; - Increase complaints; - Poor quality of care; - Poor outcomes for people - Poor inspections; - Low staff morale; - Increased clinical risks; - Care@Home target reduced; - Institutionalisation; - Increased supplementary staff across the partnership; - Increased waiting lists **Causes:** - Short term contracts; - Looming Brexit; - Reputation of NHST; - Robbing 'Peter to pay Paul'; - Shared market; - Age of workforce; - Academic expectation; - National shortage; - Low economy; - Local economy; - Rurality - cost of accommodation	Head of Health	4	5	20	1. Supplementary staffing and contingencies 2. Vacancy Management 3. Integrated Clinical Strategy Work - impact assessment 4. Maximising Marketing 5. Workforce Planning	C - C - C - C - B -	4	4	16	1. Recruitment Marketing / Workforce Planning and Joint Working Agreement based on agreed clear models of care - take into account recruitment and workforce issues. 2. Work with NHS / PKC regarding Vacancy Management. 3. Build work force planning into management activity - Strategic Plan. 4. Clearly define Integrated Clinical Strategy model for P&KHSCP. 5. Review role of transformation (practice development / education and training) 6. Develop OD plan against output from workforce planworkforce	Diane Fraser/Evelyn Devine Rob Packham / Evelyn Devine / Diane Fraser and HR DF/ED ED / OPUSC / Hamish Dougall Lead professionals ED/DF / Workforce Group	Open Open Open Open Open	31 March 2019 31 March 2019 28 February 2019 31 March 2019 31 March 2019 30 April 2019

	Controls		
D	Significant Controls do not exist or have broken down	Will not achieve critical deadlines	
C	Significant controls not operating effectively	May not achieve critical deadlines	Significant concern
B	Not all controls are fully effective		Watching brief
A	Controls are working effectively	Will achieve critical deadlines	

				Inherent Risk					Residual Risk						
Risk Numbe	Category	Risk Description	Risk Owner	Impact Value	Probability Value	Inherent Score	Current Controls	Control Value	Impact Value	Probability Value	Residual Score	Treatment Actions	Risk Manager	Status	Due date
SR03	Strategic	**WORKFORCE** Lack of Joint Working Agreement which could result in: **Consequences** - Won't be able to integrate (creates divide); - Out of kilter with rest of Tayside e.g. other Partnerships; - Unable to unify roles; - Duplication of roles and responsibilities leading to inefficiency; - Staff have a lack of sense of belong to HSCP; - Inhibiting Innovation and New ways of working; **Causes** - No agreement between parent bodies; - HSCP choose alignement instead of integration; - Cultural differences; - Risk aversion, due to legal rights and accountability; - Fear of losing control and of take over by one organisation	Chief Officer	4	3	**12**	1. Parent Bodies T&Cs 2. Protocol Proposal going to SP&R Committee and NHS Board 3.Parent Body HR Policies 4. Pan Tayside Group currently discussing and exploring agreement 5. Local Work Force Group for Partnership	A D A B C	4	3	12	1. Protocol proposal at SP&R - 28 November 2018 and NHST Board 6 December 2018. 2. Implementation of development plan and framework for Joint Working. 3. Pan-Tayside Group continue to work together. 4. Develop ToR for local workforce group to be signed off by IMT/EMT.	Pauline Johnstone (PKC)/ Chris Smith(NHS) Pauline Johnstone (PKC) / Chris Smith (NHS) Pauline Johnstone (PKC) / Chris Smith (NHS) Chris Lamont	Open	
SR04	Strategic	**COMMUNICATIONS & ENGAGEMENT** There is a risk that staff, stakeholders and communities will not support and buy-in to what we do which could result in: **Consequences** - We do not achieve strategic objectives; - Poor use of resources;Local Press; - Lack of clarity around our message; - Insufficient mechanism to hear feedback; - Capacity, capability and co-ordination of engagement resources **Causes** - Local Press; - Lack of clarity around our message; - Insufficient mechanism to hear feedback; - Capacity, capability and co-ordination of engagement resources	Chief Officer	4	3	**12**	1. Strategic Planning and Commissioning Board 2. Individual Programme Boards 3. Communication and Engagement Plans 4. Corporate Communications 5. Programme Boards 6. Sub Groups 7. Stories of place and Local Action Partnerships	B B B B B B B	4	3	12	1. Review role of Boards in relation to Communication and Engagement. 2. Development of Communications and Engagement plans 3. Include Elected Members in Communication and Engagement	Diane Fraser Strategic Leads for Programme Boards EMT	Open	
SR05	Strategic	**GOVERNANCE** There is a risk that an unclear / cohesive Governance and Performance framework could result in: **Consequences** - Unsafe practice; - No clear lines of accountability; - Inability to measure performance and not ahcieve objectives; - Financial failure; - Reputational damage; - Failed inspection - special measures **Causes** - Lack of internal controls around HSCP corporate governance; - Deliver governance in silos (PKC/NHS); - Too much red tape; - Not clear on roles and responsibilities in respect of corporate governance; - Confilicting directions	Chief Officer	5	4	**20**	1. Clinical Care and Professional Governance Forum; 2. Audit and Performance Committee; 3. BRG; 4. Strategic Commissioning Board; 5. EMT / IMT / IJB; 6. EOT / & Directors; 7. Purchase Service Board; 8. Quality Assurance Group; 9. OPSIG, Complex Care; 10. Strategic Programme Boards; 11. Care Inspectorate / HIS; 12. Annual Performance Report; 13. Chief Social Work Officer / NES; 14. Internal Audit / Professional Bodies (SSSC etc) 15. NHS Clinical Care Group	B B B B B B B B B C B B B B	4	3	12	1. Review CPGF Role / Remit. 2. Review APC ToR. 3. Review and agree the SCB ToR. 4. Explain Governance including relationships in a useful guide for all.	AMD / CSWO - Hamish Dougall / Jacquie Pepper Chief Finance Officer (JS) Head of Adult Care (DF) Business Planning & Perf Mgr	Open	Being reviewed with EMT through February 2019

	Controls		
D	Significant Controls do not exist or have broken down	Will not achieve critical deadlines	
C	Significant controls not operating effectively	May not achieve critical deadlines	Significant concern
B	Not all controls are fully effective		Watching brief
A	Controls are working effectively	Will achieve critical deadlines	

				Inherent Risk					Residual Risk						
Risk Numbe	Category	Risk Description	Risk Owner	Impact Value	Probability Value	Inherent Score	Current Controls	Control Value	Impact Value	Probability Value	Residual Score	Treatment Actions	Risk Manager	Status	Due date
SR06	Strategic	**GOVERNANCE** There is a risk of a lack of clarity around the roles and responsibilities of the IJB / Parent Bodies and HSCP could result in: **Consequences** - Decision paralysis; - Non-collaborative decision making; - Negative impact on Service delivery; - Financial imbalance; - Poor worklife experience / low morale; - Not using 'Directions' effectively **Cause** - Poor communication; - Poor leadership; - Lack of engagement; - Disconnect between senior management and staff; - No descriptor around relationship between HSCP and IJB ; - No undiformity across Tayside re IJB/HSCP arrangements.	Chief Officer	4	4	16	1. Government legislation / Scheme of Delegation 2. Corporate Governance structures 3. Service Plans in place 4. Financial Plans 5. Development sessions with Integrated teams 6. Self Evaluation and Regulated Evaluation 7. 'Directions'	B C B B C C B	4	3	12	1. Service Plans to be consolidated and support put in place to scrutinise and monitor. 2. Work collaboratively to shift the balance of care. 3. Better engage at all levels of staff. 4. Improvement plan developed in respect of Self-evaluation. 5.Communication of the 'Directions' and purpose to gain a better understanding.	IMT IMT/EMT IMT Diane Fraser Rob Packham	Open	
SR07	Strategic	**LEADERSHIP** There is a risk that a lack of clear direction and Leadership to achieve the vision for integration could result in: **Consequences** - Lose of staff (not sense of belonging) / unable to attract staff; - Poor morale; - Loss of reputation; - Unable to deliver vision and to innovate; - Lack of organisational trust; - poor outcomes for people. **Cause** - Unclear on how to achieve the vision; - No direction; - No integrated leadership at all levels; - Poor communication at operational level; - Lack of joint processe,s delegation, authority; - Language and cultural differences; - Poor communication and engagement	Chief Officer	5	4	20	1. Chief Officer and EMT; 2. IMT / Locality Management Teams; 3. Strategic Plan; 4. Strategic Programme Boards; 5.Locality Team plans and Inpatient; 6. Governance: IJB, CPGC, A&PC, Risk Register; 7. Communications and Engagement Group 8. Links with Hosted Services	C - B - C - C - C - B - B - B -	5	4	20	1. Need to clearly define role and function of Senior Management Tiers. 2. Need to clearly define role and function of Senior Management Tiers. 3. Need to refresh the Strategic Plan and produce a ToR pf S.P.C.B and S.P.G. 4. Need to consolidate and complete the framework for Strategic Programmes of Care Boards. 5. Need to consolidate Locality Team Plans and put in a process for scrutiny and assurance. 6. Governance need demystifying and relationships explained. 7. Need to refresh the ToR/ Roles and Resp as part of workshop on 14 November 2018. 8. Create better links with Hosted Services	CO / EMT. CO / EMT EMT EMT Heads of Health and Adult Care (ED/DF) Business Planning & Perf Mgr. Head of Adult Care (DF) Head of Health (ED) and Arlene Wood for MH	Open Open Open Open Open Open Open Open	30 April 2019 30 April 2019 31 March 2019 28 February 2019 31 March 2019 31 March 2019 31 March 2019 31 March 2019

	Controls		
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				Inherent Risk					Residual Risk						
Risk Numbe	Category	Risk Description	Risk Owner	Impact Value	Probability Value	Inherent Score	Current Controls	Control Value	Impact Value	Probability Value	Residual Score	Treatment Actions	Risk Manager	Status	Due date
SR08	Strategic	**POLITICAL** There is a risk that a lack of political continuity could result in: **Consequences** - Impact on service delivery - Inability to achieve aims nor able to deliver improved services; - Financial difficulties; - Reputational damage; - Poor performance; - Poor outcomes for people and staff morale; - Poor inspection results; - Impact on parent bodies **Causes** - Resistant to change; - Bad press; - Party politics / Local circumstances; - Poor communication; - Reactive not Proactive / no clarity of message	Chief Officer	5	4	20	1. IJB development sessions 2. Work with public partners / community planning 3. Community engagement project by project 4. Ambassador role of Chief Officer / Senior Leadership	B C C B	5	3	15	1. Project by Project inform Politicians. 2. Raise awareness with Elected Members / IJB Visits 3. Ensure timely response to PKC queries. 4. CO continue to meet with CEX / CEO of parent bodies every week and Chairs of Boards and Leaders. 5. Engage with communities / localities and Councillors		Open	
SR09	Strategic	**Technology / IT/ Data / Performance** There is a risk that a lack of a unified IT strategy could result in: **Consequences** - Duplication of assessment and recording; - Does not support integrated working; - Repetitive for client / patient; - Inability to robustly audit activity - in terms of integrated working; - Makes performance measuring difficult; -Difficult to share information; - Unable to escalate risk of harm or concern quickly - (safety). **Cause** - Lack of IT solutions - not compatible systems; no shared platform; - Existing systems are fairly new - reluctance to use just one system ; - Expensive Fix - IT solutions; - No National Solution; - Information protocols differ across partnerships; - Within Health, Acute / Primary Care and Community Systems differ.	EMT	3	5	15	1. IT Managers for HSCP across Tayside wide have been meeting to develop solutions; 2. Common log in platform and ability to view HSCP systems; 3. Joint SharePoint site; 4. Paper recording	C C C D	3	5	15	1. Regular updates to IMT/EMT on progress. 2. Develop a unified strategy 3. Develop SharePoint. 4. e-knowledge	S Strathearn / M Rapley A Taylor?? L Harris		

	Controls		
D	Significant Controls do not exist or have broken down	Will not achieve critical deadlines	
C	Significant controls not operating effectively	May not achieve critical deadlines	Significant concern
B	Not all controls are fully effective		Watching brief
A	Controls are working effectively	Will achieve critical deadlines	

AUDIT & PERFORMANCE COMMITTEE

19 February 2019

TRANSFORMING GOVERNANCE ACTION PLAN - 2018/19

Report by Chief Financial Officer (G/19/21)

PURPOSE OF REPORT

The purpose of the report is to update the Audit & Performance Committee on the progress of the Transforming Governance Action Plan 2018/19.

1. INTRODUCTION

1.1 The purpose of the Annual Governance Statement (AGS), which was presented to the Audit & Performance Committee on 19 June 2018, was to give assurance to our stakeholders that we have effective arrangements in place to ensure that, as an IJB we are doing the right things for the right people at the right time in an open, honest and accountable way. The AGS was approved by the Audit & Performance Committee on 19th June 2018 with a request that an update on the Transforming Governance Action Plan be presented to the Audit & Performance Committee at all forthcoming IJB Audit & Performance Committees. The Action Plan sets out all the agreed priorities for the further development of effective governance arrangements.

2. GOVERNANCE ASSURANCE PROCESS

2.1 The process for reviewing the integrity and effectiveness of our governance arrangements to inform the AGS continues to be led by the IJB Chief Financial Officer. The assurance process seeks to demonstrate that the IJB has in place adequate internal controls that are considered fit for purpose in accordance with best practice.

2.2 The governance and assurance process continues to identify areas and controls that would benefit from further development to ensure that they can manage and mitigate current and emerging risks more effectively. The key priorities are set out in the Transforming Governance Action Plan.

2.3 Progress since first reporting at the last Audit & Performance Committee is set out in Appendix 1.

3. RECOMMENDATIONS

3.1 It is recommended that the Audit & Performance Committee:

(i) Note the progress of the Transforming Governance Action Plan 2018/19.

(ii) Remit the Chief Financial Officer to present a further update to the next meeting of the Audit and Performance Committee on further progress of the Transforming Governance Action Plan.

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APPENDICES

1. Transforming Governance Action Plan 2018/19

Perth & Kinross IJB
Transforming Governance Action Plan 2018/19 (February 2019 Update)

Ref	Action	SRO	Date	Revised Deadline	Update
1	Development of a statement of our vision and values to be developed to become front and centre of all IJB activities moving forward.	Chair/ CO	31st July 2018	March 2019	The Chief Officer has developed a statement of the Partnership's visions and values which is incorporated into all presentations in respect of engagement and communication with partners, public and Health and Social Care Partnership staff. This statement has been included in the forward for the refreshed Strategic Plan and included within the position statement submitted to Care Inspectorate Inspectors as part of the self assessment process. Every HSCP plan, publication, letter, communication and document includes the HSCP logo (with strap-line) and reference to the IJB/ HSCP vision and values. It is proposed that the CO will brief IJB members on statement development prior to seeking ratification of such at the IJB meeting in March 2019.
2	A refreshed annual programme of training and development for IJB Board Members to be agreed.	Chair/ CO	30th June 2018	19th February 2019	The Service Manager for Business Planning and Performance is working with the Vice Chair of the IJB Board to develop a training and development programme for IJB members to be presented to the IJB in May 2019.
3	An effective strategy for engaging with Perth & Kinross Council Elected members around IJB aims and objectives and the financial outlook to be developed.	Chair/ CO	30th June 2018	March 2019	As part of the development of the 3 year Financial Plan the Chief Officer and Chief Financial Officer have met with elected members across all parties to describe the financial challenge and Strategic Direction.

Perth & Kinross IJB
Transforming Governance Action Plan 2018/19 (February 2019 Update)

Ref	Action	SRO	Date	Revised Deadline	Update
					The Head of Adult Care is working with PKC Organisational Development Lead to coordinate a development session on Leadership for all elected members within PKC and the OD Lead is currently formulating this Leadership Programme which will be available to elected members who sit on the IJB and will take place in early March. The programme will include an overview of Health & Social care, Outputs from the four Strategic Programmes of Care and a section on governance, decision making and finance.
4	Establishment a collaborative approach to budget negotiation for 2019/20 onwards with NHS Tayside and Perth & Kinross Council.	CO/ CFO	30th June 2018	31st January 2019	Tayside wide meetings including the Chief Executive and Strategic Director of Finance of NHS Tayside and the Chief Executives / Heads of Finance of each Local Authority are being held to ensure a consistent understanding of the financial challenge facing the IJB's in Tayside. Further meetings are planned. Informal discussions between the Chief Officer and Chief Executives of both NHST and PKC have been held in January and February 2019.
5	Further development of Strategic Delivery Plans for each Care Group including leadership arrangements, performance framework, strategy for engagement with users and carers, agreed programme budget with accountability for delivery of financially sustainable services. Role of Strategic	EMT	30th June 2018	*Draft Strategic Planning Framework:* 31st March 2019	The Strategic Planning Framework for Programmes of Care requires to be finalised and to be approved by the Strategic Planning and Commissioning Board by the end of March 2019. Each Programme Board is at a different stage in the development of its Strategic Delivery Plan and

Perth & Kinross IJB
Transforming Governance Action Plan 2018/19 (February 2019 Update)

Ref	Action	SRO	Date	Revised Deadline	Update
	Planning Group to be reaffirmed.			*Strategic Delivery Plans*: 31st March 2019	updates on progress have been provided to the IJB and this will be reflected in the refresh of the Strategic Plan by the end of March 2019. The role and Remit of the Strategic Planning Group has been redefined with sign off of the refreshed Terms of Reference at the next Strategic Planning Group in February 2019.
6	Finalise the review of risk management and development clear escalation and reporting mechanisms.	CFO	30th September 2018	Complete	The Risk Management Framework has been agreed by the Audit and Performance Committee inclusive of a risk escalation process and high level strategic risk profile. This was endorsed at the last Audit and Performance Committee meeting in November 2018. Risk Management workshops were held for IJB members from August 2018 to November 2018. The Service Manager for Business Planning and Performance has met regularly with the Internal Auditor responsible for auditing our risk management processes and has taken guidance on the development of the risk management framework. The high level strategic risk profile has been shared with NHS Tayside and PKC. As per the framework, EMT have been focussing on mitigating risk action plans which feed into the high level risk profile and are effectively reducing levels of residual risk. Updates on the IJB Strategic Risk profile will be

Perth & Kinross IJB
Transforming Governance Action Plan 2018/19 (February 2019 Update)

Ref	Action	SRO	Date	Revised Deadline	Update
					brought forward to each meeting of the Audit & Performance Committee.
7	Review of the use of Directions	CFO	30th September 2018	1st March 2019	The Service Manager for Business Planning and Performance has met with PKC legal officers to define a section within each IJB paper that will highlight the requirements for the use of directions. The PKC Legal Office has been requested to provide guidance on the use of Directions and on how to request Directions within IJB papers. This will be tested at the February 2019 IJB meeting and reviewed thereafter.
8	Development of Large Hospitals Set Aside arrangements in conjunction with NHS Tayside.	CD/ HOH	30th September 2018	31st March 2019	The Chief Officers / Chief Finance Officers across Tayside have met with NHS Tayside Deputy Director of Finance to consider the setting up of an appropriate forum for discussions around the development of plans for the Large Hospital Set Aside Budget. The Older People and Unscheduled Care (OPUSC) Board has progressed early discussions within the Clinical Strategy Forum for P&K and priorities will be aligned in the Strategic Delivery Plan for OPUSC.
9	Strengthen leadership and corporate support capacity through key appointments including Head of Business Planning and Performance.	CO	30th July 2018	1st April 2019	The Service Manager for Business Planning and Performance has been in post since August 2018 and is fully supporting the Corporate Team in respect of strengthening Corporate Support capacity.

Perth & Kinross IJB
Transforming Governance Action Plan 2018/19 (February 2019 Update)

Ref	Action	SRO	Date	Revised Deadline	Update
					Organisational Development Sessions have taken place with EMT and IMT in respect of interrelationships and workload. EMT and IMT have been delivery HSCP business and activity through strong collaboration and an integrated approach. As we move into fully integrated leadership and management structures further Organisational Development sessions will be organised in support of this. Having implemented the four Strategic Programmes of Care this has given greater clarity around our required integrated models of care. Any further proposals for changes to management structures or leadership arrangements will be discussed with the incoming new Chief officer.
10	Agree appointment of Data Protection Officer for Perth & Kinross IJB and ensure compliance with General Data Protection Regulations.	CFO	31st May 2018	Complete	An action plan has been developed and reported to the IJB. This will be a yearly report with the next report due in November 2019.
11	Work with the Director of Finance of NHS Tayside to develop an appropriate and effective level of finance support to budget holders tasked with taking forward significant redesign of services.	CFO	30th September 2018	1st April 2019	Agreement has been reached to the appointment of Perth based Management Accountant staff to ensure strong support to budget holders locally. These staff are now in post and, along with the social care finance staff, form part of a co-located resource to support core hospital community

Perth & Kinross IJB
Transforming Governance Action Plan 2018/19 (February 2019 Update)

Ref	Action	SRO	Date	Revised Deadline	Update
					health and social care budgets. However local finance support for Prescribing remains a significant risk. Currently the Clinical Director and the Prescribing Management Team have very management accounting support for GP Prescribing and limited support from the Tayside Prescribing Support Unit. The Deputy Chief Executive of NHST has arranged to meet with PKHSCP at the end of January to address support issues.
12	Work with PKC and NHST colleagues to develop the detailed corporate governance framework that supports the relationship with PKC and NHST and provide training and development for members and officers to ensure that roles, responsibilities within the framework are understood. Ensure that Standing Orders are reviewed and updated annually.	CFO	30th November 2018	1st April 2019	Governance and accountability arrangements paper agreed in March 2018. Subsequent workshops held in November 2018 have further enhanced learning and understanding. A further one page Governance document is being prepared to be completed by 31st March 2019. PKC democratic services reviewed standing order of IJB in Sept 18.
13	Review HSCP Clinical, Care and Professional Governance Approach and set out clear framework for scrutiny and assurance at operation and strategic level. Ensure that the Terms of Reference for the Audit & Performance Committee reflects its key scrutiny role.	CD/Chief Social Worker	31st August 2018	31st March 2019	The IJB Chair/Vice Chair/Chair of Audit & Performance Committee and the Chief Internal Auditor to refresh the Terms of Reference for the Audit & Performance Committee around all aspects of performance. Through this task it has been agreed that Clinical, Care & Professional Governance (CCPG) will be scrutinised via a new CCPG Committee. A date for this first meeting of this Committee is currently being set. The Chair

Perth & Kinross IJB
Transforming Governance Action Plan 2018/19 (February 2019 Update)

Ref	Action	SRO	Date	Revised Deadline	Update
					of this Committee will be the vice chair of the IJB Board. A development event to refresh the current CCPG Forum will take place mid February. Any further Internal Audit reports as they relate to CCPG will now be presented to the CCPG Committee.
14	Ensure that annual objectives are set for each member of the partnership team that align with agreed strategic transformation and other priorities.	CO	30th November 2018	15th February 2019	The Chief officer has requested that EMT complete objectives by 15th February 2019 in preparation for hand over to the incoming Chief Officer.
15	Working with other IJB's, ensure mechanisms are in place to ensure that each IJB is effectively and appropriately involved in developing major transformational change plans and ensure regular sharing of information in relation to all hosted services.	EMT	30th November 2018	31st January 2019	EMT has been presented with an overview of a proposed Mental Health Alliance which would potentially set the strategic intention for Mental Health Services Tayside Wide. The Tayside Chief officers have been invited to a workshop on 12th February to explore the role and purpose of such an Alliance. A broader consultation and engagement event with other partners will be organised thereafter. All Hosted Services have been aligned to relevant Strategic Programme of Care Boards and activity as it relates to Hosted Services will be scrutinised and monitored through the development of the Programme of Care performance management frameworks.

AUDIT & PERFORMANCE COMMITTEE

19 February 2019

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2017/18

Report by Chief Social Work Officer (G/19/22)

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. BACKGROUND / MAIN ISSUES

1.1 The Social Work (Scotland) Act 1968 requires every Local Authority to appoint a single Chief Social Work Officer (CSWO).

1.2 In July 2016, Scottish Ministers revised the guidance on the role of the CSWO which was first issued in 2009 and published statutory guidance under section 5 of the 1968 Act. This guidance is for local authorities and partnerships to which local authorities have delegated certain social work functions. It provides an overview of the CSWO 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 Integrated Joint Board.

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

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

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

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

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

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

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

1.8 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.

2. PROPOSALS

2.1 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.

2.2 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.

2.3 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.

2.4 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.

2.5 The report sets out how key priorities for the last year have been taken forward within a context of integration and multi-agency partnership working. This includes the actions to address demand pressures in services of older

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

2.6 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.

2.7 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.

2.8 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.

3. CONCLUSION AND RECOMMENDATION

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

3.2 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.

3.3 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.

3.4 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.

3.5 It is recommended that IJB notes the CSWO Annual Report as set out in Appendix 1.

Author

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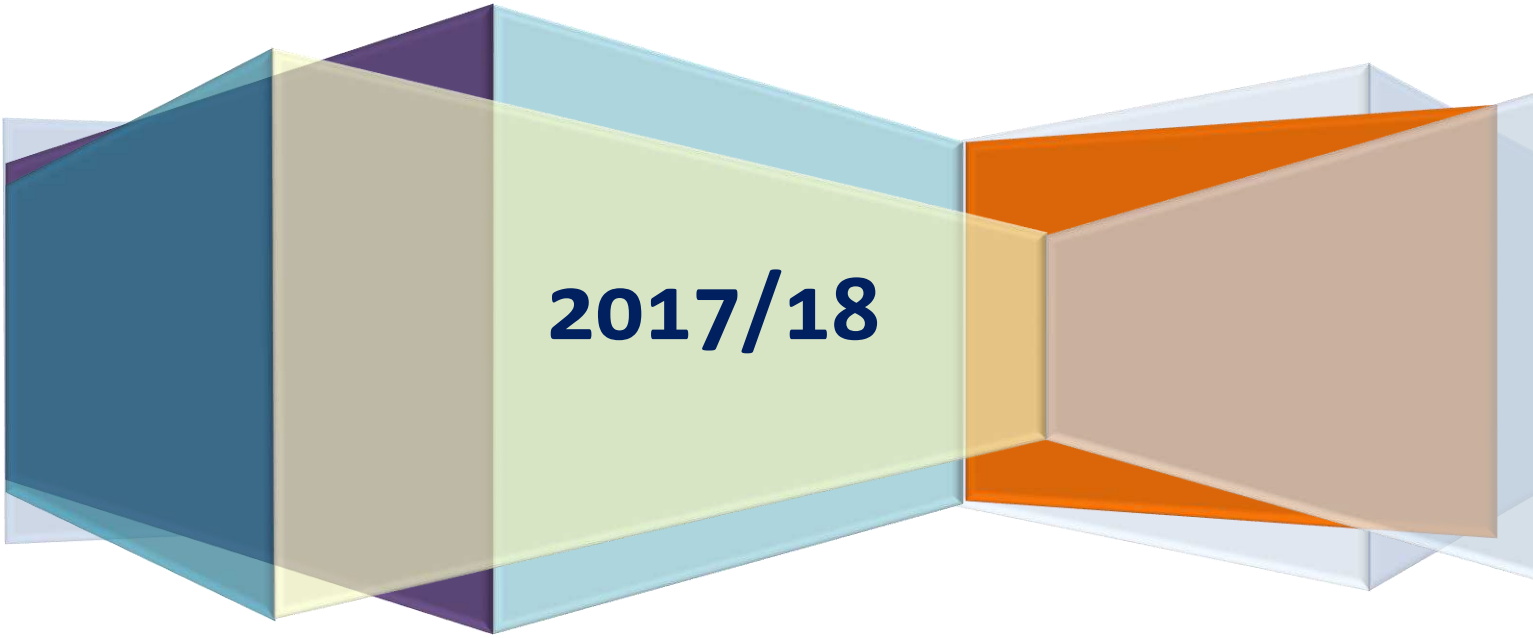
APPENDIX

1. Chief Social Work Officer Annual Report

Appendix 1

Chief Social Work Officer Annual Report



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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.

PROUD MOMENT

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 rom 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 Strathtay, 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

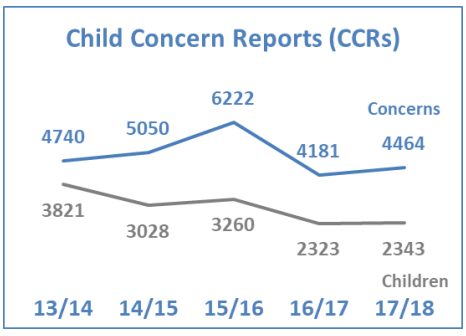
- improve the quality and use of chronologies and ensure that identified risks to individual children and young people are clearly articulated within written assessments
- review capacity for the provision of independent advocacy to assure themselves that children and young people have access to support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

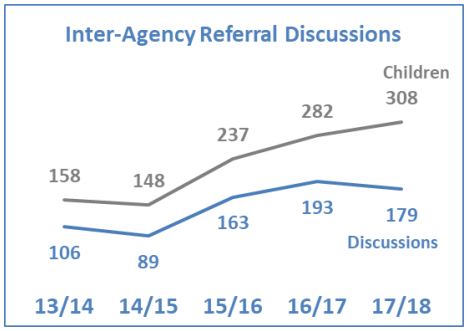
Table 1



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

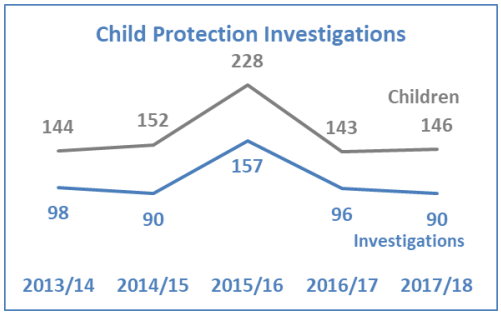


The number of children and young people subject to Inter-Agency Referral Discussions (IRD) continues to grow, while the number of IRDs has slightly reduced following a general increase over the previous three years.

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

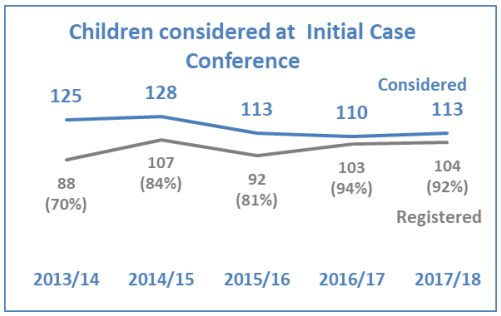
Table 3



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

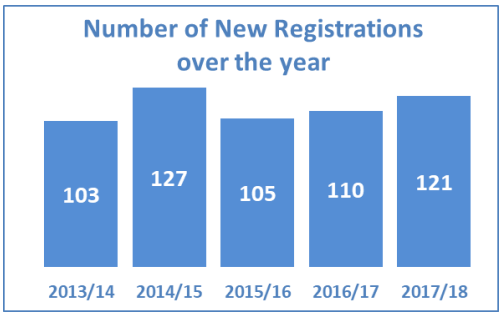


The number of children and young people considered at Initial Child Protection Case Conferences (ICPCC) has remained steady for the last three years.

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%.

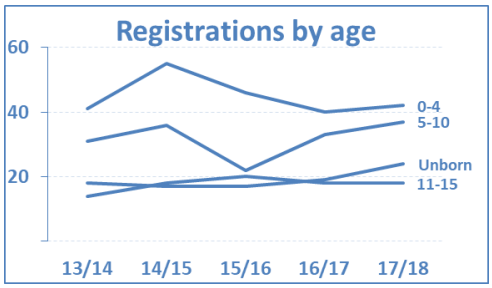
Registration Rates

Table 5



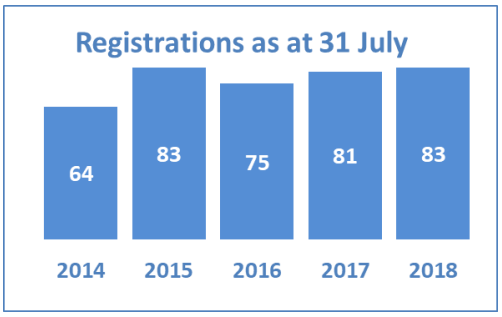
The number of children and young people placed (new registrations) on the CPR during the last year has increased in keeping with a general increase over the last 3 years. This includes sibling groups.

Table 6



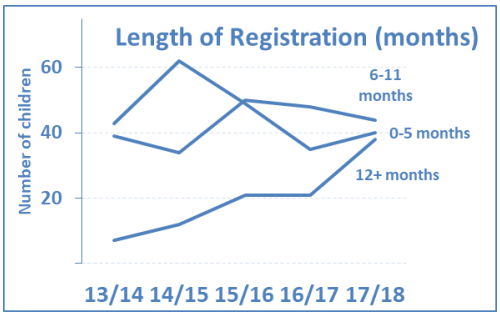
Children aged 0 - 4 continue to make up the largest age group of new registrations, although there has been an increase in the unborn and in 5 - 10 age groups.

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.

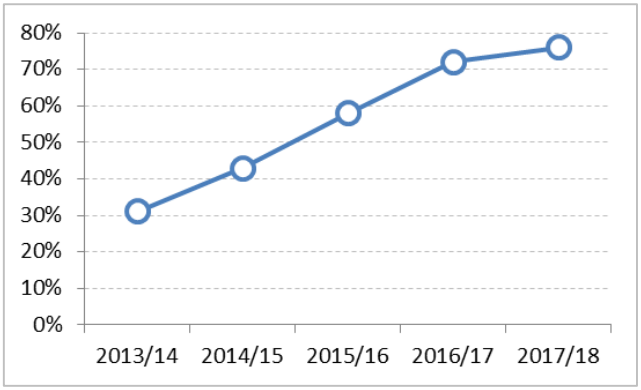
Improvements in performance of Child Protection Case Conferences (CPCCs)

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% pf 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 planed 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 Performance, Service Quality and Improvements

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.

PROUD MOMENT

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 bin 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.

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.

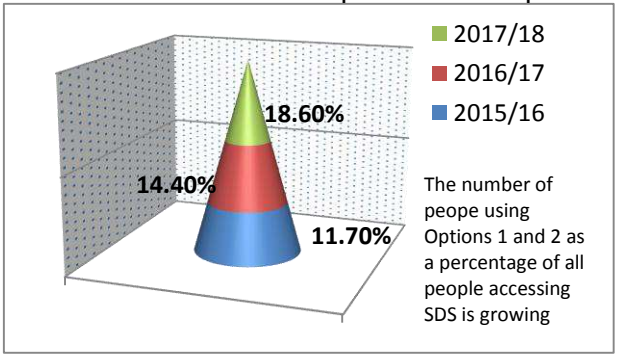
Table 10 Annual Social Work Survey

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. Workings 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. MHO's 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 is 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.

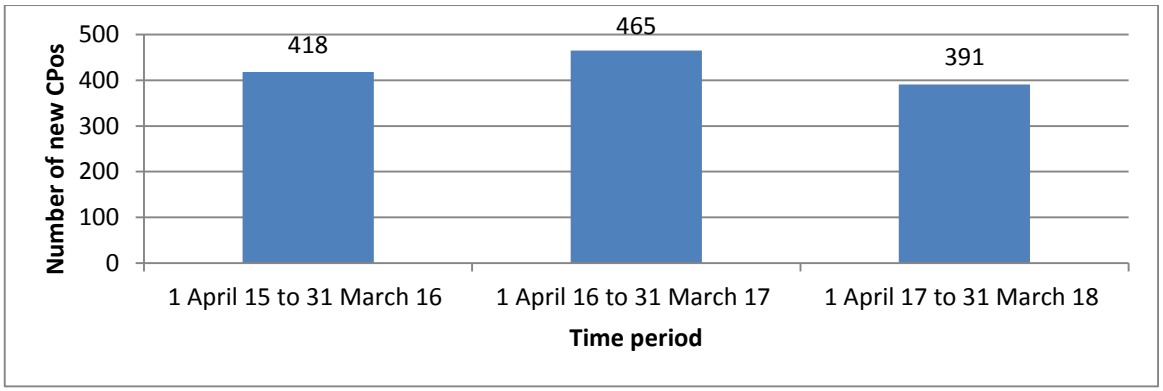


Table 12 New community Payback Orders -2015-16 to 2017-18

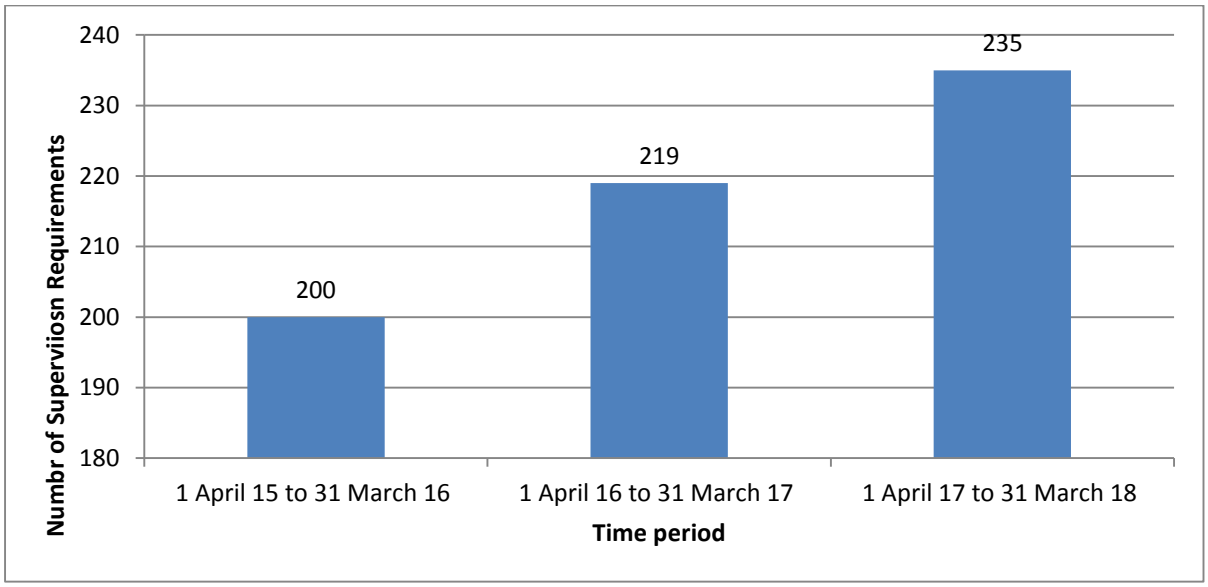


Table 13 Number of new Community Payback Orders with a Supervision Requirement 2015-16 to 2017-18

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.

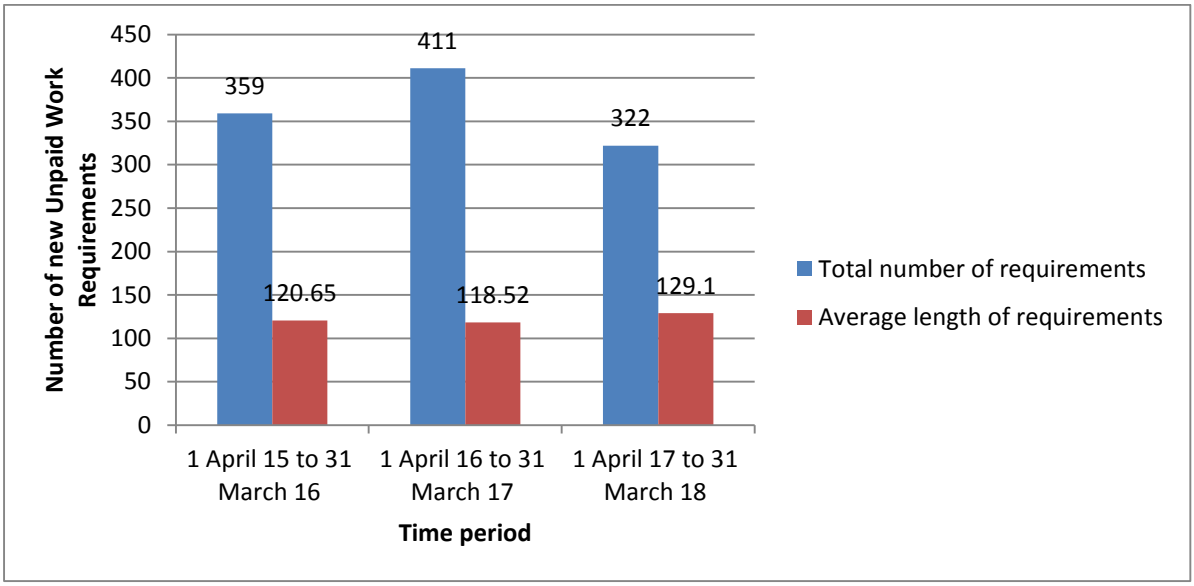


Table 14 Number of Community Payback Orders with an Unpaid Work Requirement 2015-16 to 2017-18

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 Remploy.

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 Soroptomists 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

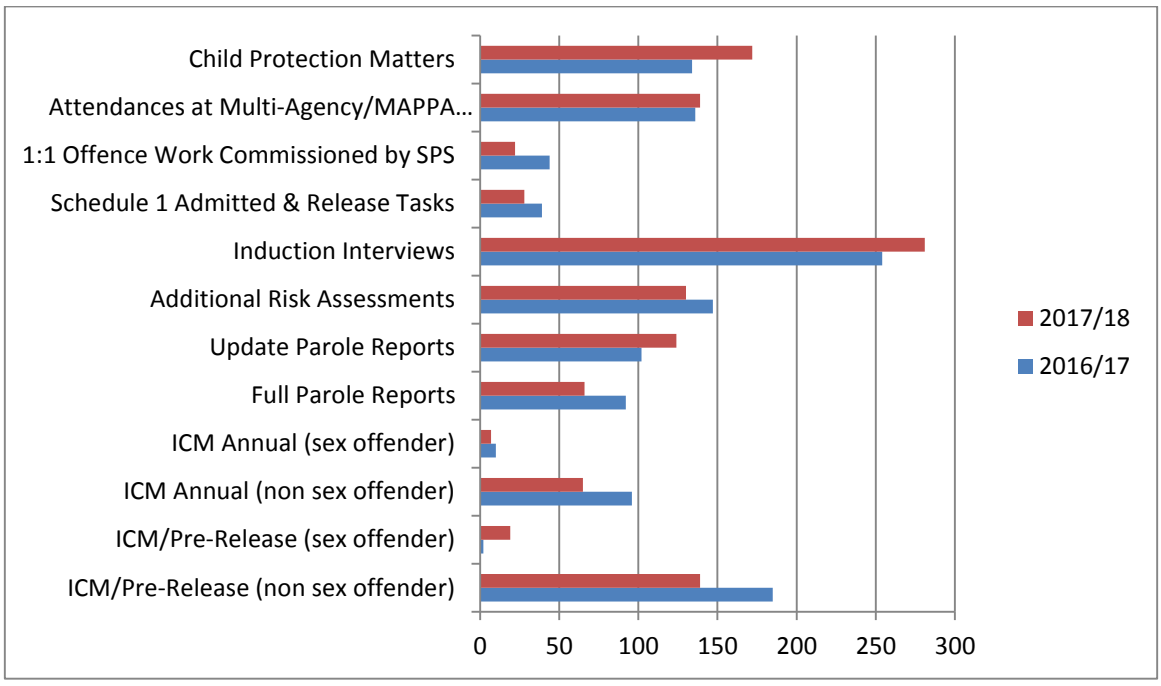
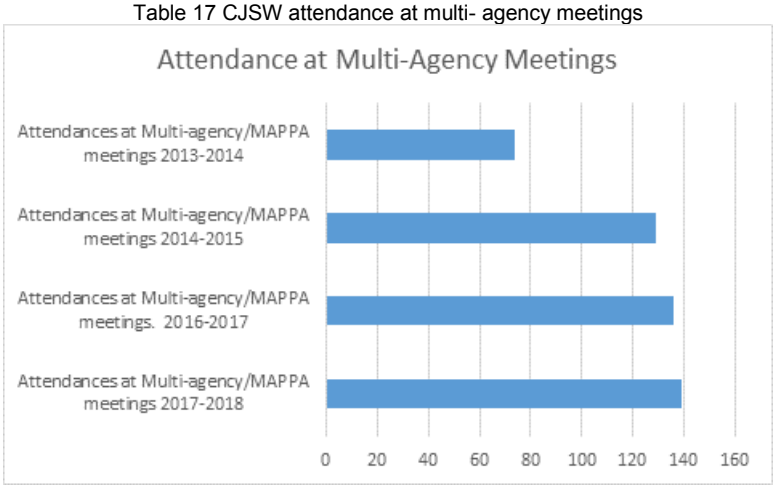


Table 16 CJSW Risk Assessments

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

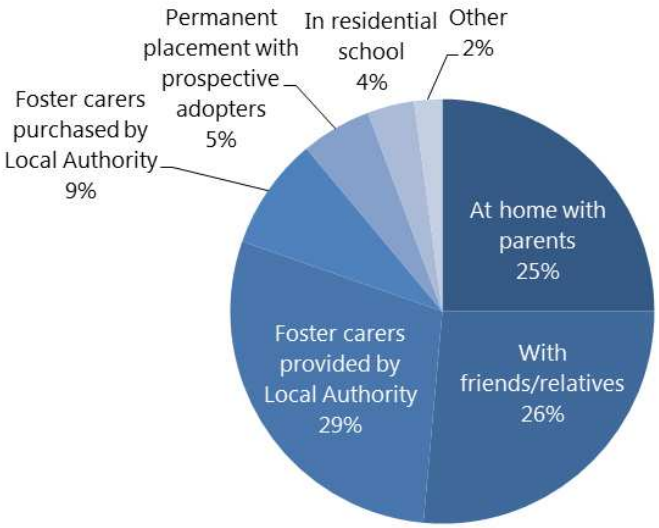
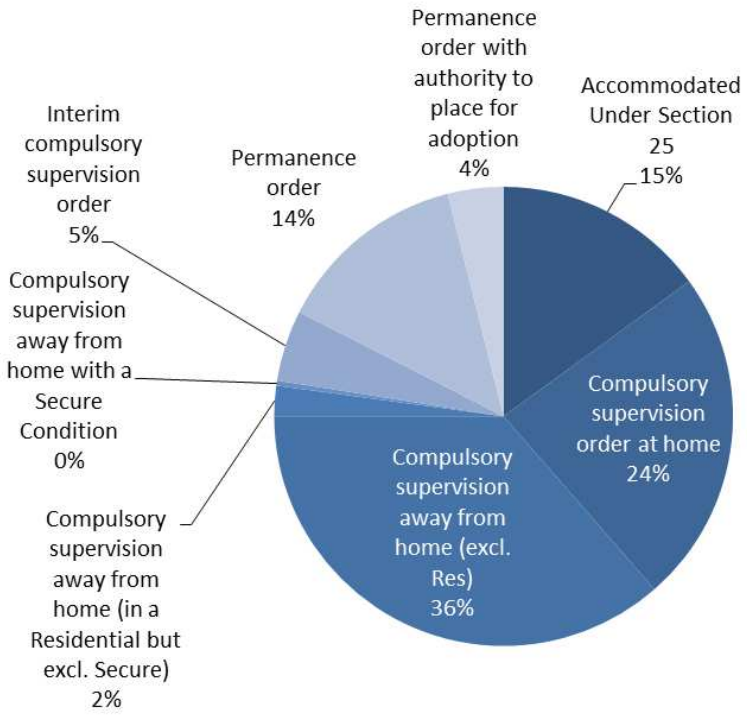
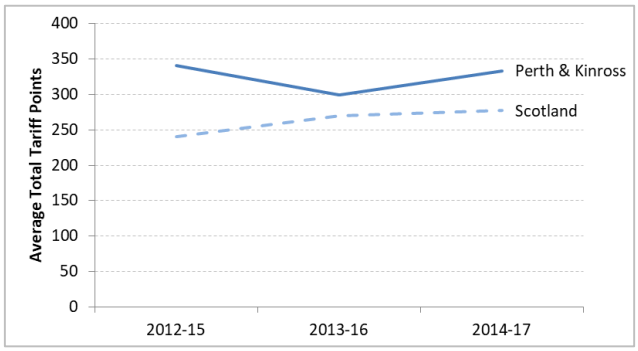


Table 19 Currently Looked After CYP, Present Legal Status (as at 31/07/18)



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

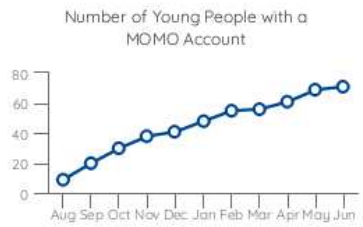
Children's Advocacy & Children's Rights

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

MOMO MIND OF MY OWN

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

3. 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	Very Good	Good	Adequate	Weak	Unsatisfactory
	Level 6	Level 5	Level 4	Level 3	Level 2	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	Very Good	Good	Adequate	Weak	Unsatisfactory
	Level 6	Level 5	Level 4	Level 3	Level 2	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	Very Good	Good	Adequate	Weak	Unsatisfactory
	Level 6	Level 5	Level 4	Level 3	Level 2	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.

6 Partnership Working and Social Services Delivery Landscape

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 in 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

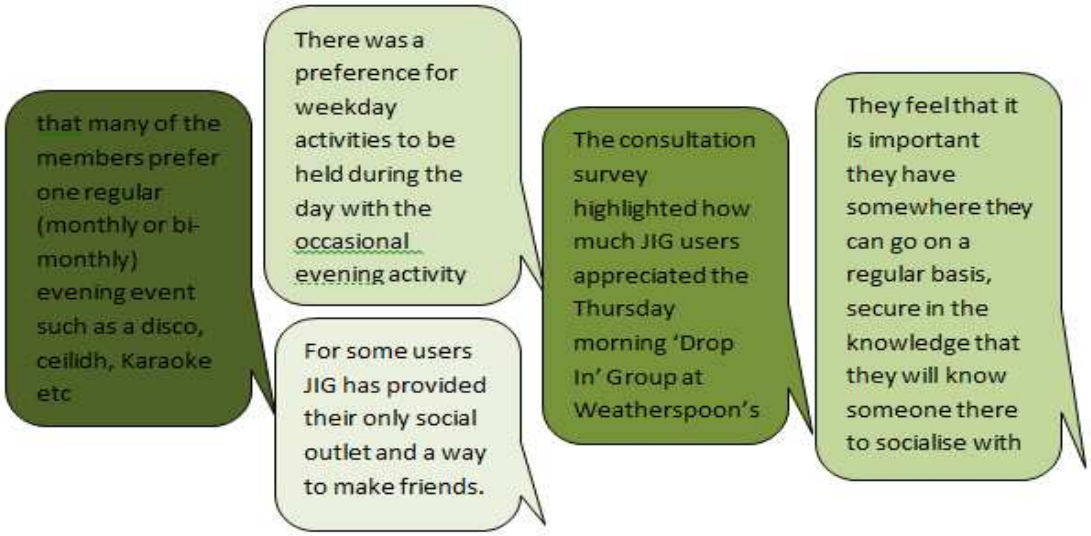
Established in 2017 through funding of £1000 from "Your Budget, Your Community, Your Choice", the Strathmore Community Sing Group is resulting in very positive benefits for people experiencing dementia giving expectation, achievement and hope. Being active in a singing group vocally and physically; having 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.

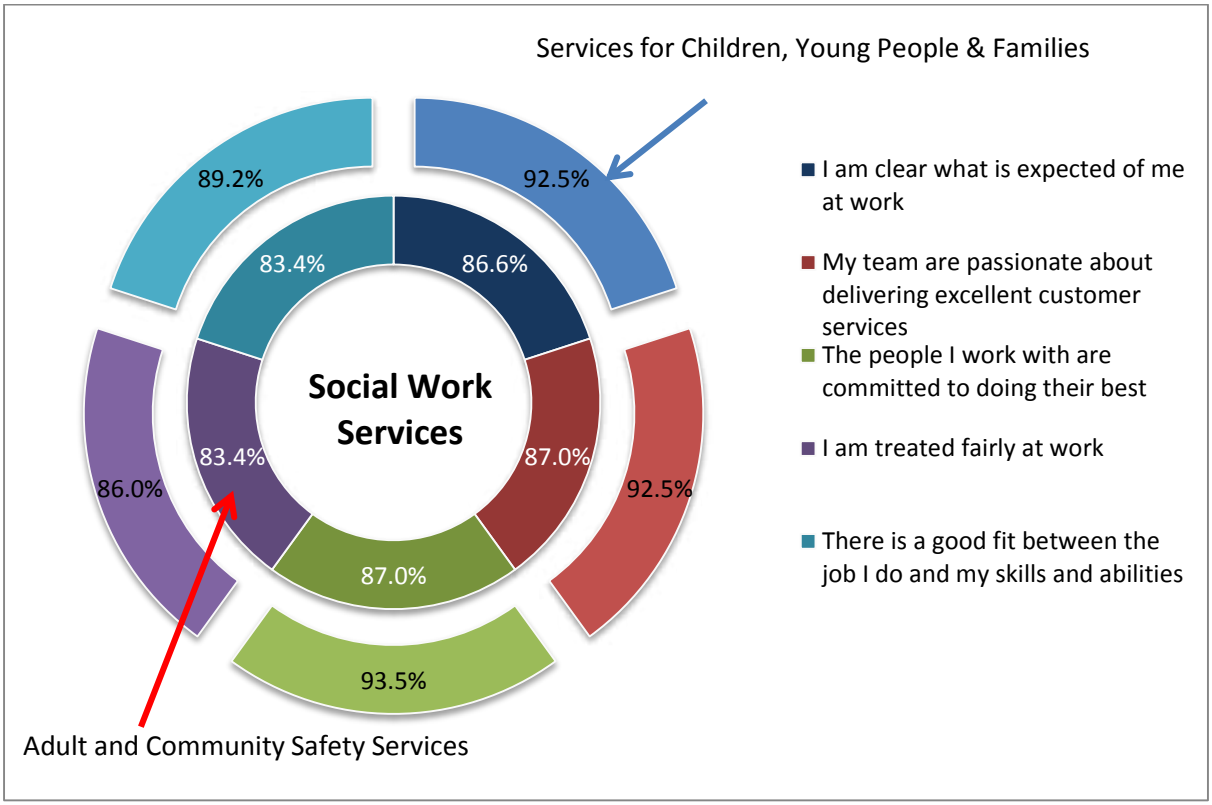
Community Care and Criminal Justice Services	**2015/16 £m**	**2016/17 £m**	**2017/18 £m**
Net Recurring Expenditure	53.52	58.39	52.27
Main Savings Approved	**2015/16**	**2016/17**	**201718**
	£,000	**£,000**	**£,000**
Client Contributions Policy for Non-Residential Services	0	200	0
Review of Care Packages	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 Workforce

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.

10 Appendix

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.

KPMG

Perth and Kinross Integration Joint Board

Audit strategy

Year ending 31 March 2019

7 February 2019

For Audit and Performance Committee consideration on 19 February 2019

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About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's *Code of Audit Practice* ("the *Code*").

This report is for the benefit of Perth and Kinross Integration Joint Board and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report. We have prepared this report for the benefit of the Beneficiaries alone.

Nothing in this report constitutes an opinion on a valuation or legal advice.

We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the scoping and purpose section of this report.

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

Complaints

If at any time you would like to discuss with us how our services can be improved or if you have a complaint about them, you are invited to contact Michael Wilkie, who is the engagement leader for our services to Perth and Kinross Integration Joint Board, telephone 0141 300 5890 email: michael.wilkie@kpmg.co.uk , who will try to resolve your complaint. If your problem is not resolved, you should contact Hugh Harvie, our Head of Audit in Scotland, either by writing to him at Saltire Court, 20 Castle Terrace, Edinburgh, EH1 2EG or by telephoning 0131 527 6682 or email to hugh.harvie@kpmg.co.uk. We will investigate any complaint promptly and do what we can to resolve the difficulties. After this, if you are still dissatisfied with how your complaint has been handled you can refer the matter to Fiona Kordiak, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN.

Introduction

2018-19 is the third year of our external audit appointment to Perth and Kinross Integration Joint Board (''the Board''), having been appointed by the Accounts Commission as auditor of the Board under the Local Government (Scotland) Act 1973 ("the Act"). The period of appointment is 2016-17 to 2020-21, inclusive.

Our planned work in 2018-19 will include:

- an audit of the financial statements and provision of an opinion on whether the financial statements:
  - give a true and fair view in accordance with the applicable law and the Code of Practice on Local Authority Accounting in the United Kingdom ("the 2018-19 Code") of the state of the affairs of the Board as at 31 March 2019 and of the income and expenditure of the Board for the year then ended; and
  - have been prepared in accordance with IFRS as adopted by the European Union, as interpreted and adapted by the 2018-19 Code, the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014 and the Local Government in Scotland Act 2003.
- completion of returns to Audit Scotland;
- a review and assessment of the Board's governance arrangements and review of the governance statement;
- a review of arrangements for preparing and publishing statutory performance information; and
- contributing to the audit of wider scope and Best Value through performance of risk assessed work.

Adding value

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

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

Our team

The team has significant experience in the audit of local authorities and integration joint boards. It is supported by specialists, all of whom work with a variety of local government and public sector bodies. All members of the team are part of our wider local government and health network. Contact details for senior members of the audit team are provided on the back page of this report.

Our work will be completed in three phases from January 2019 to September 2019. Our key deliverables are this audit strategy document, an International Standards on Auditing (UK) ("ISA") 260 *Communication of audit matters with those charged with governance* report and an annual audit report.

Acknowledgements

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

Headlines

Materiality

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

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

Page six

Audit risks

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

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

— completeness and accuracy of expenditure; and

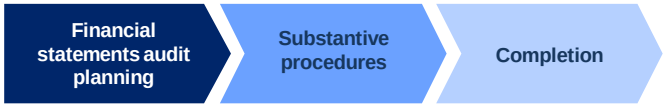
— financial sustainability.

We will report on each of these areas in our ISA 260 report which we plan to issue in September 2019.

Pages seven and eight

Financial statement audit

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



There are no significant changes to the 2018-19 Code, which means for this year there is consistency in terms of accounting standards the Board needs to apply. Page nine

Wider scope

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

— financial sustainability;

— financial management;

— governance and transparency; and

— value for money.

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

In addition, due to ongoing challenges related to EU withdrawal, we will consider Brexit as part of our risk assessment procedures and wider scope responsibilities

Pages 10 to 15

Headlines (continued)

Independence

In accordance with ISA 260 and the Financial Reporting Council's ("FRC") Ethical Standards, we are required to communicate to you all relationships between KPMG and the Board that may be reasonably thought to have bearing on our independence both:

— at the planning stage; and

— whenever significant judgements are made about threats to objectivity and independence and the appropriateness of safeguards put in place.

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

Total fees charged by us for the period ended 31 March 2018 were communicated in our Annual Audit Report issued in September 2018. Total fees for 2018-19 will be presented in our ISA 260 report issued on completion of the audit. The proposed audit fee for 2018-19 is £28,500 as set out below:

Total fee	Pooled costs	Contribution to PABV (Audit Scotland)	Contribution to Audit Scotland	Auditor remuneration (including VAT)
£28,500	£1,670	£5,050	£1,080	£20,700

Quality

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

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

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

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

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

Regularity

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

Financial statements audit planning

Materiality

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

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

Materiality for planning purposes has been set at £1.9 million, which equates to 1% of 2017-18 gross expenditure. Materiality will be revised once draft financial statements for 2018-19 are received.

We design our procedures to detect errors in specific accounts at a lower level of precision, being £1.4 million (75% materiality).

Reporting to the Audit and Performance Committee

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

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

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

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

Financial statements audit planning (continued)

Significant risks and other focus areas

Risk assessment: Our planning work takes place during January 2019 and February 2019. This involves: risk assessment; determining the materiality level; and issuing this audit plan to communicate our audit strategy. We use our knowledge of the Board, discussions with management and review of Board papers to identify areas of risk and audit focus categorised into financial risks and wider dimension risks as set out in the Code.

Significant risk	Why	Audit approach
Financial statement risks		
Fraud risk from management override of controls	Professional standards require us to communicate the fraud risk from management override of controls as a significant risk; as management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.	— Our audit methodology incorporates the risk of management override as a default significant risk. We have not identified any specific additional risks of management override relating to the audit of the Board. — Strong oversight of finances by management provides additional review of potential material errors caused by management override of controls. — In line with our methodology, we will carry out appropriate substantive procedures, including over journal entries, accounting estimates and significant transactions that are outside the organisation's normal course of business, or are otherwise unusual.
Fraud risk from income revenue recognition and expenditure	Professional standards, as interpreted by Practice Note 10 *Audit of financial statements of public sector bodies in the United Kingdom* require us to make a rebuttable presumption that the fraud risk from revenue recognition and expenditure are significant risks.	— The Board receives funding requisitions from Perth and Kinross Council and NHS Tayside. These are agreed in advance of the financial year, with any changes arising from changes in need, requiring approval from each body. There is no estimation or judgement in recognising this stream of income and we do not regard the risk of fraud to be significant. — The Board issues directions to Perth and Kinross Council and NHS Tayside in order to direct those bodies to deliver services delegated by the Board. The Board make these directions based on its budget agreed in advance of the financial year. There is no estimation or judgement in recognising expenditure to these bodies, and we do not regard the risk of fraud to be significant.

Financial statements audit planning (continued)

Other focus area	Why	Audit approach
Financial statement focus area		
Completeness and accuracy of expenditure	The Board receives expenditure forecasts from Perth and Kinross Council and NHS Tayside as part of the annual budgeting process. There is a risk that actual expenditure and resulting funding requisition income is not correctly captured.	— Our substantive audit will obtain support for gross expenditure included in Perth and Kinross Council and NHS Tayside's accounting records. We will obtain confirmations of expenditure from each of these bodies.
Financial sustainability	Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered. This is inherently a risk to the Board given the challenging environment where funding is reduced and efficiency savings are required	— The Board receives funding from NHS Tayside and Perth and Kinross Council, and as part of an Integration Scheme, has a risk sharing agreement with both bodies. This agreement stipulates that, from 2018-19, any overspends by the Board may be funded by NHS Tayside and Perth and Kinross Council based on each body's proportionate contribution in the financial year, or by the body with operational responsibility as a default position. This gives the Board comfort with regards to overspends, however, there is a risk going forward regarding ongoing budget balance, specifically in the context of challenging NHS and Council budgets. — We will consider the Board's financial planning, reserves strategy, and Board's use of reserves, concluding on the appropriateness of these in our annual audit report. — See page 13 for further information regarding the financial sustainability wider scope.

Other matters

Accounting framework update

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

In addition, the adapted requirements for IFRS 9 *Financial Instruments,* which replaces IAS 39 *Financial instruments: recognition and measurement* have been introduced in 2018-19. The changes included:

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

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

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

Controls testing

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

In 2017-18 we identified two 'grade two' recommendations in relation to the financial reporting timeliness and the risk sharing agreement, and one 'grade three' recommendation in relation to workforce planning. We will follow-up progress in implementing these recommendations and report any new recommendations arising from our work in 2018-19 and report our view of progress. Appendix three summarises our approach across each phase of the audit.

Internal audit

ISA 610 *Considering the work of internal audit* requires us to:

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

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

Wider scope and Best Value

Approach

We are required to assess and provide conclusions in the Annual Audit Report in respect of four wider scope dimensions: financial sustainability; financial management; governance and transparency; and value for money. We set out below an overview of our approach to wider scope and Best Value requirements of our annual audit. We provide on pages 13 to 15 our risk assessment in respect of these areas. We will provide narrative on these and other areas in the Annual Audit Report where relevant.

Risk assessment

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

In doing so we consider:

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

The LAN brings together local scrutiny representatives in a systematic way to agree a shared risk assessment. Michael Wilkie is the LAN lead for the shared risk assessment process for Perth and Kinross Council. For 2018-19 there is no additional scrutiny required by external audit.

The shared risk assessment process across Scotland has changed for 2019-20 and no local scrutiny plans are prepared. We use the shared risk assessment process to consider if there are wider scope risks relevant to the Annual Audit Report.

Linkages with other audit work

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

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

Wider scope and Best Value (continued)

Approach (continued)

Identification of significant risks

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

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

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

Concluding on wider scope and Best Value

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

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

Reporting

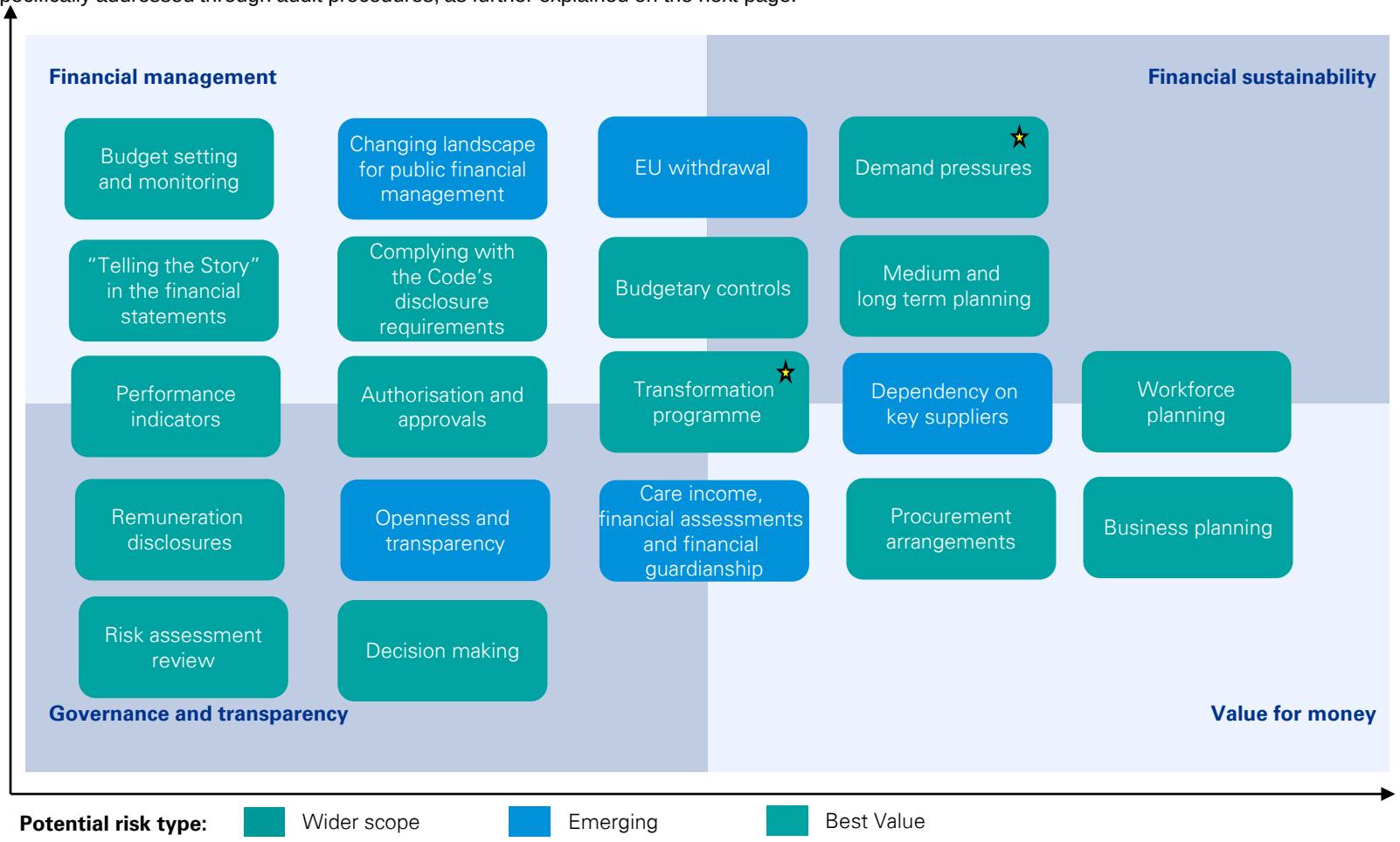
We have completed our initial wider scope risk assessment and have not identified any significant risks, as noted on the pages 13-15. We will update our assessment throughout the year and should any issues present themselves we will report them in our Annual Audit Report.

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

Wider scope and Best Value (continued)

Risk assessment

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



Wider scope and Best Value (continued)

Risk assessment (continued)

Wider scope area	Why	Audit approach
Financial sustainability and financial management	**Financial management** is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. **Financial sustainability** looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered. ***Specific identified focus areas:*** Demand pressures and the transformation programme This is inherently a risk to the Board given the challenging environment where funding is unlikely to increase and efficiency savings are required to meet the demand pressures for services, in particular GP Prescribing burden and cost pressures such as the Scottish Living Wage and National drug costs.	— We will obtain an understanding of the Board's financial position and year end outturn position through review of board reports and other management information. We will assess management's progress with implementation of efficiency savings. Commentary and analysis on these areas will be provided within the annual audit report. — We will perform substantive procedures, including substantive analytical procedures, over income and expenditure comparing the final position to budget. — The Board receives funding requisitions from NHS Tayside and Perth and Kinross Council, and has a risk sharing agreement in place with both bodies. This gives the Board comfort with regards to any overspends in 2018-19, however, there is a risk going forward regarding ongoing budget balance, specifically in the context of the challenging NHS Tayside and Perth and Kinross Council budgets, see page eight. — We will consider the Board's financial planning and reserves strategy and conclude on the appropriateness of these in our annual audit report.

Wider scope and Best Value (continued)

Risk assessment (continued)

Wider scope area	Why	Audit approach
Financial sustainability and financial management (continued)	***Specific identified focus areas (continued):*** Audit Scotland planning guidance requires us to consider the following matters which are potential risks to all Public Sector bodies. Changing landscape for public financial management Scottish public finances are fundamentally changing, with significant tax-raising powers, new powers over borrowing and reserves, and responsibility for 11 social security benefits. Scottish Government published an initial five-year Medium Term Financial Strategy in May 2018. The Board and its partners need to consider the impact of the new powers on its operations and future budgets. EU withdrawal The nature and impact of withdrawal from the EU continues to be uncertain and changing. There is a risk that Board fails to prepare for, or is impacted by changes to employees, citizens, funding or regulations. Dependency on key suppliers This has brought into focus the risk of key supplier failure and the risk of underperformance in suppliers that are experiencing difficult trading conditions. The risk exists where individual public sector bodies are dependent on key suppliers; and the Scottish public sector as a whole is subject to significant systemic risk. There is a risk that entities are overly dependent on a small number of key suppliers to provide services.	— We will report on how the Board reports on its funding arrangements, responsibilities and performance through the audit of its management commentary and financial statements. — We will remain alert to the impact of the EU withdrawal on the Board's operations and the environment within which it operates as part of our risk assessment procedures and wider scope responsibilities. We will consider the appropriateness of management's risk assessment and planning for both matters with reference to guidance provided by Audit Scotland. — We will consider how the Board manages the risk of its partner bodies depending on key suppliers. This work will be primarily be informed by auditor's analysis and reporting on the two partner bodies.

Wider scope and Best Value (continued)

Risk assessment (continued)

Wider scope area	Why	Audit approach
Governance and transparency	**Governance and transparency** is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information. ***Specific identified focus area:*** Audit Scotland planning guidance requires us to consider the following matters which are potential risks to all Public Sector bodies. Openness and transparency There are signals of changing and more challenging expectations for openness and transparency in public business. This is an area the Board is expected to keep under review and consider where there is scope to enhance transparency.	— We will consider the effectiveness of scrutiny and governance arrangements, by evaluating the challenge and transparency of the reporting of financial and performance information. — We will update our understanding of the controls and processes around capturing officers' and Board members' interests. — We will obtain and review minutes of meetings of the various committees to assess the level of transparency, and consider the Board's plan for enhancing transparency.
Value for money	Value for money is concerned with how effectively resources are used to provide services. ***Specific identified focus area:*** Audit Scotland planning guidance requires us to consider the following matters which are potential risks to all Public Sector bodies. Care income, financial assessments and financial guardianship In some councils, responsibility for financial assessments on those receiving care has transferred from social care to finance, and this has revealed issues with backlogs of financial assessment and under-recovery of care charges over long periods (more than five years). Audit Scotland identified that officers within some councils may be operating as financial guardians for individuals with a lack of capacity to act in their own interests. This may give rise to a potential conflict of interest when finance officers are in a senior position and the council is issuing invoices to a person for their care.	— We will specifically consider statutory performance indicators, performance reporting and arrangements to provide for continuous improvement. — We will undertake a review of the arrangements for financial assessment of those requiring care and assess whether these are subject to delays, and how this is reported. — We will complete a questionnaire return to Audit Scotland providing intelligence on the extent to which officers undertake financial guardianship roles and the reasons for this. — We will feed into our Perth and Kinross Council audit colleagues' work on Best Value. In 2018-19 a Best Value audit is being completed. We will provide narrative as appropriate in our Annual Audit Report.

KPMG

Appendices

Appendix one

Mandated communications with the Audit and Performance Committee

Matters to be communicated	Link to Audit and Performance Committee papers
Independence and our quality procedures ISA 260 (UK and Ireland).	— See page 18.
The general approach and overall scope of the audit, including levels of materiality, fraud and engagement letter ISA 260 (UK and Ireland).	— Main body of this paper
— Disagreement with management about matters that, individually or in aggregate, could be significant to the entity's financial statements or the auditor's report, and their resolution (AU 380).	— In the event of such matters of significance we would expect to communicate with the Audit and Performance Committee throughout the year. — Formal reporting will be included in our ISA 260 report for the Audit and Performance Committee meeting, which focuses on the financial statements.
— Significant difficulties we encountered during the audit. — Significant matters discussed, or subject to correspondence, with management (ISA 260).	
— Our views about the qualitative aspects of the entity's accounting and financial reporting. — The potential effect on the financial statements of any material risks and exposures, such as pending litigation, that are required to be disclosed in the financial statements (ISA 260 and ISA 540).	
— Audit adjustments, whether or not recorded by the entity, that have, or could have, a material effect on its financial statements. We will request you to correct uncorrected misstatements (including disclosure misstatements) (ISA 450).	
— The selection of, or changes in, significant accounting policies and practices that have, or could have, a material effect on the entity's financial statements (ISA 570).	
— Material uncertainties related to events and conditions that may cast significant doubt on the entity's ability to continue as a going concern (ISA 570).	
— Expected modifications to the auditor's report (ISA 705).	
— Related party transactions that are not appropriately disclosed (ISA 550)	

Appendix two

Auditor Independence

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

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

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

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

General procedures to safeguard independence and objectivity

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

– Instilling professional values

– Communications

– Internal accountability

– Risk management

– Independent reviews.

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

Independence and objectivity considerations relating to other matters

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

Confirmation of audit independence

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

This report is intended solely for the information of the Audit & Performance Committee and should not be used for any other purposes.

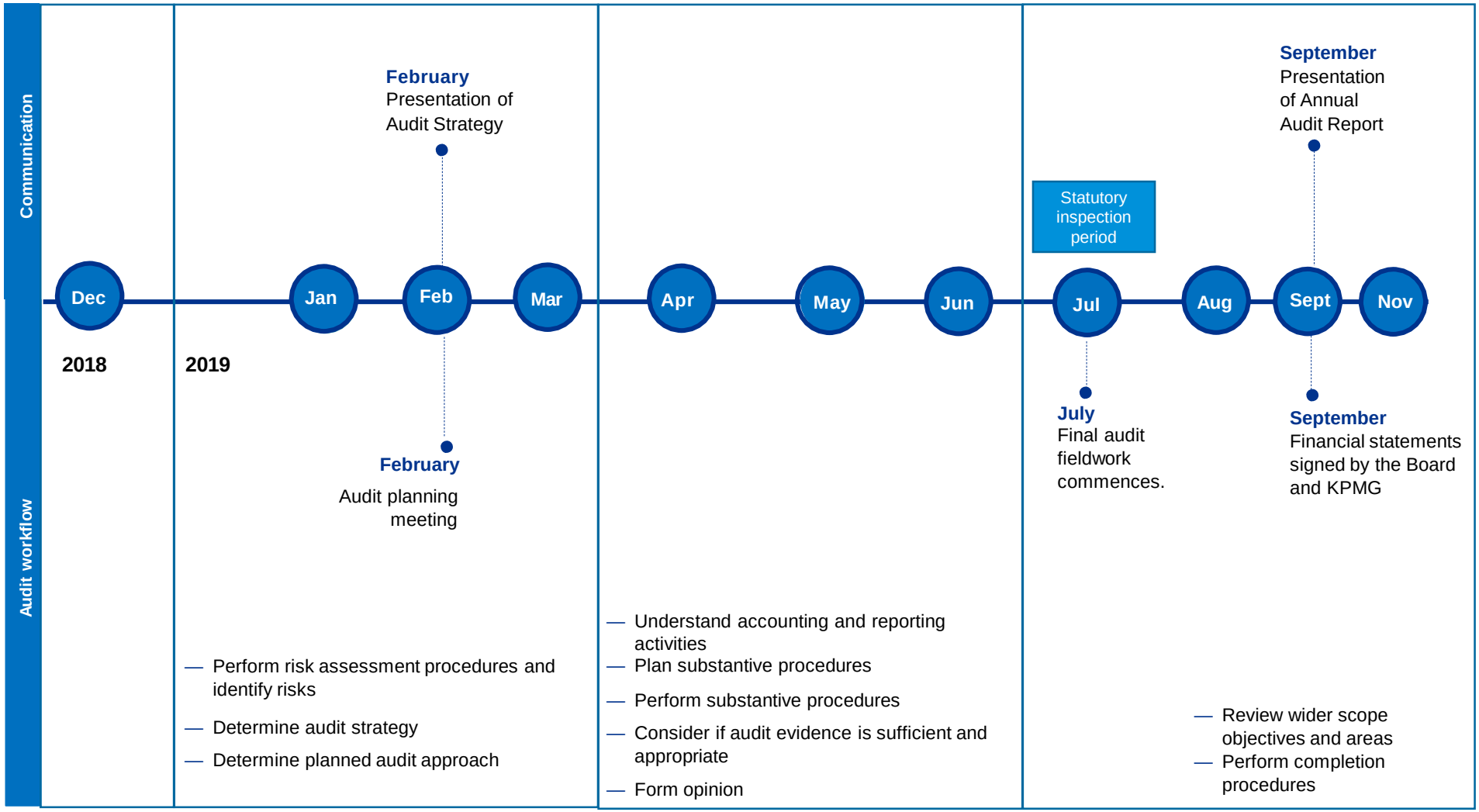
We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully

KPMG LLP

Appendix three

Timeline



Appendix four

Audit outputs

Output	Description	Report date
Audit strategy	Our strategy for the external audit of the Board, including significant risk and audit focus areas.	By 12 February 2019
Independent auditor's report	Our opinion on the Board's financial statements.	By 30 September 2019
ISA 260 report	Required communications with Those Charged With Governance	By 30 September 2019
Annual audit report	We summarise our findings from our work during the year.	By 30 September 2019
Audit reports on other returns	We will report on the following returns:	
	— Current issues return	January, March, July and October 2019
	— Technical database	6 July 2019
	— Fraud returns	November 2018, February, May and August 2019
Audit reports to support Audit Scotland's wider analysis	We will report on the following matters in conjunction with our Perth and Kinross Council audit colleagues:	
	— National Fraud Initiative questionnaire	By 30 June 2019

Appendix five

Audit Scotland code of audit practice - responsibility of auditors and management

Responsibilities of management
Financial statements
Audited bodies must prepare an annual report and accounts containing financial statements and other related reports. They have responsibility for: — preparing financial statements which give a true and fair view of their financial position and their expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation; — maintaining accounting records and working papers that have been prepared to an acceptable professional standard and that support their financial statements and related reports disclosures; — ensuring the regularity of transactions, by putting in place systems of internal control to ensure that they are in accordance with the appropriate Council; — maintaining proper accounting records; and — preparing and publishing, along with their financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report that are consistent with the disclosures made in the financial statements. Management commentary should be fair, balanced and understandable and also clearly address the longer- term financial sustainability of the body. Further, it is the responsibility of management of an audited body, with the oversight of those charged with governance, to communicate relevant information to users about the entity and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely. Audited bodies are responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of their objectives and safeguard and secure value for money from the public funds at their disposal. They are also responsible for establishing effective and appropriate internal audit and risk-management functions.
Prevention and detection of fraud and irregularities
Audited bodies are responsible for establishing arrangements for the prevention and detection of fraud, error and irregularities, bribery and corruption and also to ensure that their affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place.

Audit Scotland code of audit practice - responsibility of auditors and management

Responsibilities of management
Corporate governance arrangements
Each body, through its chief executive or accountable officer, is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Audited bodies should involve those charged with governance (including Audit and Performance Committees or equivalent) in monitoring these arrangements.
Financial position
Audited bodies are responsible for putting in place proper arrangements to ensure that their financial position is soundly based having regard to: — such financial monitoring and reporting arrangements as may be specified; — compliance with any statutory financial requirements and achievement of financial targets; — balances and reserves, including strategies about levels and their future use; — how they plan to deal with uncertainty in the medium and longer term; and — the impact of planned future policies and foreseeable developments on their financial position.
Best Value, use of resources and performance
The Scottish Public Finance Manual sets out that accountable officers appointed by the Principal Accountable Officer for the Scottish Administration have a specific responsibility to ensure that arrangements have been made to secure best value.

Audit Scotland code of audit practice - responsibility of auditors and management

Responsibilities of auditors
Appointed auditor responsibilities
Auditor responsibilities are derived from statute, this Code, International Standards on Auditing (UK and Ireland), professional requirements and best practice and cover their responsibilities when auditing financial statements and when discharging their wider scope responsibilities. These are to: — undertake statutory duties, and comply with professional engagement and ethical standards; — provide an opinion on audited bodies' financial statements and, where appropriate, the regularity of transactions; — review and report on, as appropriate, other information such as annual governance statements, management commentaries, remuneration reports, grant claims and whole of government returns; — notify the Auditor General when circumstances indicate that a statutory report may be required; — participate in arrangements to cooperate and coordinate with other scrutiny bodies (local government sector only); — demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited bodies: – effectiveness of performance management arrangements in driving economy, efficiency and effectiveness in the use of public money and assets; – suitability and effectiveness of corporate governance arrangements; and – financial position and arrangements for securing financial sustainability. Weaknesses or risks identified by auditors are only those which have come to their attention during their normal audit work in accordance with the Code, and may not be all that exist. Communication by auditors of matters arising from the audit of the financial statements or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

Appendix five (continued)

Audit Scotland code of audit practice - responsibility of auditors and management

Responsibilities of auditors
General principles
This Code is designed such that adherence to it will result in an audit that exhibits these principles.
Independent
When undertaking audit work all auditors should be, and should be seen to be, independent. This means auditors should be objective, impartial and comply fully with the Financial Reporting Council's (FRC) ethical standards and any relevant professional or statutory guidance. Auditors will report in public and make recommendations on what they find without being influenced by fear or favour.
Proportionate and risk based
Audit work should be proportionate and risk based. Auditors need to exercise professional scepticism and demonstrate that they understand the environment in which public policy and services operate. Work undertaken should be tailored to the circumstances of the audit and the audit risks identified. Audit findings and judgements made must be supported by appropriate levels of evidence and explanations. Auditors will draw on public bodies' self-assessment and self-evaluation evidence when assessing and identifying audit risk.
Quality focused
Auditors should ensure that audits are conducted in a manner that will demonstrate that the relevant ethical and professional standards are complied with and that there are appropriate quality-control arrangements in place as required by statute and professional standards.

Audit Scotland code of audit practice - responsibility of auditors and management

Responsibilities of auditors
Coordinated and integrated
It is important that auditors coordinate their work with internal audit, Audit Scotland, other external auditors and relevant scrutiny bodies to recognise the increasing integration of service delivery and partnership working within the public sector. This would help secure value for money by removing unnecessary duplication and also provide a clear programme of scrutiny activity for audited bodies.
Public focused
The work undertaken by external audit is carried out for the public, including their elected representatives, and in its interest. The use of public money means that public audit must be planned and undertaken from a wider perspective than in the private sector and include aspects of public stewardship and best value. It will also recognise that public bodies may operate and deliver services through partnerships, arm's-length external organisations (ALEOs) or other forms of joint working with other public, private or third sector bodies.
Transparent
Auditors, when planning and reporting their work, should be clear about what, why and how they audit. To support transparency the main audit outputs should be of relevance to the public and focus on the significant issues arising from the audit.
Adds value
It is important that auditors recognise the implications of their audit work, including their wider scope responsibilities, and that they clearly demonstrate that they add value or have an impact in the work that they do. This means that public audit should provide clear judgements and conclusions on how well the audited body has discharged its responsibilities and how well they have demonstrated the effectiveness of their arrangements. Auditors should make appropriate and proportionate recommendations for improvement where significant risks are identified.

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AUDIT & PERFORMANCE COMMITTEE

19 February 2019

INTERNAL AUDIT PROGRESS REPORT

Report by Chief Internal Auditor (G/19/24)

PURPOSE OF REPORT

The purpose of this report is to provide the Audit & Performance Committee with a progress update in relation to the current Internal Audit Plan.

1. BACKGROUND

Perth & Kinross Integration Joint Board's current Internal Audit Plan incorporates outstanding reviews from the 2017/18 plan and the planned internal audit activity as part of the 2018/19 Internal Audit Plan as approved by the Audit & Performance Committee at its meeting on the 20 September 2018. Progress is outlined in Appendix 1.

2. RECOMMENDATION

The Audit & Performance Committee is asked to:

i. Note the substantial completion of the 2017/18 Internal Audit Plan as well as commencement of delivery of the 2018/19 plan as outlined in this report.

3. CONSULTATION

The Chief Finance Officer has been consulted on the content of this paper.

Author(s)

Name	Designation	Contact Details
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APPENDICES

1. Internal Audit Plan Progress Report

2017/18								
	Audit	**Indicative Scope**	**Target Audit Committee**	**Planning commenced**	**Work in progress**	**Draft Issued**	**Completed**	**Grade**
PK01-18	Audit Planning	Agreeing audit universe and preparation of strategic plan	Aug-17	✓	✓	✓	✓	**N/A**
PK02-18	Audit Management	Liaison with managers and Directors and attendance at Audit Committee	Ongoing	Complete				**N/A**
PK03-18	Annual Internal Audit Report	CIA's annual assurance statement to the IJB and review of governance self-assessment	Jun-18	✓	✓	✓	✓	**N/A**
PK04-18	Risk Management	Review of systems of risk management, assessment of risk maturity and consideration of assurance mechanisms for key controls	Dec-17	✓	✓			
PK05-18	Strategic Planning	Review of production and update of the Strategic Plan, development of local delivery plans including stakeholder engagement and partnership working.	Mar-18	Agreed to combine these reviews.		✓		
PK06-18	Corporate Support & Capacity Review	The scope of this audit is to review the proposed process for updating support arrangements and to ensure that any attendant risks are fully reflected within the IJB Risk register as necessary. A more detailed scope which may include aspects such as organisational and management structures, including for hosted services, will be discussed in detail and agreed with management.	Sep-17					

2018/19								
	Audit	**Indicative Scope**	**Target Audit Committee**	**Planning commenced**	**Work in progress**	**Draft Issued**	**Completed**	**Grade**
PK01-19	Audit Planning	Agreeing audit universe and preparation of strategic plan	Sep-18	✓	✓	✓	✓	**N/A**
PK02-19	Audit Management	Liaison with managers and Directors and attendance at Audit Committee	Ongoing	ongoing				
PK03-19	Annual Internal Audit Report	CIA's annual assurance statement to the IJB, review of governance self-assessment and follow-up of previous Internal Audit recommendations	Jun-18	✓	✓	✓	✓	**N/A**
PK04-19	PK07-17 follow-up	Follow-up of Internal Audit Report PK07-17 which highlighted a number of areas relating to Clinical and Care Governance, including those in relation to hosted services, to ensure actions have been implemented and to take into account events subsequent to the issue of that report.	Feb-19	✓	✓			
PK05-19	Performance management	Accurate, relevant and reliable reporting against strategic plan objectives and core integration indicators. Compliance with DL 2016 (05) - Guidance for Health and Social Care Integration Partnership Performance Reports	Feb-19	✓				
PK06-19	Governance & Assurance	Ongoing support and advice on further development of governance and assurance structures, including issues identified as part of the annual report process and operation of the Audit & Performance Committee	Ongoing	Ongoing				**N/A**
PK07-19	Information Governance	Extension of testing within parent bodies' IA plans to ensure assurance systems adequately cover IJB Information Governance and GDPR.	Feb-19	✓				

AUDIT & PERFORMANCE COMMITTEE

19 FEBRUARY 2019

UPDATE: AUDIT RECOMMENDATIONS

Report by Chief Financial Officer (G/19/25)

PURPOSE OF REPORT

This report provides the Audit & Performance Committee with progress on the implementation of all internal and external audit recommendations arising since the formal inception of the Integration Joint Board (IJB) on 1st April 2016.

1. BACKGROUND

It is best practice for Audit Committees to receive regular updates on progress in implementation of audit recommendations. A full review has therefore been undertaken on all internal and external audit recommendations since inception of the IJB on 1st April 2016. Resources have now been put in place to ensure this is updated on a regular basis.

2. UPDATE / SUMMARY OF FINDINGS

In terms of progress against recommendations, the follow up work undertaken indicates the following:

Status	
Complete	18
Not Yet Due	9
Overdue	2

Since the last update provided to this Committee, 3 actions from the External Audit Annual Report for 2017-18 have been added to the list of recommendations to be progressed. There have been no other audits completed since the last report to this Committee.

Also since the last update provided to the Committee, all indicative timescales have been scrutinised and reviewed with more realistic completion dates applied to each action. This now indicates a significant decrease in overdue actions.

As the Clinical Care and Professional Governance Committee is established all actions in relation to Clinical Care and Professional Governance will now be tracked and monitored through that Committee.

Appendix 1 lists all recommendations either overdue, not yet due or completed since the last report to this Committee.

Appendix 2 lists all recommendations which are complete and have been previously reported as complete to this Committee.

3. RECOMMENDATION

The Audit & Performance Committee are asked to note the progress made to date on implementing agreed recommendations**.**

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PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
8	External	Annual Report	15-16	4	The board has approved a performance management framework to comply with guidance set out in the Public Bodies (Joint Working) (Scotland) Act 2014. However, performance measures have yet to be developed.	The board should develop and agree key performance measures to be used in monitoring performance against its strategic objectives.	Work is on-going to agree key performance measures.	HSCP Executive Management Team	31st March 2019	Not yet due		The Executive Management Team is currently overseeing the development and implementation of a strategic programme of care board structure to take forward the implementation of agreed Strategic Delivery Plans (SDP) for: Older People and Unscheduled Care, Primary Care, Mental Health & Wellbeing, Carers. Each Programme Board is developing a Performance Framework inclusive of targets. Financial planning will be aligned to each Programme of Care Board. Draft Programme budgets for each programme have been developed. The proposed performance framework for Older People and Unscheduled Care will be considered by the Audit & Performance Committee in February 2019.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
9	Internal	Clinical & Care Governance	17-18	1	The R1 group as originally described within the "Getting it Right for Everyone" (GIRFE) was not established. However, the September 2017 NHS Tayside Clinical Quality Forum (CQF) received its updated terms of reference which now state that 'There will be three meetings per year [of the CQF] which will focus on Clinical and Care Governance assurances and learning from the three HSCPs'. The paper also sets out future arrangements including a requirement to 'Seek assurance through performance reports from the three HSCPs that the Getting it Right for Everyone, Clinical and Care Framework is implemented across all HSCPs.' Currently, minutes of all three Tayside IJB R2 groups are reported here. From a review of the draft minutes of this meeting it is not clear that this proposed arrangement for an R1 group operating through the CQF entirely fulfils all of the requirements of GIRFE and the Integration Scheme.	It is recommended that any new arrangements be considered and approved by the IJB or a nominated Committee/Group.	A paper detailing the new arrangements to be considered and approval sought by P&K IJB	Hamish Dougall, Jacquie Pepper	22/06/18 **Revised Timescale March 31st 2019**	Not Yet due	215	Terms of reference submitted along with the annual report to the IJB agenda setting meeting in June 2018. Agreed at the IJB Agenda setting meeting that this paper should be directed to the Audit & Performance Committee. This was considered at the November 2019 Audit & Performance Committee and it was agreed that scrutiny of IJB/HSCP Clinical, Care and Performance Governance should now take place within a Clinical, Care & Performance Committee – a sub Committee of the IJB. Because of the creation of a Clinical & Care Governance Committee further reporting and assurance will be directed to that Committee, including a paper regarding the new arrangements for reporting into the R1/CQF. A workshop to discuss a refresh of the GIRFEA framework is due to take place on the 13th February 2019.
10	Internal	Clinical & Care Governance	17-18	2	Whilst the terms of reference of the Audit & Performance Committee do not specifically refer to clinical, care & professional governance, the overall duty of the committee is to review the internal control arrangements of the IJB which would include clinical & care governance; as well as responsibility for risk management arrangements.	We would recommend that the R2 Forum prepares an annual report for consideration by either the Audit & Performance Committee or the IJB itself.	The P&K Care & Professional Governance Forum has provided reports to the meetings of the IJB on the 15th June 2016, 4th November 2016 and 30th June 2017, and to the meetings of the Audit & performance Committee on the 28th March 2017, 27th June 2017. It is intended that a progress report will be reported to the Audit & Performance Committee meeting on the 6th March 2018, and to the IJB meeting on the 22nd June 2018. Thereafter, reports will continue to be presented to both the Audit & performance Committee and the IJB at least annually.	Hamish Dougall, Jacquie Pepper	22/06/18 **Revised Timescale 30June 2019**	Not yet due	215	The IJB has agreed to the establishment of Clinical care & Professional Governance Sub Group. The R2 Forum will therefore prepare an Annual Report for 2018/19 for the IJB Clinical Care Governance Committee by the end of June 2019.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
11	Internal	Clinical & Care Governance	17-18	3	The terms of reference for the R2 Forum were approved by the IJB in November 2016.	We would recommend that following a review and refresh of this document based on the findings of this report, the IJB should again have an opportunity to comment on the work of the forum to ensure it will receive the assurances it requires.	The terms of reference and workplan for the forum were reviewed at the Care & Professional Governance meeting on the 9th February 2018. Draft versions of the 2018/19 terms of reference and workplan will then be presented to the IJB along with the progress report on the 22nd June 2018 to seek approval.	Hamish Dougall, Jacquie Pepper	22/06/18 **Revised 31/03/19**	Not yet due	215	The Terms of Reference for the R2 Group and an Annual Work Plan for 2019/20 will be considered at the first substantive meeting of the new IJB Clinical Care and Professional Governance Sub Group.
16	Internal	Clinical & Care Governance	17-18	8	Not all services were able to confirm as part of the gap analysis that comprehensive risk management processes are in place.	We would recommend that action plans are agreed for each service to move towards a 'green' position within each of the gap analysis questions under the 6 key domains and that this is monitored by the R2 Forum.	All services will be asked to provide actions planned or in progress to move towards a 'green' position within each of the gap analysis questions. This will be included within the service annual report.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete	298	An updated gap analysis is currently being undertaken across all services, the outcome of which will form the basis for the R2 Annual Work plan. The Gap Analysis will be brought forward with the proposed Annual Work Plan to the first substantive meeting of the IJB Clinical and Care Governance Committee.
17	Internal	Clinical & Care Governance	17-18	9	Our review of minutes of the R2 Forum to date also do not show overt consideration of the IJB's strategic clinical & care governance risk or clinical risks. We also note that the remit does not cover the escalation of operational risks.	We would also recommend regular consideration of relevant risks by the forum with clear routes for escalation.	The forum discussed the forums remit regarding clinical and operational risks as part of the review of the terms of reference on the 9th February 2018. The forum agreed that a standing item would be added to the agenda for clinical and care governance risk management. It was acknowledged that Angus HSCP and the Mental Health Directorate both have a more developed process for the oversight of clinical and care risks, and it was agreed that contact be made with these areas to further discuss.	Hamish Dougall, Jacquie Pepper	**Revised 31/03/19**	Overdue	292	All of the IJB's strategic clinical & care governance risk or clinical risks will now be reported through the new Clinical Care and Professional Governance Committee. Responsibility for driving forward and monitoring of ongoing mitigation actions for any strategic clinical and care risk will be remitted to the existing Clinical Care and Professional Governance Forum.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
18	Internal	Delayed Discharge	17-18	1	The Delayed Discharges Plan 2016/17 does not clearly set out SMART action points linked to resources and allocated to responsible officers and timescales. An updated Delayed Discharges Action Plan 2017 was created which sets out responsibility, timescales and progress/ deliverables; however, this has yet to be presented to the IJB for their consideration.	We recommend that a 2017/18 Delayed Discharges Plan is presented to the IJB in the format of a SMART action plan, identifying specific actions to be undertaken, those officers who will be responsible for putting the actions in place, the time frames by which actions will be implemented and the review to be undertaken to ensure that action described has been implemented. Financial consequences of actions to be taken should also be clearly indicated in this plan.	A Capacity & Flow Programme Board is to be set up lead by PKHSCP Clinical Director which will oversee delivery of the 6 Key Measures of Performance under Integration which includes reducing delayed discharges. A key output of the Board will be a SMART Action Plan and clear identification of all financial consequences linked to the wider Financial Plan. The Board will be supported by a dedicated Programme Manager. To support the Board, a performance reporting framework will be established to ensure robust, routine performance data. Regular performance reports against the 6 Key Measures of performance under integration will be presented to the IJB and this will include investment proposals as required to ensure delivery of performance objectives to support Strategic Plan delivery.	Hamish Dougall	30/09/17	Complete	480	The Older People and Unscheduled Care Board Performance Framework sets out delayed discharge performance. It also encompasses all 6 Measures of Performance under Integration. Performance reports will now come forward to the OPUSC Bard at each meeting for review and for agreement of action plans as required to ensure necessary actions are identified to deliver against agreed targets in line with Strategic priorities
20	Internal	Delayed Discharge	17-18	3	No update report against the original Delayed Discharge Action Plan 2016/17 was presented to the IJB. Overall, reporting to IJB level has not yet enabled members to scrutinise what effect actions taken have had on delayed discharge performance.	We would recommend that management review delayed discharges reporting at governance level to ensure reporting addresses: - Progress reports against the updated Delayed Discharges Action Plan 2017/18 including analysis of whether the IJB is on track to achieve these targets, of the success of actions taken and of lessons learned. - Performance against the targets set out in the Business Management and Improvement Plan for Perth and Kinross Council's Housing and Community Safety service. - Reporting should also include consideration of whether resources are sufficient at present to achieve targets and any recommended strategic realignments which may be required.	A Capacity & Flow Programme Board is to be set up lead by PKHSCP Clinical Director which will oversee delivery of the 6 Key Measures of Performance under Integration which includes reducing delayed discharges. A key output of the Board will be a SMART Action Plan and clear identification of all financial consequences linked to the wider Financial Plan. The Board will be supported by a dedicated Programme Manager. To support the Board, a performance reporting framework will be established to ensure robust, routine performance data. Regular performance reports against the 6 Key Measures of performance under integration will be presented to the IJB and this will include investment proposals as required to ensure delivery of performance objectives	Hamish Dougall	30/09/17	Complete	480	The Older People and Unscheduled Care Board Performance Framework sets out delayed discharge performance. It also encompasses all 6 Measures of Performance under Integration. Performance reports will now come forward to the OPUSC Bard at each meeting for review and for agreement of action plans as required to ensure necessary actions are identified to deliver against agreed targets in line with Strategic priorities.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
22	Internal	Delayed Discharge	17-18	4b	We would also note that the format of the IJB's risk register does not currently set out how assurance against the controls will be received nor does it provide current performance information as laid out in Appendix 2 to the Risk Management Strategy	The updated Delayed Discharges Plan 2017, once approved by the IJB, should be referenced as a control against this risk.Consideration should be given to the format of risk reporting.	The format of the risk register will be considered as part of the planned Risk Management Workshop outlined in the 17/18 Transforming Governance Action Plan.	Jane Smith	30/11/17	Complete	419	Audit & performance Committee agreed that a workshop based approach to review of the Risk management arrangements would be undertaken including a workshop with officers and IJB members in June 2018. All risk workshops complete and the Risk Management Framework and escalation process has been agreed by A&PC, and the Strategic high level risk profile to be reported quarterly to the A&PC. Lower level red risk action plans in place and reported to EMT every 2 weeks. Lower level amber risk action plan in development. EMT risk session on 24th January 2019 to update high level profile. High level profile also reported to relevant risk management committee of parent bodies. Lower level operational risks are discussed at the Clinical Governance (Health) group and the Quality Assurance Group.
23	Internal	Annual Report	2017-18	1	We would also note that the format of the IJB's risk register does not currently set out how assurance against the controls will be received nor does it provide current performance information as laid out in Appendix 2 to the Risk Management Strategy	In addition to the next steps set out in the March 2018 Governance paper, we would recommend that the A&PC consider the governance principles adopted by the Health & Social Care Integration (HSCI) Governance working group and ensure that they are taken forward within the IJB, in partnership with both parent bodies.	Identify the governance principles adopted by the HSCI Governance Working Group, and ensure these are taken forward within the IJB. These principles should also clearly link to the strategic boards.	Rob Packham	1st April 2019	Overdue	115	The HSCI Governance Principles will be included as part of the Self Assessment Process undertaken to support the IJB Annual Governance Statement for 2018/19 in order that we can provide assurance or otherwise that these are embedded in our governance arrangements at all levels and including our Strategic Programme Boards.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
24	Internal	Annual Report	2017-18	2	We would also note that the format of the IJB's risk register does not currently set out how assurance against the controls will be received nor does it provide current performance information as laid out in Appendix 2 to the Risk Management Strategy	The Executive Management Team has replaced the Transformation Board as the key forum to oversee development and implementation of the service redesign required to deliver Strategic Plan objectives. We have been informed that the 3 year Financial plan which is planned for September 2018 will clearly set out by Care Programme the Transformation Proposals and financial implications. This will sit alongside Strategic Delivery Plans for each Care Group which will link transformation plans to strategic objectives and thus provide an overall picture.	Each of the Strategic Boards will have the responsibility for the development of a three year plan that ensures delivery of objectives	EMT	30/09/18 **Revised 31st March 2019**	Not yet due	115	The Executive Management Team is currently overseeing the development and implementation of a strategic programme of care board structure to take forward the implementation of agreed Strategic Delivery Plans (SDP) for Older People and Unscheduled Care, Primary Care, Mental Health & Wellbeing, Carers. The Older People and Unscheduled Care Board is now strongly established and the development of an outline strategic delivery plan has ensured a direct link between the strategic plan and the 3 Year Financial Plan. Implementation of a significant programme of transformation will now be overseen by the OPUSC Board working closely with locality managers to ensure effective implementation across localities. A good governance self assessment will be undertaken by the OPUSC Board supported by the Corporate Team and this will be used to inform wider governance arrangements for all 4 programme boards.
26	Internal	Annual Report	2017-18	4		Whilst the A&PC has regularly considered both performance and risk management updates, and the minutes of the committee are reported to the IJB, we would recommend that, in future, the A&PC provides a year-end report to the IJB with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview. It may also be helpful at this time of year for the Committee to reflect on any matters of concern for future consideration.	To review the role and remit for the A&PC and take forward a self evaluation which will inform an annual report for 2018-19	Maggie Rapley	**Revised timescale 31st March 2019**	Not yet due	115	This action will form part of the annual report to the Audit & Performance Committee. To be further discussed with the chair of the Audit & Performance Committee and Internal Audit.
27	Internal	Annual Report	2017-18	5		No formal directions were issued for 2017/18.	To identify and issue directions for 2017-18, and take proactive steps to ensure any future directions are issued as appropriate.	Jane Smith	30/09/18 **Revised Timescale 28/02/19**	Not yet due	115	At a meeting held on the 5th September it was agreed that all IJB papers would contain a section regarding Directions and any implications for parent bodies going forward. In addition, contextual guidance is being created to ensure those compiling reports can recognise when the use of directions will be required.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
28	Internal	Annual Report	2017-18	6		Standing orders and other fundamental governance documents should be subject to regular review to ensure they remain fit for purpose and should be updated following agreement of the HSCI governance principles.	Identify all the standing orders and fundamental governance documents and put in place a rolling programme / annual review process	Maggie Rapley	30/09/18	Complete		The CFO is leading on the development of the IJB's Code of Corporate Governance a key part of which will be to set out the IJB's policies and procedures essential to demonstrate compliance with the principles of good governance. This will include the process and timescales for regular review of all fundamental governance documents. (June 2019).
30	External	Annual Report	2017-18	1	During our audit, we review financial reporting as part of our assessment of financial management. We identified on that financial reporting was inexcess of two months behind, most notably on 23 March 2018, were thefinancial position being reported was 31 December 2017.There is a risk that members and management are unable to respond tofinancial pressures in a timeous manner. We recognise that the IJB isreliant on the financial reporting of PKC and NHS Tayside.	We recommend that management discuss with partners the financial reporting process. Any reduction in the timescales would allow members to make decisions based on more up to date information	Accelerate financial reporting which will ensurean improvement in timescales for reporting.	Jane Smith		Complete		Actions have been taken to accelerate financial reporting which will ensure an improvement in timescales for reporting.
31	External	Annual Report	2017-18	2	The integration scheme states that any overspend incurred from 2018-19 onwards may be allocated on a proportionate basis of each partners contribution to the IJB. For 2018-19, there has been an informal agreement between the partners that any overspend will be met by the partner with operational responsibility. There is no formal documentation for this arrangement. From our discussion with management, and our understanding of the integration scheme, we consider best practice to be a formal documentation of the agreement, which will assist in the partners approach to budgeting.	We recommend that the partners formally agree the approach for overspends on an annual basis in advance of the financial year on which agreement is sought.		Rob Packham	31/10/18 **Revised timescale 31/03/19**	Not yet due	84	This is being actively pursued with the parent bodies.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
32	External	Annual Report	2017-18	3	The IJB's workforce plan is being developed. Once complete this will reflect the NHS approach to workforce planning. The executive team has completed work to date, however the workforce plan has still to be approved by the Board. There is a risk, given the demographics of the workforce, that without a workforce plan in place there could be a detrimental impact to the achievement of the IJB's strategy.	The IJB should progress workforce planning to identify and address potential skills gaps.	Development of workforce plans will be a key priority for each Care Programme Board.	Hamish Dougall, Evelyn Devine	31/03/19	Not yet due		This has been progressed with health services through the Safe Affordable Workforce (SAW) process. Workforce plans for Social Work team to be progressed.

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
1	Internal	Annual Report	16-17	1	Our evaluation of the IJB's governance framework is set out in the body of this report and includes our review of improvements identified by management for 2017/18 as well as further issues for consideration. Whilst the important broad areas we would expect to see based on identified gaps are all already included in the 'Transforming Governance Action Plan' developed we made further recommendations for specific additional details to be included in this work.	We would recommend that the governance action plan is updated for any further issues identified in this report and presented to the Performance and Audit Committee for approval and monitoring.	The governance action plan will be updated.	Jane Smith	30/06/17	Complete		The Transforming Governance Action Plan has been updated to include the appropriate recommendations
2	External	Annual Report	16-17	1	During the 2017-18 budget setting the board was informed that the Chief Finance Officer could not recommend approval of the budget proposition from NHS Tayside for GP prescribing. As at August 2017 there is still no approved 2017-18 GP prescribing budget or an agreed action plan to form a sustainable budget.	A budget for GP prescribing in 2017-18 should be finalised. In forming it the IJB should meet with NHS Tayside and agree a strategic action plan to address the prescribing spend. A sustainable prescribing position needs to be formed and the 2018-19 GP prescribing budget should be agreed before the start of the financial year.	The Chief Officer and Chief Finance Officer have written to both Parent Bodies asking for a formal discussion to take place around the sufficiency of the GP Prescribing budget and the implications for risk sharing arrangements moving forward.	Rob Packham, Jane Smith	31/10/17	Complete		An 18/19 financial plan for GP prescribing was presented to the IJB in March 2018. Significant progress has been made in identifying a range of plans to deliver financial balance. Whilst the plan is not in full balance (600k gap), further actions are being taken with the Clinical Director.
3	External	Annual Report	16-17	2	The IJB produces a finance update for each IJB meeting. The update presents information on IJB and Partnership year end over/under spend forecast, a summary of savings planned and savings booked and narrative to support to figures. The base budget position is not reported, only the over/under spend forecast against the budget.	The financial update should present the base budget position and variance year to date against this base budget position. This would allow appropriate levels of scrutiny over balances depending on the level of variance reported against budget.	The base budget position will now be incorporated as part of routine monthly reporting.	Jane Smith	31/10/17	Complete		The finance update presented at each IJB meeting has included the base budget position from month 5 onwards.
4	External	Annual Report	16-17	3	The partnership accountant provides significant support to the day to day financial management and control within the IJB. The position is on a fixed term basis which ends in July 2018.	It is recommended that a longer term solution is approved, either through a permanent post or extension of the temporary one with enough notice to enable the Chief Finance Officer to plan activities.	The Chief Finance Officer has now received the full support from NHST and PKC colleagues to appoint to the Partnership Accountant Post on a permanent basis.	Jane Smith	30/09/17	Complete		This post was made permanent on the 9th March 2018

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
5	External	Annual Report	15-16	1	The Local Authority Accounts (Scotland) Regulations 2014 require the board to publish on its website; a copy of the annual accounts submitted to the auditor, clearly identified as an unaudited version, a public notice of the right of interested persons to inspect and object to its accounts. The public notice was not completed within statutory deadlines and was only published through Perth & Kinross Council's website on 28 July 2016.	The board should ensure compliance with the publication requirements of the 2014 regulations and ensure its website is updated timeously with the required information.	Agreed the public notice deadline would be met for year 2016-17.			Complete		The 2016-17 unaudited accounts were published online in line with the Public Notice by 28 June 2017.
6	External	Annual Report	15-16	2	The board did not agree a budget for 2015-16 and did not monitor the actual cost incurred.	The budget should be established and agreed prior to the commencement of the year and monitored regularly throughout the year.	The Chief Finance Officer will work with NHS Tayside and Perth and Kinross Council to align a budget setting timetable to support the delivery of a budget by 31 March each year.			Complete		A budget for 2017-18 was set on 24 March 2017. The budget was presented to the IJB through a formal procedure and agreed upon during the meeting. This report includes unidentified savings.
7	External	Annual Report	15-16	3	The budget agreed in March 2016 highlighted the need to develop a financial recovery plan. The financial recovery plan was agreed in July 2016 however this highlighted that the funding was still considered by officers to be insufficient to meet the board's requirements. There is a risk the board is unable to fund the services.	The board should develop and agree key performance measures to be used in monitoring performance against its strategic objectives.	All possible efforts continue to be made to identify further saving opportunities and reduced supplementary staffing expenditure. Progress will be reported to the IJB at each meeting.			Complete		A "Savings plan V Savings booked/ anticipated" is included in financial update; the information included comes from budget holders who are actively involved in providing services and from the Chief Finance Officer and Partnership Accountant. This is monitored on a monthly basis and included within each financial update presented to the board.
12	Internal	Clinical & Care Governance	17-18	4	Domain sub groups are in operation alongside the R2 Forum including a regular agenda item on exception reporting. However, from our review of minutes of the forum and the remit in place, it is not clear how information is reported and how actions are agreed where weaknesses are identified by the sub groups.	More clarity is needed on how the work of the subgroups flows into the forum and helps the forum to fulfil its overall remit and this should be taken into account in the refresh of the forum's remit.	The domain subgroups were discussed as part of the review of the terms and reference and work plan for the forum on the 9th February 2018.The forum agreed that assurances regarding progress with each of the domains should be via service annual reporting and updates on specific activity ongoing with the partnership, rather than to continue with discrete sub-groups for the domains. The forum terms of reference and work plan for 2018/19 will reflect this approach.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete		Complete

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
13	Internal	Clinical & Care Governance	17-18	5	A gap analysis across 18 partnership services against the 6 domains of the GIRFE framework has been carried out and reported. Given the forum meets every two months, a minimum of 3 services would have to report to each meeting. However, in 2017/18 to date, only 4 services' annual reports have been planned and only one was received by the group.	A work plan should be developed for the R2 Forum to ensure sufficient reporting across each of the partnership's services as set out in Annex 1 and 2 to the Integration Scheme. This should be linked to a mapping exercise where external inspections of the services are planned or expected. Within this context, we would also highlight the need to apply a consistent assurance appetite to all aspects of IJB activity; whilst there are different assurance sources for different activities, there may be benefit in ensuring that the level of assurance received is consistent.	A timetable has been created for future meetings which details the services which are due to report. Starting with the meeting on the 6th April 2018, there will be either 3 or 4 services reporting at each meeting. This timetable will be reflected in the forum workplan for 2018/19. The forum will add a standing item on the agenda for services which have been subject to an internal or external inspection to provide assurances to the forum that any actions identified are being progressed. Services will also be expected to make the forum aware of any announced or unannounced inspections.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete		Complete
14	Internal	Clinical & Care Governance	17-18	6	Our review of minutes of the R2 Forum to date has not shown any overt reporting on hosted services. Perth & Kinross IJB hosts General Adult Psychiatry Mental Health Inpatient Services on behalf of the other Tayside IJBs. There is a high risk associated with the Mental Health service which is recorded as a strategic risk for NHS Tayside and referred to within the IJB's clinical & care governance risk. However, no reports have come to the R2 forum on this which would allow P&K IJB to provide assurance to Angus & Dundee IJB. We have also not seen evidence of reporting of care commission inspection reports at the R2 Forum, A&PC or the IJB itself during the year.	We would recommend that deputies are nominated for all members. We would suggest that these would most naturally align with the work of the forum.	With regards to the reporting from hosted services: Public Dental services presented their annual report to the forum on the 18th August 2017. Inpatient Mental Health services reported to the forum on the 9th February 2018. Podiatry reported to the forum on the 6th April 2018. Prison Healthcare are due to report to the forum on the 5th October 2018. With regards to reports from the Care Inspectorate, this will be incorporated into the 2018/19 terms and reference and workplan for the forum.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete		Complete

PERTH & KINROSS IJB

Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
15	Internal	Clinical & Care Governance	17-18	7	Although the terms of reference of the R2 Forum state that 'It is highly important that members attend the Care & Professional Governance Forum on a regular basis. No more than two meetings should be missed in any one year unless due to extenuating circumstances agreed with the chair of the forum', we noted a high level of apologies at meetings with 15 members missing 2 or more meetings in 2017/18 to date, including four members who did not attend any meetings.	We would recommend that deputies are nominated for all members.	A review of the dates and times of future meetings were discussed by the forum on the 9th February 2018. Deputies for members will be identified and listed within the 2018/19 terms and reference.	Hamish Dougall, Jacquie Pepper	31/03/18	Complete	298	Deputies for group member identified.
19	Internal	Delayed Discharge	17-18	2	Delayed discharges arising due to 'Care home' reasons are not currently clearly addressed in the documentation reviewed by internal audit as part of our fieldwork.	A needs analysis against current provision should be carried out and any future delayed discharge action plan should seek to address the findings of such an analysis and the impact this has on achieving a reduction in delayed discharges, including any strategic resource realignment necessary to achieve the required outcomes.	As part of budget setting for 17/18 a detailed forecast has been undertaken of anticipated increase in demand and additional budget for Care Home Placements made. The budget setting process ensures the strategic alignment of resources to support this increased investment in Care Home capacity.	Jane Smith	23/06/17	Complete		
21	Internal	Delayed Discharge	17-18	4a	The Strategic Risk Framework includes a strategic risk on Capacity & Flow and some of the current controls listed relate to ongoing activities to address delayed discharges at management level. Whilst the delayed Discharge Plan is mentioned as a relevant document in the IJB's summary risk profile, it is not listed as a control against the Capacity & Flow risk.	The updated Delayed Discharges Plan 2017, once approved by the IJB, should be referenced as a control against this risk.Consideration should be given to the format of risk reporting.	The establishment of the Capacity and Flow Programme Board, the investment in a dedicated programme manager and the development of a SMART Action Plan and supporting Performance Reporting Framework will be added to the Risk Register as a proposed control at this stage.	Jane Smith	30/11/17	Complete		Proposed controls added to the existing register under the Capacity and Flow risk

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Overall Action Ref	Internal or External	Report Type	Financial Year	Report Action Ref	Finding	Context / Recommendation	Action	All Leads	To be completed by	Status	Days overdue	Latest Update
25	Internal	Annual Report	2017-18	3		Minutes of P&K IJB and Audit & Performance Committee (A&PC) meetings are minimalist and do not provide a record of discussions, questions asked and assurances provided which would allow interested parties, including Board members not in attendance, a fuller understanding of the issues.	Refresh of the secretariat arrangements for the A&PC and IJB to ensure the expectations for the content and details of minutes are clear, and that future minutes contain a more comprehensive summary of discussions and questions.	Maggie Rapley	30/09/18	Complete	115	Completed by Head of Democratic Services
29	Internal	Annual Report	2017-18	7		High level arrangements were made to refer to Best Value in the IJB's Annual performance report, based on the work undertaken by the Partnership Transformation Board set up in 16/17 to drive progress. Audit Scotland "Auditing Best Value - Integration Joint Boards" was published in March 2018. We have been informed that the Draft Annual Performance Report for 2017/18 includes a robust update on mechanisms in place for delivery of best value.	Source the document "Auditing Best Value - Integration Joint Boards", and ensure that an update on the mechanisms for best value is included in the 2017-18 Draft Annual Performance Report	Jane Smith	30/09/18	Complete	115	Best Value section contained within the Annual Performance Report

AUDIT & PERFORMANCE COMMITTEE

19 February 2019

2018/19 FINANCIAL POSITION

Report by Chief Financial Officer (G/19/26)

PURPOSE OF REPORT

This report provides an update to the Perth & Kinross Integration Joint Board (IJB) Audit and Performance Committee 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 Audit and Performance Committee:-

(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 a 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 Pregablin. 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 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 with 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.

Author(s)

Name	Designation	Contact Details
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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

Social Care	Savings Plan £000	Amount Forecast £000	Variance from Plan £000
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.

AUDIT & PERFORMANCE COMMITTEE

19 February 2019

AUDIT SCOTLAND REPORT – 'HEALTH AND SOCIAL CARE UPDATE ON PROGRESS'

Report by Chief Officer (G/19/27)

PURPOSE OF REPORT

This report shares Audit Scotland's recently published report 'Health and Social Care Integration – with the Audit & Performance Committee.

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

- 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 via its Executive Management Team by means of a self assessment exercise on progress set against the Audit Scotland Report recommendations.

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.

The self assessment template to be utilised by the Executive Management Team in terms of ascertaining status and progress set against the Audit Scotland Report recommendations is attached as Appendix 2.

Author(s)

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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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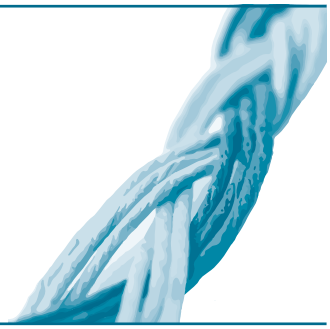

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PDF download

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.

Audit team

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

Key facts

Savings Integration Authorities needed to achieve in 2017/18

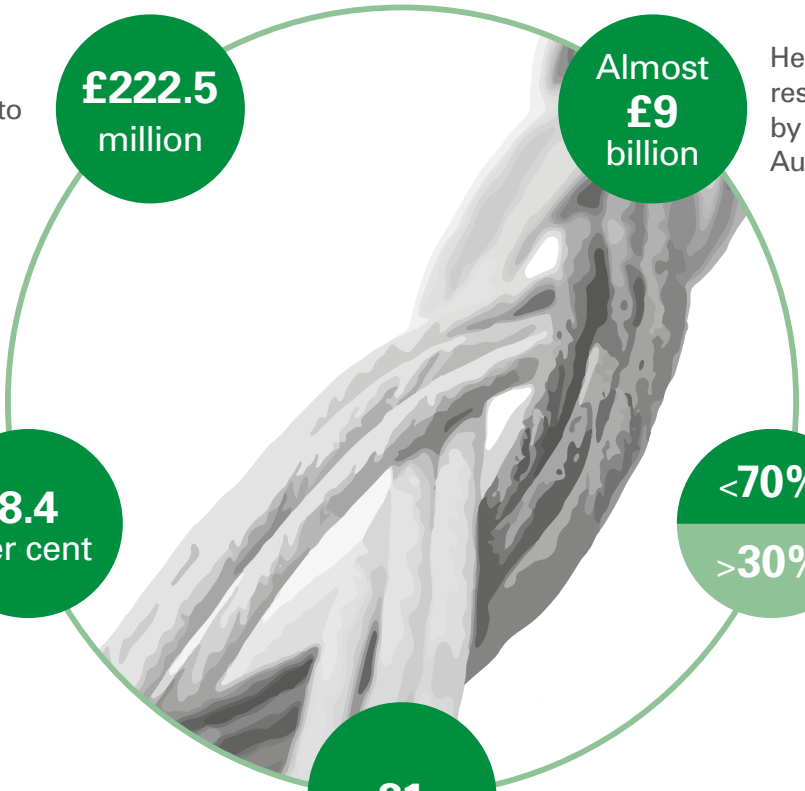
£222.5 million

Almost **£9 billion**

Health and social care resources directed by Integration Authorities

Increase in required savings from 2016/17

8.4 per cent



<70%

>30%

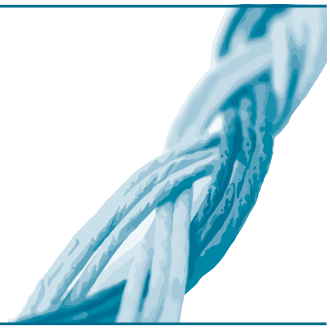
Integration Authority funding comes from the NHS

Funding comes from local authorities

31

Integration Authorities established through partnerships between the 14 NHS boards and 32 councils in Scotland

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:

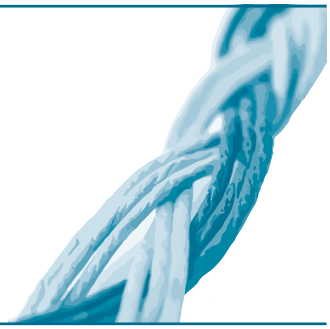
- share learning from successful integration approaches across Scotland
- address data and information sharing issues, recognising that in some cases national solutions may be needed
- review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the 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

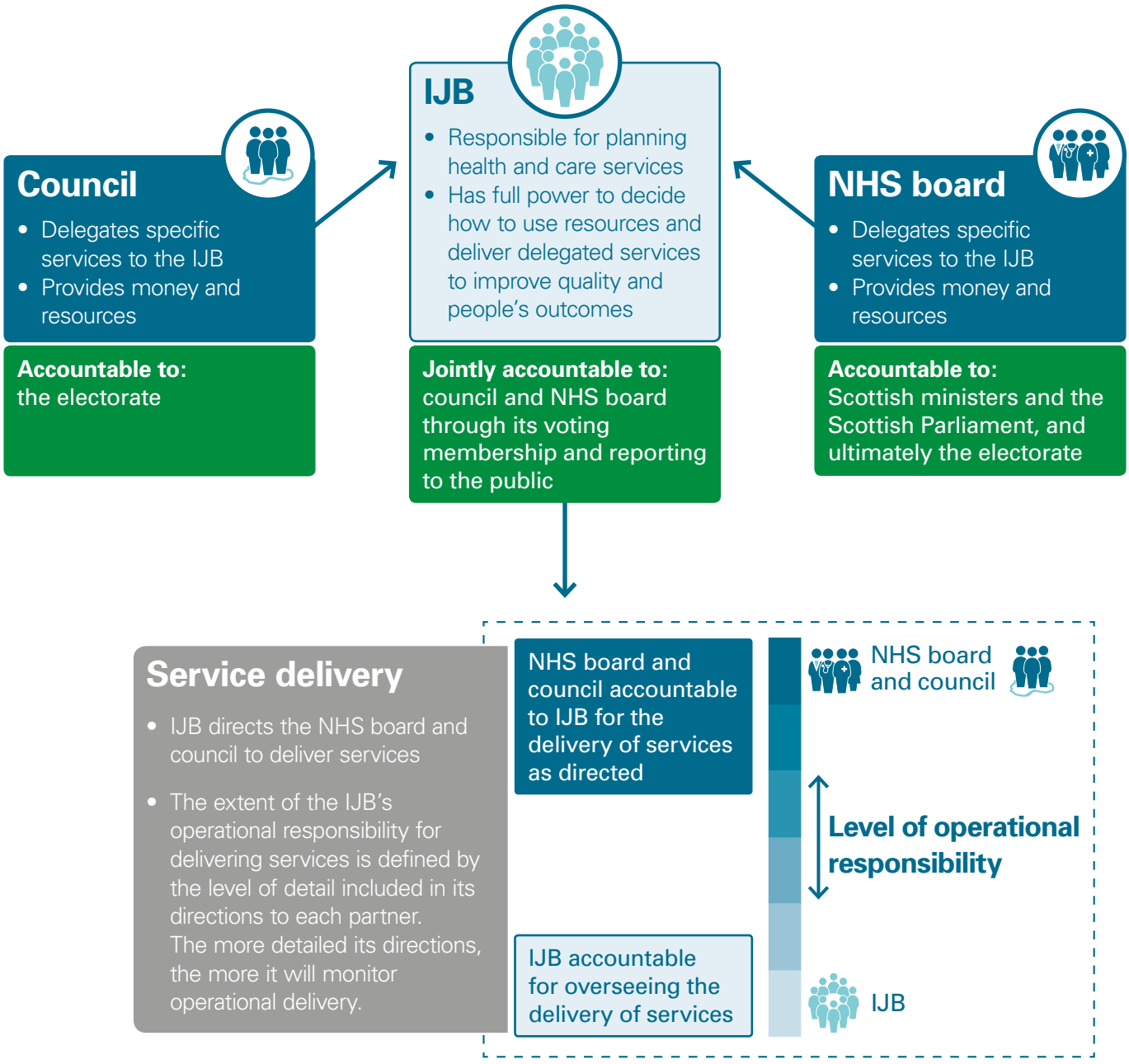
the reforms affect everyone who receives, delivers and plans health and social care services in Scotland

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

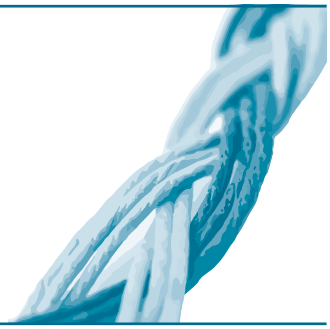
There are 30 Integration Joint Boards across Scotland.



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.

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

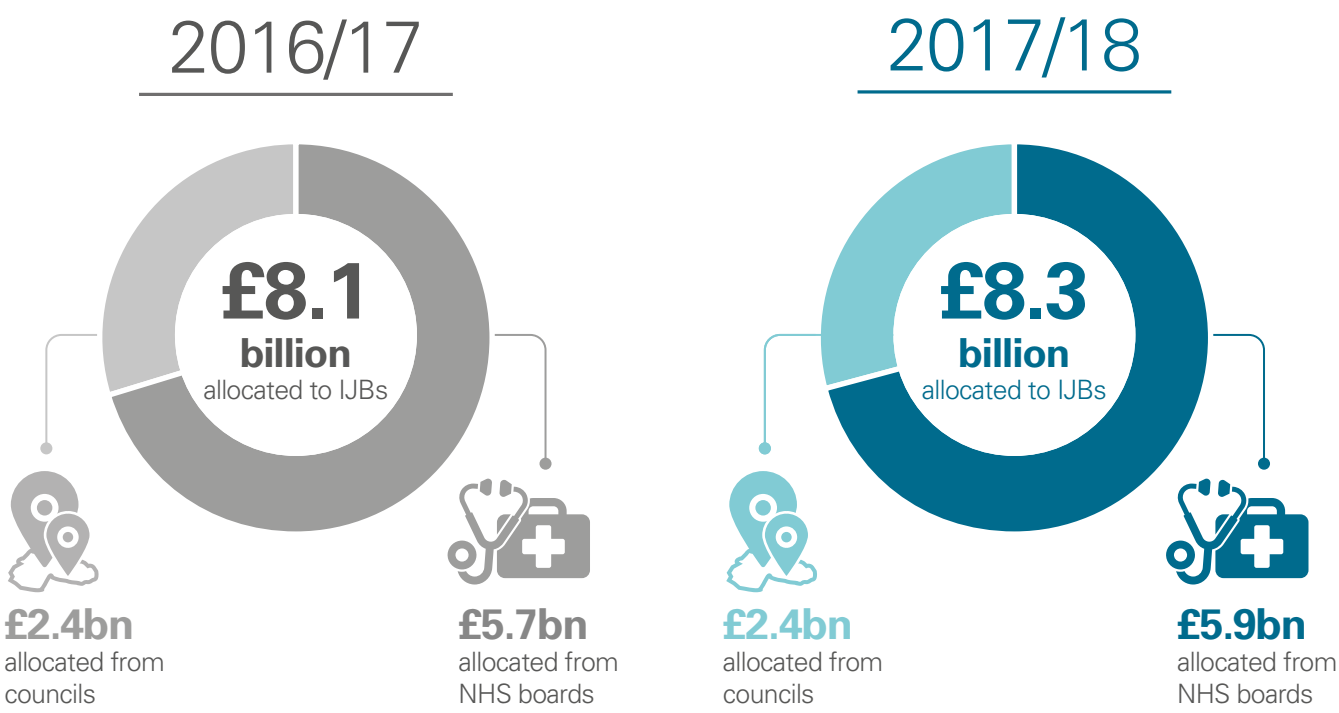
8. Each IA is underpinned by an integration scheme. This is the agreement between the council and the NHS board which shows how the IA will operate. For example, the scheme sets out arrangements for dealing with any budget overspends, which usually involves implementing a recovery plan. As local government 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]

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.

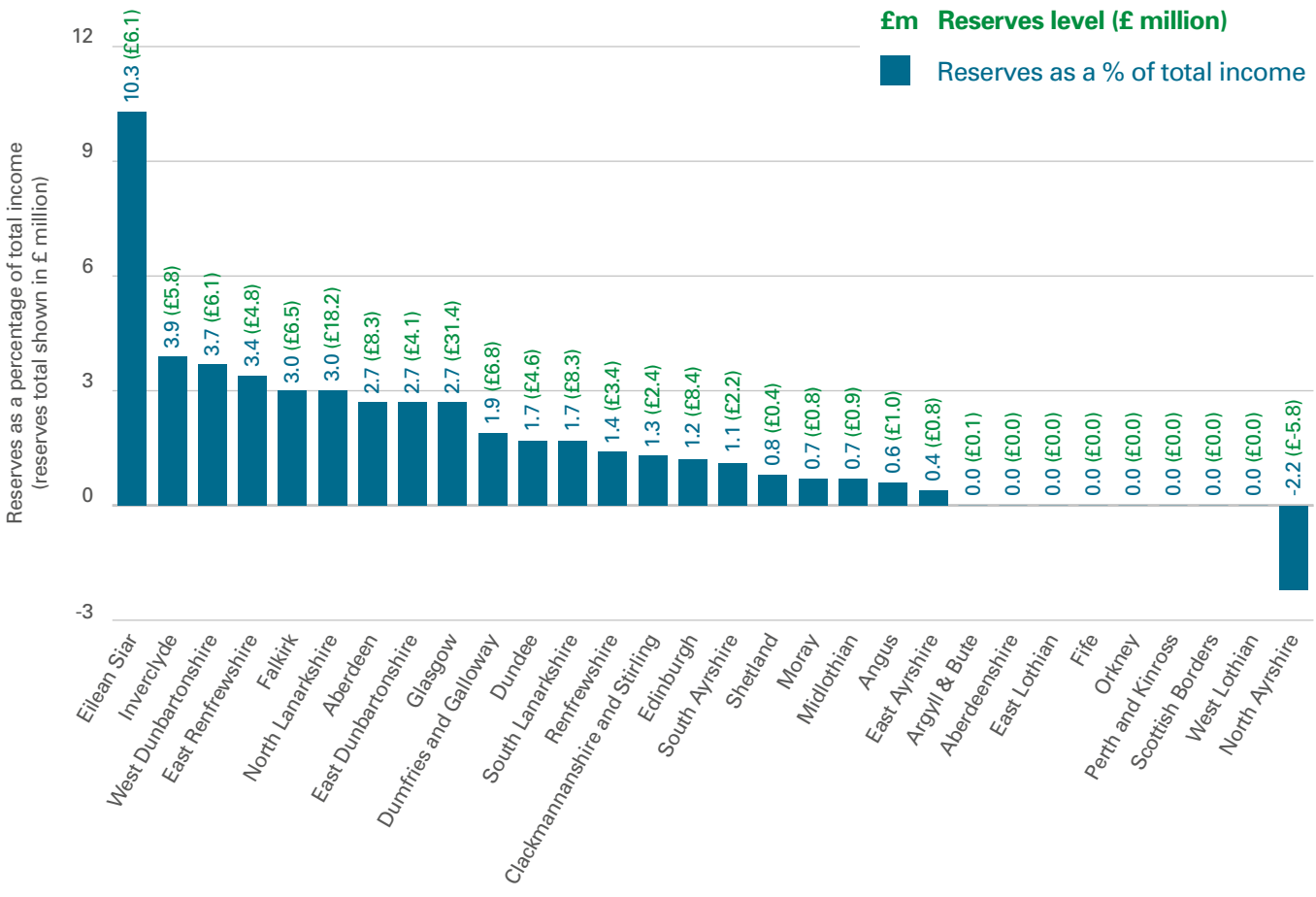
Reserves

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:

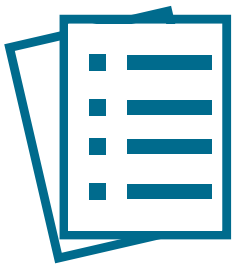
- **Outcome:** We are healthy and active
- **Indicators:** Healthy life expectancy, mental wellbeing, healthy weight, health risk behaviours, physical activity, journeys by active travel, quality of care experience, work-related ill health, premature mortality
- **Sustainable development goals:** gender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

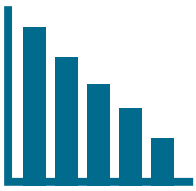
Cont.

Exhibit 4 (continued)



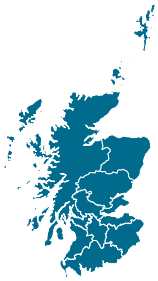
12 principles within the Act

- 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

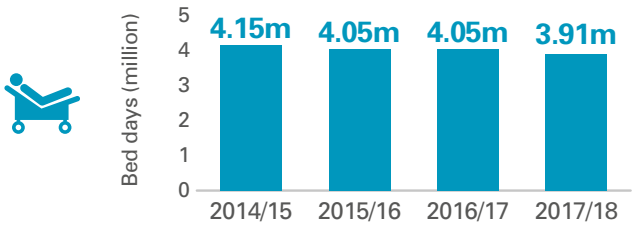
Source: Audit Scotland

Exhibit 5

National performance against six priority areas

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

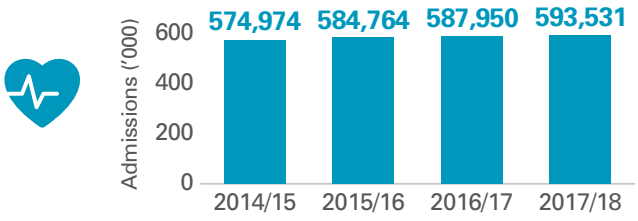
1. Acute unplanned bed days



Integration aims to reduce unplanned hospital activity

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

2. Emergency admissions

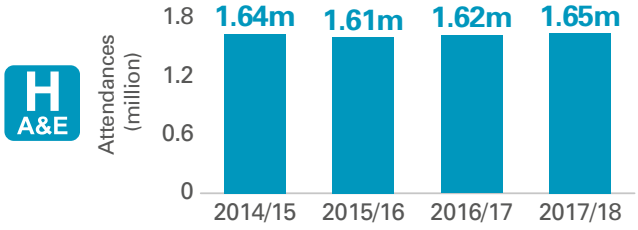


Integration aims to ensure that people's health and care needs are anticipated and planned appropriately, reducing unplanned hospital activity

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

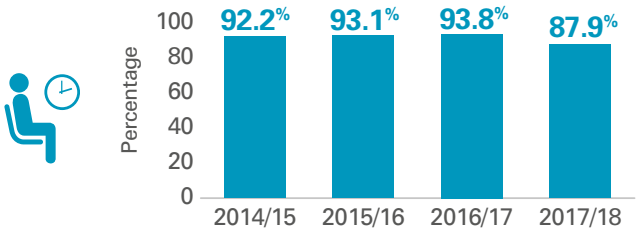


A&E attendances can be an indication of the degree to which community services are helping people receive care in the right place at the right time.

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

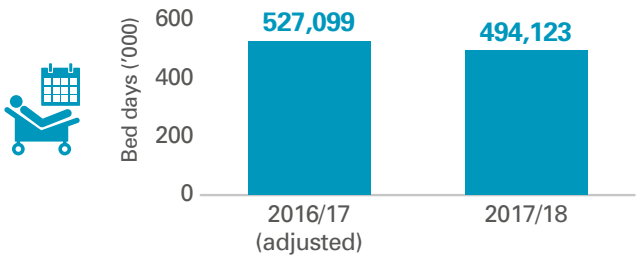
3b. Achievement of the four-hour A&E waiting time target



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.

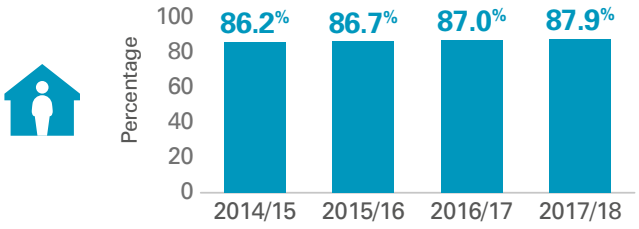
Delayed discharge rates have fallen since 2016/17

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+)

Cont.

Exhibit 5 (continued)

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

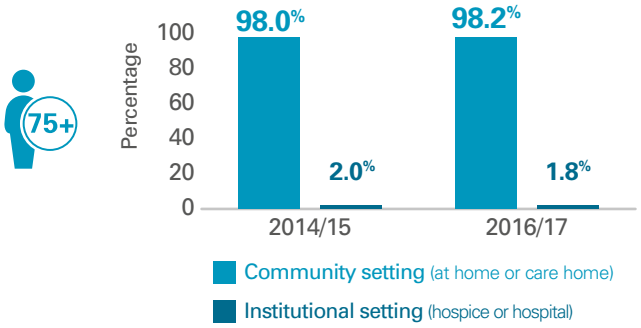


Integration aims to support people with health and care needs in their own home or in a community setting, especially at the end of life.

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
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.
2. 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.
3. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency or urgent admission.
4. The Scotland total presented is the sum of all those resident in IA areas and excludes non-Scottish residents.
5. 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.
6. Based on data submitted to ISD in August 2018.

Indicator 2
1. ISD published data as at September 2018.

Indicator 3a
1. ISD published data as at August 2018.

Indicator 3b
1. ISD published data as at June 2018.
2. Performance for the month ending March for each year.

Indicator 4
1. ISD published data as at September 2018.
2. 2016/17 figures adjusted to reflect revised definitions across the whole year.

Indicator 5
1. ISD published data as at October 2018.

Indicator 6
1. 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.
2. Figures provided by ISD.

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

Source: Information Services Division (ISD) and Scottish Government

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).

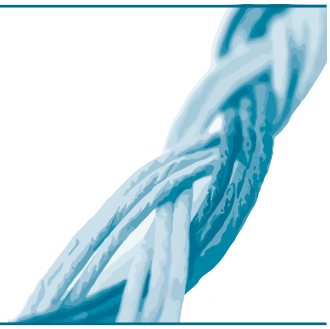
Angus

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

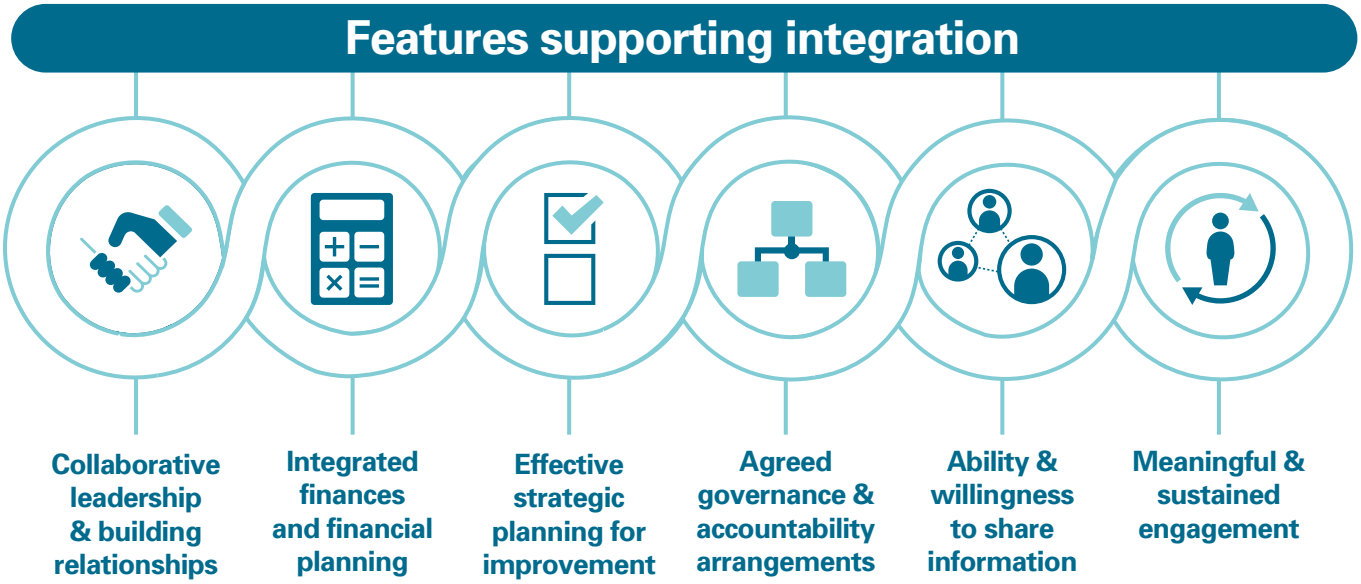


29. IAs are addressing some significant, long-standing, complex and inter-connected issues in health and social care. Our work has identified six key areas that, if addressed, should lead to broader improvements and help IAs to take positive steps toward making a systematic impact on health and care 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 responsibly 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.

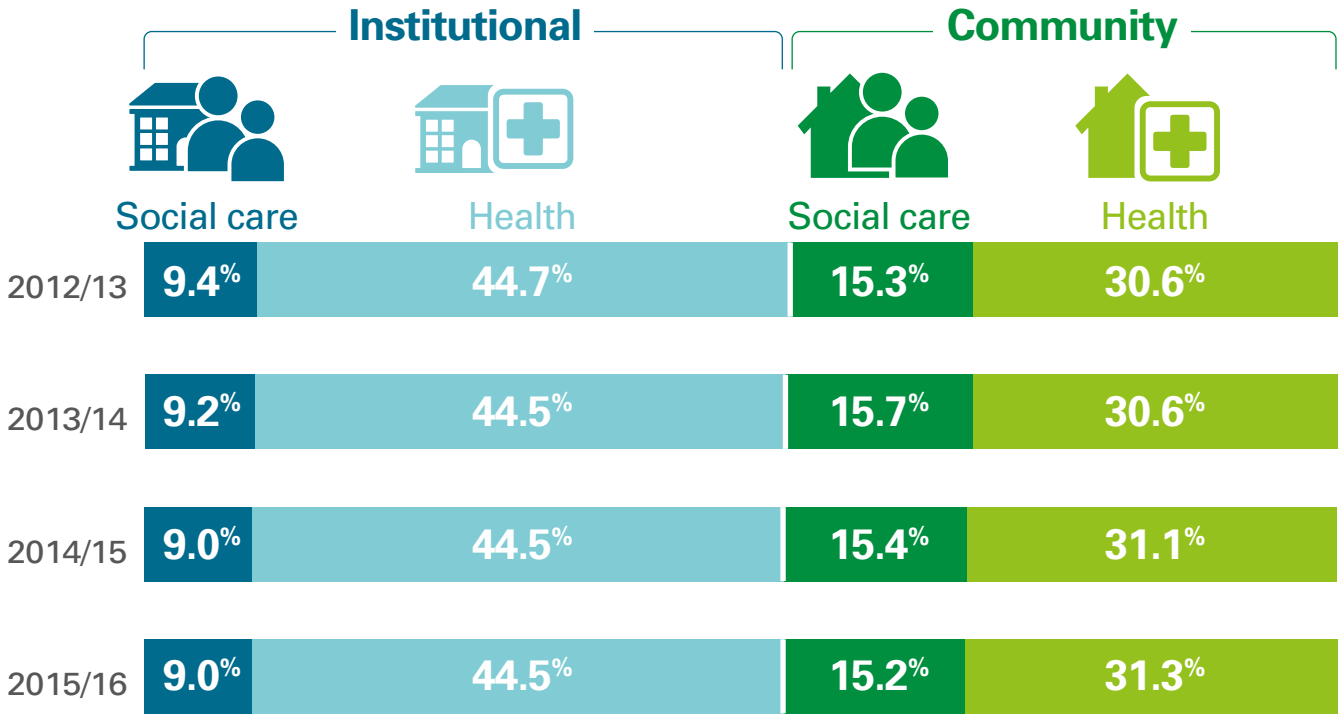
53. Attempts at integrating health and social care go back several years and it is not possible to identify the full cost of the reforms. This, in part, is due to the scale of the reforms and the interconnectedness with the rest of the health and social care system.

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.

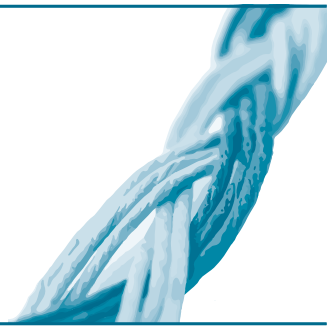
In addition to this involvement, the IJB has also embarked upon a review of its grants to the third-sector. This has been done in full collaboration and partnership with the third-sector. Through the SPG, a steering group was appointed, again with the involvement of LCHIF. This involvement contributed 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.	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.
• 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.	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.
• 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.	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:	
• provide clear and strategic leadership to take forward the integration agenda; this includes: – 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.	We found that a lack of collaborative leadership and cultural differences are proving to be significant barriers to change in some areas.
• 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: – 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.	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. 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.
• ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes: – 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.	IAs have helped to improve engagement with the public and providers in the local area in some instances but there is more to do.
• be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including: – 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.	We found that decision-making is not localised or transparent in some areas and risk management arrangements are not well developed.

Cont.

Recommendations	Progress
• develop strategic plans that do more than set out the local context for the reforms; this includes: – 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.	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.
• 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: – 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.	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. Financial planning is not integrated, or long term and financial pressures make meaningful change hard to achieve. Arrangements for understanding and measuring Best Value arrangements are not well developed.
• 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.	We found there has been limited change in how resources are being used across the system at this stage – see above.

Cont.

Recommendations	Progress
Integration Authorities should work with councils and NHS boards to:	
• 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.	We found a lack of agreement over governance and a lack of understanding about integration remain significant barriers in some areas. 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.
• 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.	Auditors report that members of IA leadership have differing views about governance, especially clinical governance, and roles and responsibilities.
• 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.	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. 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.
• 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.	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.
• put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.	IAs and ISD are have difficulties in agreeing data-sharing protocols for using national databases.

Appendix 4

Financial performance 2017/18

IJB	Position (pre-additional allocations) Overspend/ (underspend)	Additional allocation/ (reduction) Council	Additional allocation/ (reduction) NHS board	Use of reserves	Year-end position Deficit/ (Surplus)
	(£million)	(£million)	(£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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Appendix 2

Perth & Kinross Integration Joint Board
Audit Scotland Report – 'Health and Social Care Update on Progress' – Self Assessment

No.	Recommendation	Status	Remedial Actions	Responsibility	Milestone	Progress
1	**Commitment to collaborative leadership and building relationships**					
Although the Audit Scotland Report recommends that the Scottish Government and COSLA should fulfil the following recommendation (and does not make this specific to Integration Authorities) this recommendation would equally apply to P&K IJB and Parent Bodies:						
a	Ensure that there is appropriate leadership capacity in place to support integration					
b	Increase opportunities for joint leadership development across the health & care system to help leaders to work collaboratively					
2	**Effective strategic planning for improvement**					
Integration Authorities (IA), Councils and NHS Boards should work together to:						
a	Ensure operational plans, including workforce, IT and Organisational change plans across the system, are clearly aligned to the strategic priorities of the IA					
b	Monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014					
3	**Integrated finances and financial planning**					
The Scottish Government, COSLA, Councils, NHS Boards and Integration Authorities should work together to:						

Perth & Kinross Integration Joint Board
Audit Scotland Report – 'Health and Social Care Update on Progress' – Self Assessment

No.	Recommendation	Status	Remedial Actions	Responsibility	Milestone	Progress
a	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:						
b	View their finances as a collective resource for health & social care to provide the best possible outcomes for people who need support					
4	**Agreed governance and accountability arrangements**					
The Scottish Government, COSLA, Councils, NHS Boards and Integration Authorities should work together to:						
a	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					

Perth & Kinross Integration Joint Board
Audit Scotland Report – 'Health and Social Care Update on Progress' – Self Assessment

No.	Recommendation	Status	Remedial Actions	Responsibility	Milestone	Progress
	should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen					
5	**Ability & willingness to share information**					
The Scottish Government, COSLA, Councils, NHS Boards and Integration Authorities should work together to:						
a	Share learning from successful integration approaches across Scotland					
b	Address data and information sharing issues, recognising that in some cases national solutions may be needed					
c	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					
6	**Meaningful and sustained engagement**					
Integration Authorities, Councils and NHS Boards should work together to:						
a	Continue to improve the way that local communities are involved in planning and					

Perth & Kinross Integration Joint Board
Audit Scotland Report – 'Health and Social Care Update on Progress' – Self Assessment

No.	Recommendation	Status	Remedial Actions	Responsibility	Milestone	Progress
	implementing any changes to how health and care services are accessed and delivered					

G/19/28

PERTH & KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

TERMS OF REFERENCE

Introduction

1. The Audit & Performance Committee (the Committee) is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee shall be considered as an integral part of the Standing Orders. The Committee shall be a standing Committee of the IJB.

Purpose

2. The Committee shall provide independent assurance on the adequacy of the risk management framework, the internal control environment, and the integrity of the financial reporting and annual governance processes. The Committee shall scrutinise performance and best value arrangements.

Authority

3. The Committee is a decision-making committee which will include the approval of the Annual Audit Plan. The Committee is authorised to request reports and to make recommendations to the IJB for further investigation on any matters that fall within its Terms of Reference. The Committee will scrutinise the IJB's Annual Accounts and make recommendations to the IJB regarding approval of the Accounts.

Membership

4. The IJB shall appoint the Committee. Membership must consist of an equal number of voting members from Perth & Kinross Council (the Council) and NHS Tayside (the NHS). The Committee shall comprise two voting members from the Council, two voting members from the NHS and two non-voting members from the IJB. The Chair of the IJB cannot be a member of the Audit & Performance Committee.

5. Any member of the IJB can attend the Audit & Performance Committee.

6. Members of the IJB, or their proxies or substitute members, may substitute for members of the Committee who represent the same organisation or group.

Chair

7. The Chair of the Committee shall be a voting member nominated by the IJB.

8. In the absence of the Chair, the Committee shall elect a voting member as Chair for the purposes of that meeting.

Quorum

9. Three members of the Committee shall constitute a quorum. At least two members present at a meeting of the Committee shall be voting members.

Meetings

10. Meetings of the Committee shall be conducted in accordance with the Standing Orders of the IJB.

11. The Committee shall meet at least three times each financial year.

12. The Chief Officer, Chief Financial Officer, Chief Internal Auditor, Head of Health, Head of Adult Social Work and Social Care, Chief Social Work Officer, Associate Director/Mental Health Services, P&K HSCP Associate Medical Director and other professional advisors or their nominated representatives shall normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.

13. The External Auditor shall attend at least one meeting per annum. At the end of each meeting of the Audit & Performance Committee there will be an opportunity on request for a private discussion with the external and Chief Internal Auditors without other senior officers present.

Reporting

14. The Committee shall provide the IJB with an annual report summarising its conclusions from the work it has done during the year and providing an opinion on the adequacy and effectiveness of the systems of internal control. The Committee shall review its own effectiveness yearly through self assessment against its duties and report the results to the IJB.

15. The Chair of the Committee, or, in his/her absence, a nominated member, shall provide updates on the work of the Committee at each meeting of the IJB.

Duties

16. The Committee shall review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.

17. It shall be responsible for the following duties:

17.1 **Performance/Best value/Scrutiny**

- To prepare and implement the strategy for Performance Review
- To ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service, to receive regular reports on these and to review progress against the outcomes in the Strategic Plan
- To monitor progress and review updates on various pieces of work across the Health & Social Care system on behalf of the IJB, particularly in relation to the Strategic Planning & Commissioning Board and its four underpinning Strategic Programmes of Care Boards (Older People and Unscheduled Care Board, Mental Health & Wellbeing Board, Primary Care Board and the Carers Board)
- To ensure that quarterly performance reporting to the Audit & Performance Committee from the Strategic Programmes Of Care Boards takes place utilising a core data set linked to the 6 Ministerial Steering Group (MSG) Performance Indicators and the 20 National Indicators
- To act as a focus for best value and performance initiatives and provide assurance on Best Value
- To scrutinise self evaluation documentation and inspection reports prior to submission to external inspectors
- To review reports of external inspections of health and social care services
- To maintain oversight of the Partnership's performance in statutory functions such as complaints handling, freedom of information and participation requests

17.2 **Governance**

- To review and approve the annual Internal Audit Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate
- To receive monitoring reports on the activity of Internal Audit
- To consider External Audit Plans and reports (including annual audit certificate/ annual report), matters arising from these and management actions identified in response
- To monitor the effectiveness of the control environment, including arrangements for ensuring value for money, supporting standards and ethics and for managing the Partnership's exposure to the risks of fraud and corruption
- To review on a regular basis the implementation of actions agreed by management to remedy weaknesses identified by Internal or External Audit
- To consider the effectiveness of the authority's risk management arrangements and the control environment, reviewing the risk profile of the organisation and assurances that action is being taken on risk-related issues, including partnerships and collaborations with other Organisations
- To ensure the existence of and compliance with an appropriate Risk Management Strategy
- To be satisfied that the Integration Joint Board's annual assurance statements, including the Annual Governance Statement, properly reflect the

risk environment and any actions required to improve it and demonstrate how governance supports the achievement of the authority's objectives

17.3 **Audit**

- To consider the annual financial accounts and related matters before submission to and approval by the IJB
- To review the financial statements, external auditor's opinion and reports to members, and monitor management action in response to the issues raised by the external audit
- To be responsible for setting its own work programme, which shall include the right to undertake reviews following input from the IJB Committees and the Chief Officer, Chief Financial Officer and Chief Auditor
- In relation to the Partnership's internal audit functions:
  a) oversee its independence, objectivity, performance and professionalism
  b) support the effectiveness of the internal audit process
  c) promote the effective use of internal audit within the assurance framework
  d) To support effective relationships between external audit and internal audit, inspection agencies and other relevant bodies and encourage the active promotion of the value of the audit process
  e) To provide oversight of other public reports, such as the annual report

17.4 **Standards**

- To promote the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards and Public Life etc (Scotland) Act 2000
- To assist IJB members in observing the relevant Codes of Conduct
- To monitor and keep under review the Codes of Conduct maintained by the IJB

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G/19/29

AUDIT SCOTLAND

19 December 2018

Mr Robert Packman
Chief Officer
Perth & Kinross IJB
Pullar House
35 Kinoull Street
Perth
PH1 5GD

Dear Robert

Annual Audit Report 2017/18

As you know, the external auditors of integration joint boards address their annual audit reports to the Board and to me as Controller of Audit. I consider these reports very carefully, as they are a vital part of the accountability framework for IJBs.

Having now read all IJB audit reports for 2017/18 I am writing to highlight some points of interest. In particular, I note from your annual audit report:

- KPMG commented on the good quality working papers to support the annual accounts, the delivery of the accounts to the agreed timetable and the strength of the governance arrangements.

- The report included three recommendations in relation to timeliness of financial monitoring, the approach for overspends in the risk sharing agreement and development of the workforce plan. I am pleased to see that you have agreed to implement the recommendations.

- It is clear that you have financial pressures, officer capacity constraints and a high level of Board member changes. The report reflects your own concerns about having the resources to deliver transformational change and maintaining financial balance. I trust that the annual audit process enabled these issues to be discussed and considered in a way that will help you move forward positively.

In addition, you will be aware that the Auditor General and the Accounts Commission recently published their latest update on health and social care integration. The report contains recommendations for IJBs, among others, and your external auditors will follow those up with you during the 2018/19 audit.

In the meantime, if you would like to discuss anything else, please do not hesitate to get in touch.

Yours sincerely

Fraser McKinlay
Controller of Audit

AUDIT & PERFORMANCE COMMITTEE

19 February 2019

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE "REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH & SOCIAL CARE - FINAL REPORT"

Report by Chief Officer (G/19/30)

PURPOSE OF REPORT

This report shares the Ministerial Strategic Group for Health and Community Care "Review of Progress with Integration of Health & Social Care - Final Report" – with the IJB Audit & Performance Committee.

1. RECOMMENDATIONS

It is recommended that the Audit & Performance Committee:

- notes the proposals contained in the report.
- considers which areas highlighted should be reviewed with parent bodies and partner agencies.
- notes that the IJB Executive Management Team will develop key actions set against the proposals within this document.

2. BACKGROUND

This report (see Appendix 1) is the final Ministerial Strategic Group for Health and Community Care Report of progress on the integration of Health and Social Care across Scotland. It contains a series of key proposals under the following headings:

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

The Ministerial Strategic Group noted that the Audit Scotland Report on Integration that was published in November 2018 provided important evidence for changes that are needed to deliver integration well. The Group noted their agreement with Audit Scotland's recommendations. The Group made a decision to set out "proposals" in the report rather than recommendations. These "proposals" are set out under the same headings as the recommendations within the Audit Scotland Report.

3. CONCLUSION

In parallel with the proposed self assessment set against the Audit Scotland Report recommendations it is further proposed that a Ministerial Strategic Group "proposals" action plan be progressed in collaboration with relevant Parent Bodies and Partners.

Author(s)

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Appendices

1. Review of Progress with Integration of Health and Social Care - Final Report

Ministerial Strategic Group for Health and Community Care

Review of Progress with Integration of Health and Social Care

Final Report

February 2019

COSLA

Scottish Government
Riaghaltas na h-Alba
gov.scot

REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience or care along with its quality and sustainability. Evidence is emerging of good progress in local systems. Audit Scotland's[1] report on integration that was published on 15 November 2018 highlights a series of challenges that nonetheless need to be addressed, in terms particularly of financial planning, governance and strategic planning arrangements and leadership capacity.

The pace and effectiveness of integration need to increase. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.

Why has Scotland integrated health and social care?

We have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care. In undertaking this review we have built upon Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done: our focus is on tackling the challenges rather than revisiting the statutory basis for integration.

As part of the review, it is important to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on out ambitions for integration. This review does not make recommendations about the health and social care workforce: that work is being undertaken through the National Workforce Plan for health and social care. We nonetheless felt it important to emphasise here the importance of our shared ambitions to develop and support the workforce for integration.

[1] Health and social care integration: update on progress

Reviewing progress with integration

As we have reviewed our progress to date, our approach has been to focus on the key questions that matter most to people who use services and the systems we have put in place in order to better support those priorities. We have asked ourselves where we are making progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect. When the Scottish Government first consulted upon plans for integration[2], it focused on four key objectives, which remain central to our aims:

- Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
- Health and social care services should be characterised by strong and consistent clinical and care professional leadership
- The providers of services should be held to account jointly and effectively for improved delivery
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes, which sit at the centre of our ambitions:

Principles of integration: services should[3]:

1. Be integrated from the point of view of service-users
2. take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respect the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protect and improve the safety of service-users
9. Improve the quality of the service
10. Be planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipate needs and prevents them arising, and
12. Makes the best use of the available facilities, people and other resources.

[2] Integration of Adult Health and Social Care in Scotland: Consultation on Proposals (May 2012)
[3] http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

National health and wellbeing outcomes[4]

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. 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
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. 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
7. People using health and social care services are safe from harm
8. 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
9. Resources are used effectively and efficiently in the provision of health and social care services

The purpose of this review is to help ensure we increase our pace in delivering all of these objectives.

Review process

At its meeting on 20 June 2018, the Ministerial Strategic Group agreed that the review would be taken forward via a small "leadership" group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a "reference" group to the leadership group.

Membership of the review leadership group is as follows:

- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
- Sally Loudon (co-chair) (Chief Executive of COSLA)
- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers' network, representing IJB Chief Officers)
- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

[4] http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi_20140343_en.pdf

The work of the review leadership group followed this timetable:

Meeting date	Topics for discussion
24/09/18	Finance: agreeing, delegating and using integrated budgets
23/10/18	Governance and commissioning arrangements, including clinical and care governance
27/11/18	Delivery and improving outcomes including consideration of the Audit Scotland report on integration (published 15/11/18)
19/12/18	Conclusions and agreement on recommendations, to be reported to the MSG on 23/01/19

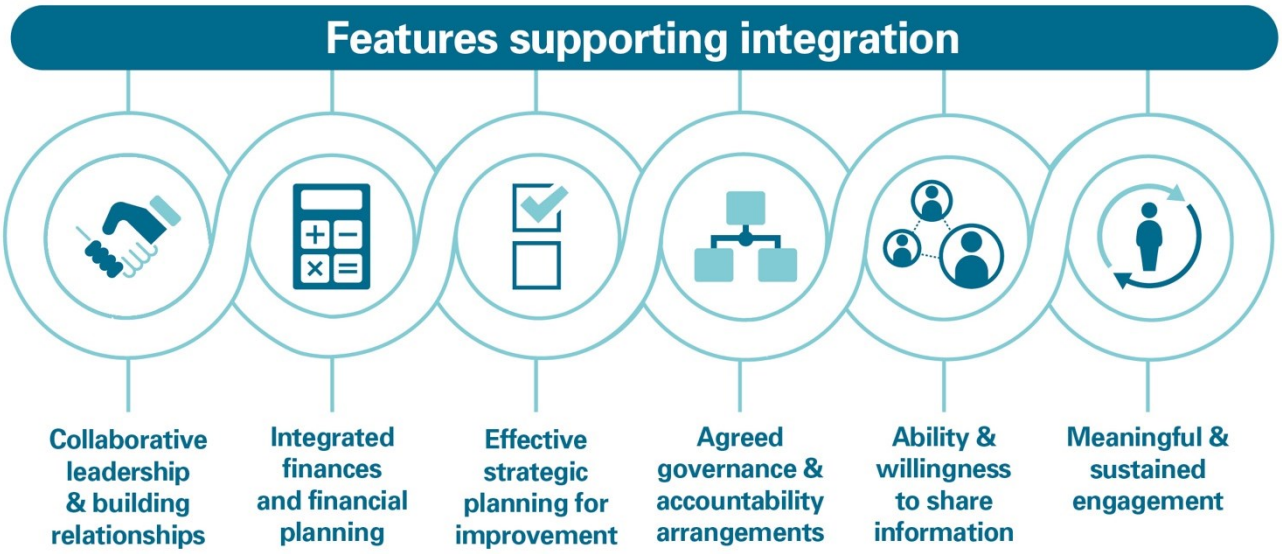
This report draws together the group's proposals for ensuring the success of integration. It builds upon the first output of our review, the joint statement issued on 26 September 2018, which is at Annex A of this report.

Integration Review Leadership Group
4 FEBRUARY 2019

Audit Scotland report

1. The group recognised that the Audit Scotland report on integration that was published in November 2018 provides important evidence for changes that are needed to deliver integration well. The group noted their agreement with Audit Scotland's recommendations. The group recommends that these recommendations should be acted upon in full by the statutory health and social care partners in Scotland. In addition, the group noted that workforce issues were not considered in any detail in the audit, but recommends that those should be a key focus for statutory and non-statutory partners taking forward integration.

2. Within a broad context of focussing on improving outcomes for people who use services and delivering sustainable, high quality services, the group noted specifically that exhibit 7 from the Audit Scotland report, reproduced below, provides a helpful framework within which to make progress. The group agreed to set out its proposals, in this report, under the headings identified in the exhibit, each of which was considered fully in turn.



3. As a group, we decided to set out "proposals" in this report rather than "recommendations" to underline that the commitments our proposals make are a shared endeavour, which we are each signed up to on a personal level as senior leaders and on behalf of our respective organisations. We have used "we" throughout the proposals set out in this document to further emphasise this.

4. In our review work, we recognised, as the Audit Scotland report does, that there is good practice developing, both in terms of how Integration Joint Boards (IJBs) are operating, and in how services are being planned and delivered to ensure better outcomes. However, this is not yet the case in all areas. We know there are challenges we must address and want to make use of good practice to drive forward change and reform to truly deliver integration for the people of Scotland.

Leadership Group Proposals

Our proposals focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. They are a reflection of our shared commitment to making integration work, set out in our joint statement from September 2018.

1. **Collaborative leadership and building relationships**

Shared and collaborative leadership must underpin and drive forward integration.

We propose that:

1. (i) **All leadership development will be focused on shared and collaborative practice.** An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.
Timescale: 6 months

1. (ii) **Relationships and collaborative working between partners must improve**. Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.
Timescale: 12 months

1. (iii) **Relationships and partnership working with the third and independent sectors must improve**. Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.
Timescale: 12 months

2. **Integrated finances and financial planning**

Money must be used to maximum benefit across health and social care. Our aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a "health" or "social care" service. Our proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government's Medium Term Framework for Health and Social Care[5].

We propose that:

2. (i) **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.** In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.
Timescale: By 1st April 2019 and thereafter each year by end March.

2. (ii) **Delegated budgets for IJBs must be agreed timeously.** The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.
Timescale: By end of March 2019 and thereafter each year by end March

2. (iii) **Delegated hospital budgets and set aside requirements must be fully implemented**. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.
Timescale: 6 months

2. (iv) **Each IJB must develop a transparent and prudent reserves policy**. This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a

[5] Scottish Government Medium Term Health and Social Care Financial Framework

contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.
Timescale: 3 months

2. (v) **Statutory partners must ensure appropriate support is provided to IJB S95 Officers.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

> *It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.*

Timescale: 6 months

2. (vi) **IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations**. Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.
Timescale: from 31st March 2019 onwards.

3. Effective strategic planning for improvement

Maximising the benefit of health and social care services, and improving people's experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities.

We propose that:

3. (i) **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this "mission critical" role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities.
Timescale: 12 months

3. (ii) **Improved strategic inspection of health and social care is developed to better reflect integration**. As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

Timescale: 6 months

3. (iii) **National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work**. These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.
Timescale: 3 - 6 months

3. (iv) **Improved strategic planning and commissioning arrangements must be put in place.** Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and

capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.
Timescale: 12 months

3. (v) **Improved capacity for strategic commissioning of delegated hospital services must be in place.** As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.
Timescale: 12 months

4. Governance and accountability arrangements

Governance and accountability must be clear and commonly understood for integrated services.

We propose that:

4. (i) **The understanding of accountabilities and responsibilities between statutory partners must improve**. The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.
Timescale: 6 months

4. (ii) **Accountability processes across statutory partners will be streamlined.** Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.
Timescale: 12 months

4. (iii) **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.** There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.
Timescale: 12 months

4. (iv) **Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.
Timescale: 6 months

4. (v) **Effective, coherent and joined up clinical and care governance arrangements must be in place.** Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors.

The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, co-ordinated and utilised fully.
Timescale: 6 months

5. Ability and willingness to share information

Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings.

We propose that:

5. (i) **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data**. Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.
Timescale: By publication of next round of annual reports in July 2019

5. (ii) **Identifying and implementing good practice will be systematically undertaken by all partnerships.** Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.
Timescale: 6 - 12 months

5. (iii) **A framework for community based health and social care integrated services will be developed**. The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.
Timescale: 6 months

6. Meaningful and sustained engagement

Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people.

We propose that:

6. (i) **Effective approaches for community engagement and participation must be put in place for integration.** This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.
Timescale: 6 months

6. (ii) **Improved understanding of effective working relationships with carers, people using services and local communities is required.** Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.
Timescale: 12 months

6. (iii) **We will support carers and representatives of people using services better to enable their full involvement in integration**. Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.
Timescale: 6 -12 months

In support of these proposals we will:

- Provide support with implementation;
- Prepare guidance and involve partners in the preparation of these;
- Assist with the identification and implementation of good practice;
- Monitor and evaluate progress in achieving proposals;
- Make the necessary links to other parts of the system, such as workforce planning;
- Continue to provide leadership to making progress with integration;
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

In support of these proposals we expect:

- Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.

- Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.

- Partnerships to be innovative in progressing integration.

Annex A – Joint Statement

Cabinet Secretary for Health and Sport
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NHS Board Chairs
Local Authority Leaders
Integration Joint Board Chairs and Vice Chairs
NHS Board Chief Executives
Local Authority Chief Executives
Integration Joint Board Chief Officers
Chief Executive, SCVO
Chief Executive, Health and Social Care Alliance
Chief Executive, CCPS
Chief Executive, Scottish Care

26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.

JEANE FREEMAN
Cabinet Secretary for Health and Sport

COUNCILLOR ALISON EVISON
COSLA President

DELIVERING INTEGRATION

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

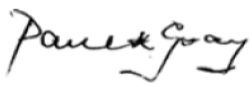
There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.

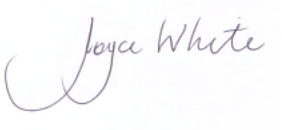
CABINET SECRETARY FOR HEALTH AND SPORT

COSLA PRESIDENT



DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND

CHIEF EXECUTIVE, COSLA



CHAIR, SOLACE 26 SEPTEMBER 2018

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