

Perth and Kinross Integration Joint Board



Strategic Commissioning Plan 2020/2025

Final Draft – 28 November 2019

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Foreword

I am pleased to present the Strategic Commissioning Plan for Perth and Kinross Integration Joint Board. This is our second Strategic Plan and it sets out our ambition for how the Health and Social Care Partnership will work with partners to improve the health and wellbeing of adults in Perth and Kinross over the next five years and to deliver improved performance, in relation to the Scottish Government's National Outcomes.

This Plan presents our key strategic priorities and provides information on our operating context. It also outlines the significant challenges that we will face as we strive to deliver services that address inequalities, are increasingly preventative and person-centred and which enhance the resilience of citizens and communities, resulting in improved opportunities and outcomes.

We are facing an unprecedented increase in demand and complexity of need, with heightened expectations, at a time when public sector finances are increasingly pressured and we face significant recruitment challenges. If we continue to deliver the same services in the same way, we will face a significant financial gap over the next five years. In response, we will need to transform the way we organise ourselves, to transform the way we engage with communities and to transform our approach to providing and arranging care and support services.

I would ask everyone with an interest in health and social care services in Perth and Kinross to work with us to achieve that transformation and to deliver this Plan.

Gordon Paterson
Chief Officer
Perth and Kinross HSCP
December 2019

Our Health & Social Care Partnership

The Perth and Kinross Integration Joint Board and the Health and Social Care Partnership

Since 2016, work has been ongoing across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. This Act created new bodies, Integration Joint Boards (IJBs), as separate legal entities that were given responsibility for the strategic planning and commissioning of a wide range of health and social care services across a partnership area. Integrating the planning and provision of care sought to create the conditions for partners in the public, third and independent sectors to work more effectively and efficiently together to improve people's experience of care and their personal outcomes, while enhancing the quality and sustainability of services.

Since its inception in April 2016, Perth and Kinross Health and Social Care Partnership (HSCP) has been developing more integrated health and social care services across the three Perth and Kinross localities, on behalf of the IJB. Our focus has been on working together with partners to ensure that the services that we provide or commission make a demonstrable and positive impact on the outcomes that Perth and Kinross citizens experience. In doing so, our activity and plans seek to contribute towards the achievement of the Scottish Government's **National Health and Wellbeing Outcomes**:

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

Across Tayside there are three Health and Social Care Partnerships, aligned to the three local authority areas and reporting to their respective IJBs. Each Integrated Joint Board is responsible for the strategic planning and delivery of a range of services that are **delegated** to them by their Council and by NHS Tayside because they are specific to that geographical area, or that are **hosted** by one IJB on behalf of all three, because they provide services across Tayside.

The services assigned to Perth and Kinross HSCP are:

Delegated Partnership Services			Services Hosted by Perth and Kinross HSCP
Community Care	Health	Hospital	
<ul style="list-style-type: none"> • Services for adults with a physical disability • Services for older people • Services for adults with a learning disability. • Mental health services • Drug and alcohol services • Adult protection and domestic abuse services • Carers' support services • Health improvement services • Equipment, adaptations and technology enabled care • Residential and nursing care home placements • Care at home • Reablement services • Respite and day care 	<ul style="list-style-type: none"> • District nursing services • Substance misuse services • Primary medical services • General dental services • Ophthalmic services • Community geriatric medicine • Primary medical services to patients out-of-hours • Community palliative care services • Community learning disability services • Community mental health services • Community continence services • Community kidney dialysis services • Public Health promotion • Allied health professionals • Community hospitals 	<ul style="list-style-type: none"> • Accident and Emergency services provided in a hospital • Inpatient hospital services: General medicine; Geriatric medicine; Rehabilitation medicine; Respiratory medicine; Psychiatry of Learning Disability. • Palliative care services provided in a hospital • Inpatient hospital services provided by GP's • Services provided in a hospital in relation to an addiction or dependence on any substance • Mental health hospital services except secure forensic mental health services • Pharmaceutical services 	<ul style="list-style-type: none"> • Learning disability inpatient services • Substance misuse inpatient services • Public Dental Services/Community Dental Services • General Adult Psychiatry Inpatient Services • Prison Healthcare • Podiatry

Our Vision

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

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

Our Principles

As a HSCP we have adopted the principles underpinning the Scottish Government's **National Health and Social Care Standards** <http://www.newcarestandards.scot/> which were published in June 2017. These seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity and to ensure that the basic human rights we are all entitled to are upheld. We are committed to embedding the Care Standards in all that we do and we will seek to achieve this during the period covered by this plan.



Health and Social Care Standards:

1. I experience high quality care and support that is right for me
2. I am fully involved in all decisions about my care and support
3. I have confidence in the people who support and care for me
4. I have confidence in the organisation providing my care and support
5. I experience a high quality environment if the organisation provides the premises

Our Strategic Aims and Key Actions

Through the work of our strategy groups and programmes of care we have identified our overarching strategic aims, priorities and actions for the period covered by this plan. These are outlined in the following Action Plan section.

Our key strategic focus through our Strategy Groups will be on the following:

- Older People
- Physical Disabilities
- Primary Care
- Mental Health & Wellbeing
- Substance Misuse
- Autism
- Carers
- Technology Enabled Care
- Learning Disabilities
- Complex Care

The Health and Social Care Partnership will also work closely with Angus and Dundee IJBs to formulate joint strategic action plans for the Tayside wide services hosted within Perth and Kinross (listed on page 5).

The challenges in delivering this Strategic Plan have highlighted the need for us to review and refine our approach to strategic planning and to community engagement. In developing our Annual Performance Report [\(insert link\)](#) we have recognised the need to enhance our approach to performance monitoring, to ensure that we can better report on the effectiveness of our activity, with increasing emphasis on outcomes. We will deliver improvements in this regard in the first year of this plan, at the same time as we look to deliver a more integrated organisational structure, which will improve effectiveness, enhance strategic leadership and enhance accountability.

In line with the requirements of the Tayside Health Equities Programme (outlined further on page 15) the Partnership is also committed to ensuring that we:

- target health improvement programmes towards people in greatest need, particularly towards our most deprived communities
- target health and other services in the same way
- develop 'asset-based' and 'co-production' approaches in partnership with the communities of Tayside
- develop preventative and early intervention approaches for all

Our Action Plan

1. Working together with our communities

Strategic Aim: We want people to have the health and care services they need within their local communities and to empower people to have greater control over their lives and stronger connections in their community.

Key Actions	National Health & Wellbeing Outcomes Success - (page 4)	Our Ambition - what will be different in 2025?	Measures & targets to gauge success (yearly)
We will engage with local communities, co-produce solutions and build community health, capacity and resilience.	1,2,3,4,5	Working with citizens and communities and with Health & Wellbeing Networks and Local Action Partnerships we will reduce health and social care inequalities and address social isolation.	Community Engagement Survey – Health & Wellbeing questions
We will support people to become active members of their community	1,2,4	Through our work in localities more people, in all age groups, will be volunteering and participating in social activities in their local communities.	Locality Volunteering Registers – increase in the number of volunteers per locality recorded yearly Locality Profiles – increased number of social activity groups per Locality
We will enable people to remain in their own homes	1,2,4	As we develop more accessible and responsive health and care services people will enjoy greater opportunity to live safely and independently in their own home and local community for longer. We will better develop community services to ensure we move away from traditional bed-based models of care to providing care closer to the patient's home – particularly for older people.	Community Engagement Survey – Health & Wellbeing questions (access) There will be a demonstrable shift in the balance of care from inpatient care to community- based care.
We will deliver extended Primary Care Services into Localities	1,2,4	Patients' health and wellbeing outcomes have improved and people are better able to stay in their homes for longer.	Reduction of unscheduled admissions to hospitals or care homes
We will assess and seek to improve the sustainability of GP Practices	1,2,3,5,9	People living in Perth and Kinross will have equitable and ease of access to Primary Care Services within their local communities.	Regular engagement and networking with the Perth &

			<p>Kinross GP Practices through cluster work and individual Practice consultation.</p> <p>We will regularly profile Practice activity and monitor need and demand. We will also monitor recruitment and retention of Primary Care clinical teams to ensure sustainability of service provision.</p>
We will improve accessibility to services and supports for people with mental health issues across Perth and Kinross	1,2,3,4,5,7	Integrated and co-ordinated pathways of services and supports are in place across all Perth and Kinross Localities, resulting in patients being supported more effectively and earlier to stay well or to be supported locally, in the community, when unwell. Working with the Tayside Mental Health Alliance we will better develop community services to ensure we move away from traditional bed-based models of care to providing care closer to the patient's home.	Reduction of unscheduled admission to hospital and in crisis presentation – with a demonstrable shift in the balance of care from inpatient care to community-based care
We will develop our response to The Coming Home Report ¹ on out of area placements and delayed discharge	2,5,6,7,9	People will be increasingly supported in their home area and local community as a result of the development of innovative services and commissioning practices. Fewer people will be in Out of Area placements.	<p>Reduction of Out of Area placements</p> <p>Reduction of delayed discharge from hospital</p>
We will develop bespoke housing options and new models of care	1,2,3,4,5,7,9	People who have complex support requirements will be able to be supported to live in the community, rather than in more institutional settings.	People living with complex care issues receive timely and appropriate support to live independently in the community. We will measure the number of housing allocations per year for those who require complex care and support.

We will increase the use of new technology	1,2,3,4,7,9	More people will be supported by technology-enabled care in their own homes, enabling them to have greater safety, independence and control.	Number of people using technology-enabled care
We will further develop and signpost a new SMART flat in Perth City	4	People and partners in Perth and Kinross are fully aware of what telecare support is available. Telecare is embedded in our practice and is always considered first and promoted in assessments.	HSCP Survey questions. Number of staff receiving telecare training/awareness sessions
2. Prevention and early intervention			
Strategic Aim: We will aim to intervene early, to support people to remain healthy, active and connected in order to prevent later issues and problems arising.			
Key Actions	National Health & Wellbeing Outcomes Success - (page 4)	Our Ambition - what will be different in 2025?	Measures & targets to gauge success (yearly)
We will provide or arrange a range of preventive health and social care services	1,2,3,4,5	Through working with the Third Sector and other organisations, people will be able to self manage and will live longer and healthier lives in their own homes.	Reduction in unscheduled care admissions and in crisis presentation Community Engagement Survey – Health & Wellbeing questions
We will support people to live active, healthy lives	1,2,4	Through working with partner organisations who promote health and wellbeing people living in Perth and Kinross will be fitter, healthier and will be supported to remain mentally well.	Reduction in unscheduled care admissions. Reduction in crisis mental health admissions Community Engagement Survey – Health &

			Wellbeing questions
We will promote self-management, prevention and early intervention for those with a physical disability	1,2,3,4,5	People who have a physical disability will be supported to live as independently as possible.	Community Engagement Survey – Health & Wellbeing questions
We will improve anticipatory care planning for individuals with long-term conditions	1,2,3,4,5	The approach we have developed and the supports we have delivered are reducing the deterioration in the health of people living with a long-term condition	Reductions in all ages unscheduled care admissions Reduction in all ages crisis mental health admissions
We will seek to improve Quality, Safety and Efficiency in prescribing	1,2,4,7	Compliance with medication will increase, evidenced by a reduction in side effects and in deterioration of long-term conditions. There will be a reduction in waste and of unnecessary GP appointments and hospital admission.	Reductions in all ages unscheduled care admissions Increase in medication compliance
We will develop a positive behavioural support approach	4,8	All relevant staff will be fully trained in this approach, the impact of which will be monitored and evaluated.	Staff training record – 100% of staff are trained in positive behavioural support
We will minimise crisis situations and avoid unplanned admissions	2,4,5,6,7,8,9	Through our work with partners we will be directing our specialist support to families and individuals in a way that supports early intervention and prevention, through the provision of enhanced support at home.	Reductions in all ages unscheduled care admissions
We will ensure intervention/support is available as early as possible, including diagnoses, post diagnostic support and during transitions	1,2,3,4,5,7,9	People will be more able to live independently and more satisfied with the quality of life, opportunities and the outcomes they experience.	Increase in service user satisfaction – satisfaction survey We will consistently meet national quality standards to ensure our pathways of care are effective and appropriate

3. Person-centred health, care and support

Strategic Aim: By embedding the national Health and Care Standards we will put people at the heart of what we do

Key Actions	National Health & Wellbeing Outcomes Success - (page 4)	Our Ambition - what will be different in 2025?	Measures & targets to gauge success (yearly)
We will develop our pathways to improve people's experiences of services	1,2,3,4,7,8	Through the delivery of a whole-system approach across health and social care, people will not be admitted to hospital if their admission can be avoided, their length of stay will be for the shortest time possible and they will return home with appropriate support or for assessment.	HSCP - GP Practice Survey/Engagement question Reductions in all ages unscheduled care admissions
We will review our pathways between hospital and communities for people at the end of life	2,3,4,5,6,7	We will ensure that people at the end of life are supported to be at home or in a homely setting with the support appropriate to their level of need, including voluntary and charitable agencies.	We will consistently meet the local and national palliative care quality standards to ensure our pathways of care are effective and appropriate
We will deliver new, efficient, patient centred Primary Care Services as specified within the 2018 General Medical Service Contract	8,9	We will have put in place the arrangements under the GMS Contract to support GPs to practice as expert generalists and they will be reporting positively on their ability to deliver Primary Care Services.	HSCP - GP Practice Survey/Engagement question Reduction in GP appointments in respect of those presenting with a long-term condition deterioration or crisis Increase of those attending routine long-term condition management clinics with monitoring of DNA (Did Not Attend) occurrence
We will improve services and supports for	3,5,7	A range partners are planning and delivering integrated, local and	Reduction in all ages crisis

people with mental health issues in times of distress – particularly in the Out of Hours period		person-centred services, which will support people in distress more effectively.	<p>mental health admissions</p> <p>Mental Health Strategy in place and relevant to current need. We will consistently meet national quality standards to ensure we are providing effective, appropriate and efficient care</p> <p>Reduction in complaints in respect of poor service, waiting times and communication</p> <p>Increased service user/carer satisfaction</p>
We will implement models of Recovery Oriented System of Care	1,7	We will see a decline in substance misuse and in the resulting harm to the lives of individuals, families and communities.	<p>Reduction in those presenting to A&E/Out Of Hours/GP Practices due to substance misuse</p> <p>Increase in those aligned to a recovery programme related to substance misuse</p> <p>Reduction in death occurring due to substance misuse</p>
We will review and refine day opportunity models	8,9	We will have evidence that day opportunity models are modern, fit for purpose and person-centred and are delivering good outcomes for service users and their carers, as well as best value.	Self Assessment against appropriate care and professional governance standards
We will ensure Carers are valued, listened to and empowered to share their experiences	5,6	Carers will be more aware of their rights and will have good access to information and support across Perth and Kinross	Reduction in complaints in respect lack of access to support and increased engagement with Carers to

			ensure that they feel valued, listened to and empowered – HSCP Survey
We will involve a range of organisations to inform people about the different types of support available to carers	5,6,8	Carers from all backgrounds and all communities will feel recognised, valued and supported in their caring role, while being able to enjoy a quality of life outwith caring.	Reduction in complaints in respect lack of access to support
We will continue to support, promote and develop Carers Voice for adult carers and establishment of Young Carer Forum	1,2,3,4,5,6,7	Young carers will feel fully supported in their role and able to balance caring with their own wellbeing, interests and life choices.	Increased engagement with Young Carers to ensure that they feel valued, listened to and empowered (HSCP Engagement Survey questions)

4. Reducing inequalities and unequal health outcomes and promoting healthy living

Strategic Aim: Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality.

Key Actions	National Health & Wellbeing Outcomes Success - (page 4)	Our Ambition - what will be different in 2025?	Measures & targets to gauge success (yearly)
We will identify a range of actions to mitigate the effects of the most prevalent long-term health conditions	1,2,4,5,9	There will be an increase in the ability for people to self manage long- term conditions and a reduction in a person's health suddenly deteriorating leading to a crisis intervention such as emergency admission to hospital.	Reductions in all ages unscheduled care admissions
We will consult with stakeholders to finalise and deliver our Mental Health and Wellbeing Strategy	3,4,5,7,9	Evaluation of the effectiveness of the range of services under Action 15 of the Scottish Government National Mental Health Strategy will evidence better outcomes for people with a mental health illness.	Self Evaluation results indicate better outcomes for people with a mental health illness
We will implement multi-agency	1,5,7	People will be more easily able to have equal access to local	Strategy in place and

assessment clinics across Perth and Kinross		services provided by a range of partners	relevant to current need Increased service user/carer satisfaction
We will review access to psychology support	4,5,7	Access, workforce and service challenges will have been addressed to improve service users' experience and satisfaction.	Increased service user/carer satisfaction
We will take action to address health inequalities experienced by people living in Perth and Kinross	4,5	People will experience improved health equalities and outcomes.	Self Evaluation results indicate better outcomes for people
We will work in Partnership with employers in Perth and Kinross to recognise carers in the workplace	8,9	We will have been awarded 'Carer Positive' accreditation	Carer Positive accreditation in place
We will work with Partners such as Department for Work and Pensions and Welfare Rights	5	Service Users and Carers will be accessing benefits, services and entitlements to mitigate the financial impact of illness or their caring role.	Service Users and Carers will have timely access to funds which will negate financial burden

5. Making best use of available facilities, people and other resources

Strategic Aim: We will use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.

Key Actions	National Health & Wellbeing Outcomes Success	Our Ambition - what will be different in 2025?	Measures & targets to gauge success (yearly)
We will review our current care pathway for those people living with a diagnosis of a complex health issues.	3,5,7	With enhanced support and improved service provision in place, there will be an increase in service user satisfaction.	Increased service user/carer satisfaction
We will ensure that information is more easily accessed in relation to available local services, agencies and supporting organisations	1,2,3,4,5,6,9	People will have timely and appropriate access to services and support.	Strategy in place and relevant to current need Reduction in complaints in respect of poor service, waiting times and communication

We will ensure an ambitious approach to supporting people with complex care needs.	4,5,6,7,9	Through effective partnership working we will deliver a range of modern and innovative services that enable people to live independently and to have greater choice and control over their lives.	Increased service user/carer satisfaction
We will continue to review eligibility frameworks and the short breaks services statement	5,6	Carers will be fully involved and consulted with when changes are required	Increased service user/carer satisfaction
We will ensure that everyone will have the opportunity and support to be identified as a carer	8,9	Our workforce and partners will have received training and will be able to demonstrate how they are identifying and responding to the needs of unpaid carers.	Staff training record – 100% of staff are trained in positive behavioural support
The use of telecare will underpin all transformation projects	8,9	The Technology Enabled Care Strategy will have been delivered, reviewed and refined.	Strategy in place and relevant to current need

Our Delivery Plans

Locality Delivery Plans and Tactical Objectives

Having identified our strategic priorities for the period covered by this plan we need now to be able to answer the following fundamental questions:

- What will we do?
- What do we want to achieve?
- How will we do it?
- How will we know?

Each Perth and Kinross Locality will develop a Locality Delivery Plan which will outline in detail how the Strategic Priority Actions will be operationally delivered within our Communities. The plans will also highlight key local improvement actions taking into account Tayside Public Health priorities and ongoing engagement and consultation feedback gathered from our Communities.

Performance Reporting

Delivery plans will be underpinned by the 9 National Health and Wellbeing Outcomes (page 4) and the Health and Social Care Standards (page 6). Success against these National Outcomes will be measured through Locality performance frameworks and reported quarterly via the HSCP Executive Management Team, relevant strategy groups and programmes of care assurance mechanisms to the Perth and Kinross IJB Audit and Performance Committee and ultimately to the Integration Joint Board. Similarly the level of quality of health and care provision will be reported into the Perth and Kinross Clinical Care and Professional Governance Committee. This quarterly reporting will form the basis of a year end Annual Performance Report set against this Strategic Commissioning Plan and the strategic objectives and priority actions outlined within it.

Appendix - Context

Our Partners

In order to achieve our shared ambition of delivering better, more responsive and sustainable models of care and support now and for the future, we work with a range of partners. As well as our two statutory partners of NHS Tayside and Perth & Kinross Council, we also work with partners in the third and independent sector to improve health and wellbeing across Perth and Kinross.

NHS Tayside – “Transforming Tayside” Programme [Hyperlink](#)

Like other NHS Boards across Scotland NHS Tayside is facing significant challenges, including growing demand for all services, workforce challenges that are impacting upon current models of care and continuing pressures on public finances. The demand for NHS and social care services is at an all time high and it is set to rise further still. Many of us are living much longer lives thanks to medical advances, better care and improved living conditions. Whilst this is really good news it does put pressure on services, especially since many of us are living with more than one medical condition.

Over the past year, NHS Tayside has been laying the groundwork for a three-year programme of change to respond to the challenges it faces. Transforming Tayside 2019-2022 has been jointly developed by key groups of staff in NHS Tayside and in partnership with the three Health and Social Care Partnerships in Angus, Dundee and here in Perth and Kinross. Doctors, nurses and other healthcare professionals have worked with the leadership team and managers to consider how we could do things differently and plan better health and social care services for the future.

Perth & Kinross Council – “The Perth and Kinross Offer” [Hyperlink](#)

The HSCP shares the ambition of Perth & Kinross Council to develop high quality services that deliver improved outcomes for citizens and communities. To deliver on this ambition Perth & Kinross Council are currently developing the ‘*Perth and Kinross Offer*’. This involves developing a social contract with citizens and communities and making a shift to engage with them not merely as consumers of services, but to see and empower them to become co-creators of services in local communities. The Perth and Kinross Offer will be developed together with colleagues, residents, businesses and other local organisations and the HSCP is committed to engaging fully in the development of the ‘offer’ to help us shape and deliver our own complementary ‘*Health and Social Care Offer*’.

Tayside Public Health Team – “Health Equities” Programme

Tackling health inequalities is central to the Tayside public health agenda. Four years ago the Health Equity Strategy “Communities in Control” was published [Hyperlink](#). The stated objective was to eliminate health inequalities in Tayside within a generation. Although that objective remains ambitious, there is clear evidence from around the world that it is achievable if everyone acts together to that end, at a local and national level.

The population of Perth and Kinross is relatively affluent when compared to other parts of Scotland. However, Perth and Kinross has areas of deprivation through poverty and rural isolation which leads to inequity in access to services. The Perth and Kinross [Fairness Commission ‘Fairer Futures Report’](#) was established to identify how local people experience poverty and inequality in their everyday lives and the circumstances which prevent them from reaching their full potential. As a member of the Community Planning Partnership, the Health and Social Care Partnership is committed to contributing fully to the work of the commission, particularly in advocating for the needs of the people we support and their carers, for this can include people who are marginalised, disadvantaged, isolated and without a voice.

In addition, our Locality Management Teams are working closely with Health and Wellbeing Networks and Local Action Partnerships in order to develop approaches to tackle health and social care inequalities in local communities. Tackling health inequalities is challenging. A range of factors can contribute to inequalities, such as access to education, employment, good housing, equitable access to healthcare and individual circumstance and behaviour. Our evidence tells us that whilst there are pockets of deprivation across Perth and Kinross, many of which are concentrated in Perth City. However, we also recognise that almost a half of people in Perth and Kinross struggle to access services because they live so far from the public services that are predominantly based in the major centres of population. This was also a key issue highlighted through the recent community engagement exercise we carried out in developing this Strategic Plan. Through our partnership work with NHS Tayside’s Public Health Department our ambition is to:

- Deliver targeted health improvement services to people who are most at risk of health inequalities.
- Commission third sector services in those communities where health inequalities are most prevalent
- Achieve improved access to health and social care for minority groups

In line with Tayside Public Health priorities our operational delivery plans will reflect a specific focus on:

- | | |
|-------------------------|--------------------------------|
| • Health Protection | • Smoking |
| • Healthy Working Lives | • Oral Health |
| • Mental Wellbeing | • Screening |
| • Nutrition and Obesity | • Sexual Health |
| • Physical Activity | • Early Years and Young People |
| • Substance Misuse | • Vulnerable Groups |

Dundee and Angus Integration Joint Boards (Hosted Services)

In the same way that Perth and Kinross HSCP host Tayside-wide services for which they have strategic planning responsibilities on behalf of all three IJBs, Dundee and Angus HSCPs host the following services;

Dundee	Angus
<ul style="list-style-type: none">• Psychology Services• Sexual and Reproductive Health Services• Homeopathy Service• Specialist Palliative Care• The Centre for Brain Injury Rehabilitation (CBIRU)• Eating Disorders• Dietetics• Medical Advisory Service• Tayside Health Arts Trust• Keep Well• Psychotherapy	<ul style="list-style-type: none">• Locality Pharmacy• GP Out of Hours• Forensic Medicine• Continence Service• Speech and Language Therapy• Primary Care Services (excludes the NHS Board administrative, contracting and professional advisory functions)

Perth and Kinross Council - Housing [Hyperlink Housing Contribution Statement](#)

The Housing Contribution Statement sets out how Perth & Kinross Council's Housing Service contributes to achieving the aims and objectives outlined within this Strategic Commissioning Plan. This contribution is also threaded through the Local Housing Strategy which sets out the strategy, priorities and plans for the delivery of housing and related services.

Enabling people to have access to suitable housing and support is key to enabling them to live as independently as possible. This includes:

- Working with housing developers to build sustainable housing which can be easily adapted to meet changing household needs
- Ensuring residents and tenants have access to services which allow their current home to be adapted to meet their medical needs
- Providing sheltered housing accommodation and support
- Ensuring suitable housing and housing support is available to prevent admissions and prolonged stays in hospital and engage early with partners to deliver a seamless service for people discharged from hospital
- Supporting residents to live in warm, dry, energy-efficient and low carbon homes which they can afford to heat
- Working in partnership with a range of services such as Adult Support and Protection, Mental Health, Drug and Alcohol Teams to prevent and address homelessness

Strategic Commissioning with Our Partners

Through strategic commissioning we will plan, develop and deliver services, by engaging with stakeholders, the individuals we support and their carers, taking into account the characteristics and needs of both geographical communities and communities of interest. This requires us to:

- Understand the needs of the population and the long-term demands for services
- Improve and modernise services to achieve better outcomes
- Achieve value for money
- Agree where we should invest, reinvest and disinvest, spending our money wisely to meet agreed priorities
- Facilitate and manage the market to ensure that providers understand our priorities and can deliver appropriate services

Through the commissioning process, we will review a range of services, reduce duplication and improve pathways across health, social care, and the voluntary and independent sectors. The way we provide or procure services will need to fundamentally change over the next 3-5 years. To help achieve this we have developed a **Market Position Statement** – [Link](#) to ensure that all stakeholders are aware of our plans and potential providers are able to plan and develop services that will meet the health and wellbeing needs of individuals and communities.

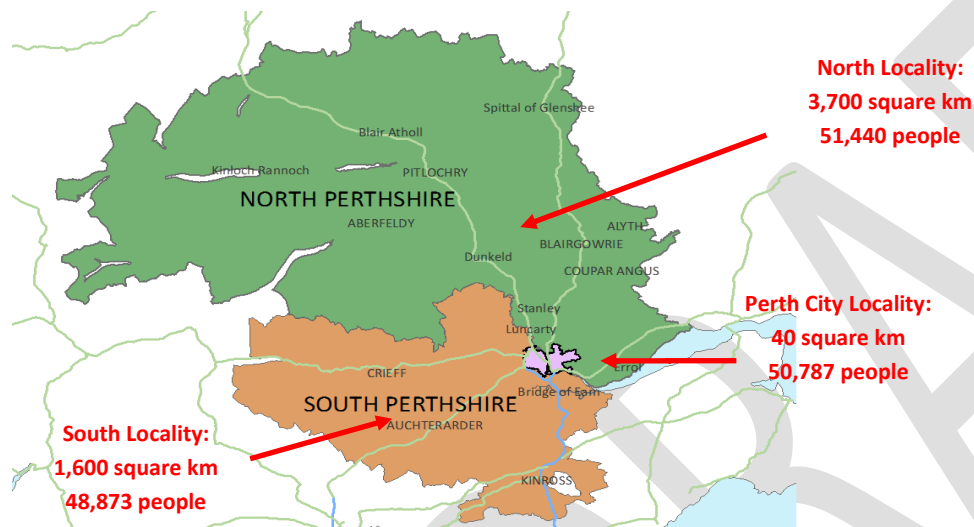
Our People

The Public Bodies (Joint Working) (Scotland) Act 2014 stipulates that, to ensure that community stakeholders have greater control over the planning and provision of integrated health and social care services, each partnership area should be divided into at least two localities. To this end, the HSCP have identified three locality areas in Perth and Kinross; North Perthshire, South Perthshire and Perth City. The needs of our three localities differ and our planning and delivery takes account of these local needs. We are looking at how we can further integrate local health and social care teams to ensure a more effective response to the needs of the local population and we have developed Locality Profiles to inform this. [Hyperlink Locality Profiles](#) Perth and Kinross has a population of around 151,100 (as of 2017). This is made up of 74,187 males and 76,913 females.

- There are 24,453 children (aged 15 and under), or 16.2% of the total population.
- There are 91,132 people of working age (aged 16-64), or 61.0% of total the population.
- There are 34,515 older people (aged 65 and over), or 22.8% of the total population.

Locality	Females	Males	Under age 16 years	Working Age (16-64 years)	65 years and above
North Perthshire	50.8%	49.2%	15%	60%	25.1%
South Perthshire	51%	49%	17%	59.9%	23.2%
Perth City	50.9%	49.1%	16.7%	63.1%	20.3%

We recognise the impact that social isolation can have on health and wellbeing and therefore the benefits derived by people being connected to their local communities. These connections and relationships can support people to remain safe and well and can provide informal support and monitoring that helps to mitigate the risks of illness and mental or physical health problems. We also recognise that local people are best placed to identify local solutions and we are therefore committed to working with them to develop services and supports in their area. Our strategic priorities reflect our commitment to work with partners in local communities across the three localities in a way that is preventative and person-centred.



There are 28 people for every square kilometre across Perth and Kinross, but with considerable variation between each locality. For instance, North Perthshire is most sparsely populated locality, with just 13 people per kilometre squared, while there are 1,728 people per square kilometre in Perth City. These more densely populated urban areas have better access to services (e.g. transport links, shops, and GP practices) and therefore have a lower percentage of their populations classified as “access deprived”: 4.7% access deprived in Perth City compared to 45.2% access deprivation in the rural localities.

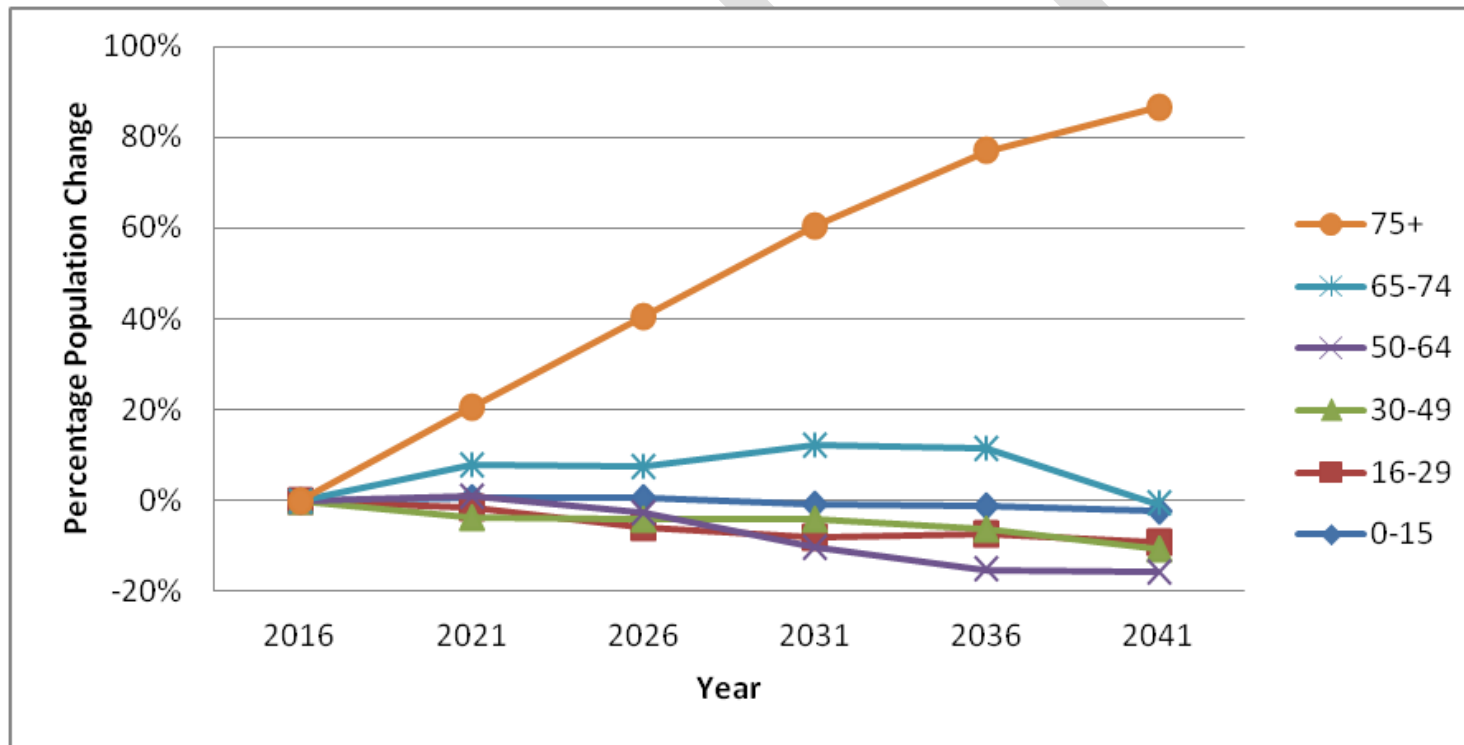
Locality Action Plans are being developed that seek to ensure that people have access to the services and supports they need in their local communities.

The Case for Change

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

The diagram below show the projected population change for Perth and Kinross by age band. Between 2016 and 2041 the number of those aged over 65 (particularly those aged over 75) is set to increase significantly according to projections.

Projected percentage population change for Perth & Kinross (2016-2041)



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

Our Strategic Needs Assessment has enabled local population profiles to be developed and these highlight the following key messages and challenges:

- Life expectancy is lower in the most deprived areas primarily Perth City
- We are expecting an increase in the over 85 year old age group and with increasingly complex needs
- There is a growing population of older people in North Perthshire
- 31.5% population are access deprived due to the rural nature of Perth and Kinross
- 30% (approx) of people are living with long-term conditions and this is associated with age and income deprivation
- Poor mental health affects more people in deprived areas
- Uptake of support from the Drugs and Alcohol Team is greater in Perth City than in either the North or South Perthshire Localities.
- There is a growing ageing population of people with learning disabilities
- The last census stated that 13,000 people identified themselves as unpaid carers but we know that this number is higher and we recognise the significant contribution that carers make to lives of those they care for

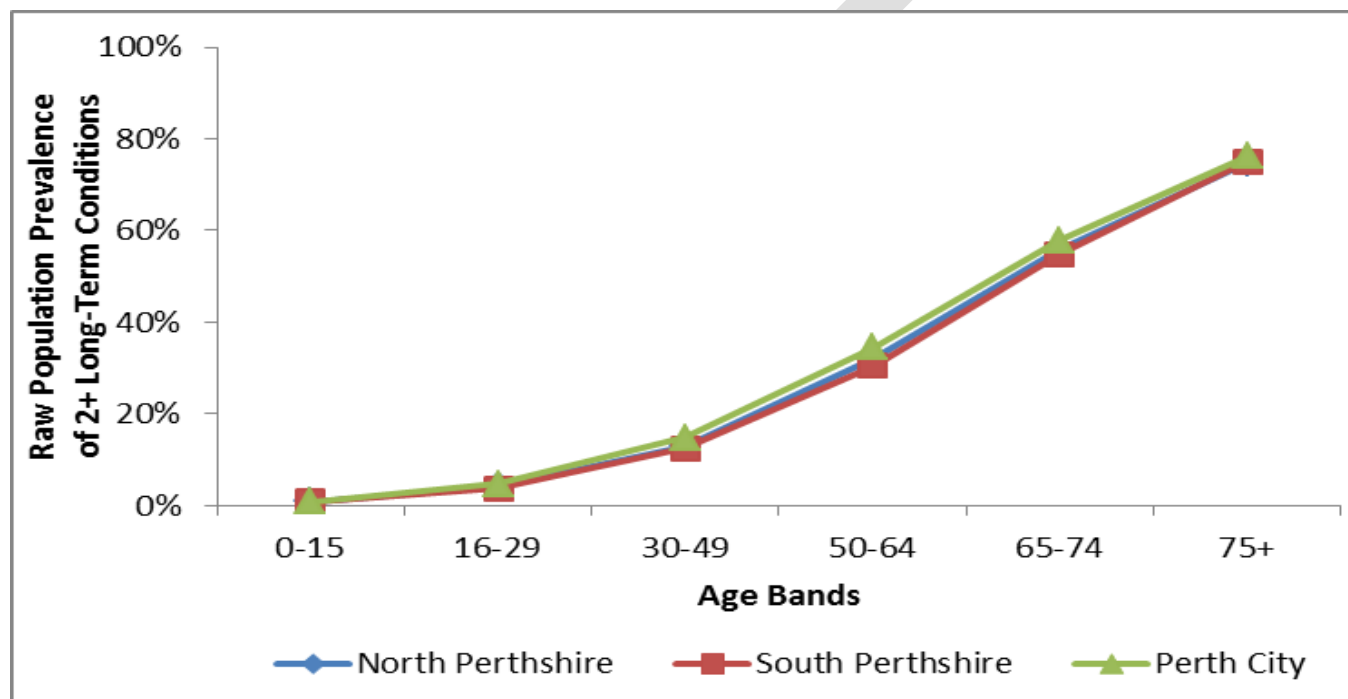
GP practices registers indicate that a number of specific long-term conditions are more prevalent in Perth and Kinross than in Scotland as a whole.

Location	Hypertension	Hypothyroidism	Coronary Heart Disease	Cancer	Dementia
Perth & Kinross	15.1%	5.3%	4%	2.9%	1%
Scotland	13.8%	3.8%	4%	2.6%	0.8%

*It should be noted that these prevalence estimates are based on whole practice populations and the higher rates for Perth and Kinross are likely to at least in part to be due to the higher age demographic when compared to Scotland as a whole.

Across Perth and Kinross diabetes affects 5% of GP patients, the same prevalence as the Scottish average. North Perthshire has the highest rate of diabetes of any locality, at 5.4% (higher than the Scottish average).

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



Crude population prevalence of people with 2+ long-term conditions by age band for each locality (2017)

At the end of 2016/17, there were 2,736 people living with multiple conditions and/or complex care needs across Perth and Kinross. These individuals represented 1.8% of all individuals, but have a total health and social care consumption of £79m. The average health and social cost of each client was £28,874 per year. Across Perth and Kinross, the age band with the highest number of clients with complex need is 75-84 years, at 658 clients, followed by those aged 45-64 and 65-74, at 551 clients. The rate of clients with complex needs per age band population increases with age, across Perth and Kinross. For example, just 0.62% of those aged 0-44 are clients with complex needs, while 11.34% of the 85+ population have complex needs. Across Perth and Kinross the proportion of people living with complex need increases as the number of long-term conditions increases.

Our Engagement

This Strategic Commissioning Plan has been informed by engagement with a range of stakeholders, including the third and independent sector and people who use services and their carers.

The HSCP's Community Engagement Workers support a range of groups and forums to provide their views on the Partnership's plans and priorities. The Local Action Partnerships have community engagement plans and partners have well-established engagement mechanisms. Our current involvement and engagement approaches include:

- Engagement and consultation events held in Localities
- Local wellbeing forums
- Service User Forum
- Carers forum and strategy group
- GP Cluster groups
- Providers Forum
- Questionnaires and surveys

We have recognised the need to carry out further and ongoing engagement and we will refresh the work of our existing 'Communication, Engagement and Participation Group' to achieve this. This will be supported by the work of our Community Engagement Workers, who will continue to work in localities to engage on our plans, determine people's priorities and review progress in delivery.

To support the development of this Strategic Commissioning Plan we carried out an engagement exercise in July 2019. This was designed to build on the initial consultation programme "Join the Conversation" completed prior to publishing our first Strategic Plan. Over 1,400 people completed our engagement survey (online, paper-based and face to face) and shared their views about health and social care services in response to a number of set questions. [Report Hyperlink](#)

Some examples of the responses that we received follow:

- The majority of people indicated that they wished more activities to be created for local people within their communities, particularly involving exercise
- A high proportion of people highlighted that they found transport an issue, particularly in rural areas and when accessing centralised hospital care
- Some respondents wanted better access to information about what services were available in their local areas and they wished to know who to contact to access these services
- Many people highlighted difficulties in accessing home care, particularly in rural areas

- There was consensus that people wished to receive care within their own homes or within their own communities
- The majority of respondents supported the need for people to better look after their own health and wellbeing through diet and exercise

This exercise is only one component of our planned, ongoing programme of consultation and engagement as we deliver on our Strategic Plan priorities and embark on the transformation and redesign of services that will better meet the need of our citizens and communities.

Our Offer

We know that the population of Perth and Kinross is growing older and will be living in the future with more complex care needs. We will meet this increased need by offering better joined-up care, better anticipatory and preventative care and with a greater emphasis on community-based care. Our people are telling us that they want care and support to be offered to them as near to their own homes or communities as possible. We will strive to make this happen. It is clear, through our engagement with communities that people wish to be listened to, particularly as we reshape the models of care we will offer to meet our strategic priorities over the coming years. Our communities are a rich resource of innovation, support and intelligence about what is needed and we are committed to co-producing care and support services with local communities.

During the life of this Strategic Commissioning Plan we will modernise and innovate models of care and support in such a way to complement the '*Perth and Kinross Offer*', currently being developed by Perth & Kinross Council. Our aims and ambitions will mirror those of the Perth and Kinross Offer:

- To build confidence, capacity and independence in our communities through co-production and collective leadership
- To focus more in the areas where people need most
- To think people not process
- To create a vision jointly with our communities, partners and stakeholders
- To measure with people true progress and achieve realistic outcomes
- To make efficiencies and be able to re-invest in jointly agreed areas for change and development

Our Resources

Perth and Kinross IJB commission a range of health and adult social care services. These services are funded through budgets delegated from both Perth & Kinross Council and NHS Tayside. We have achieved financial balance in the first two years since the HSCP was established, however this is becoming increasingly challenging. In 2018/19 we spent £1.1m more than the resources made available to us at the beginning of the year and this has been largely driven by unanticipated demand pressures across Social Care services. Health and Social Care Partnerships across Scotland are operating in an increasingly challenging environment. Funding is unlikely to keep pace with increasing demand and increasing costs.

The Partnership is committed to delivering services within the financial resources that are available, but to achieve this significant transformation and efficiency savings will require to be delivered. A programme of transformation has been agreed which spans the entirety of the Partnership's business and seeks to deliver transformational change that will deliver innovative services for the people of Perth and Kinross, shift the balance of care and realise financial savings to support a balanced budget. Detailed medium-term transformation programmes have been approved for Core Health and Social Care Services.

Our Pressures:

The Partnership has a £4.1m budget deficit in 2019/20 with a further gap projected over the following two years. How we provide services and the cost of these services are directly linked. We cannot provide services in the way we have before – we don't have enough money to do so. With growing demand for support and less money available we want to work with individuals and neighbourhoods to find ways to better support people in our communities:

- We want people to have better health and wellbeing
- We want people to live as independently as possible
- We will prioritise our services and we will involve communities in this process
- We will need to find new solutions – we will not always be the first source of support

The Partnership is currently refreshing its Workforce Plan in line with the vision for our future strategic direction and vision. This plan will be completed by 31st March 2020.