Perth and Kinross Health & Social Care Partnership

Annual Performance Report for 2018/19

Contents:

Foreword & Introduction

This report outlines the third annual review of the performance of the Perth and Kinross Health and Social Care Partnership. As we complete our third year as a Partnership we continue to focus our efforts on providing services that improve the lives of local people.

Our 2016/19 Strategic Commissioning Plan emphasised our ambition to design, deliver and arrange services that supported people to live safely and independently at home for as long as possible and to reduce ill health and address health and social inequalities.

The five key objectives within our current Strategic Commissioning Plan link directly to the Scottish Government's nine National Health and Wellbeing Outcomes (detailed on page 8 of this report). These outcomes provide a useful framework for us to demonstrate our progress, to recognise our successes and to identify where further work is needed. We reference these throughout this report.

A new 2020/25 Strategic Commissioning Plan is currently being developed and will be issued at the end of September 2019. During July 2019 comprehensive engagement with the people who live in Perth & Kinross will take place to better inform the content and priorities which will be core to the new Plan.

Since taking up post as Chief Officer in April 2019, it has become apparent to me that we require to be more clear about our performance, our achievements and the impact of our activity. The Partnership has also recently been inspected in respect of governance, leadership and performance arrangements. To address this, I propose to refresh current leadership structures and will commit, along with my Leadership Team, to develop a performance framework that reports more effectively and routinely across a number of agreed measures, with increasing emphasis on outcomes. This should build on the National measures, with a local set of indicators, which will better relate to performance against our key priorities. These ambitions will be further outlined within our new Strategic Commissioning Plan.

Gordon Paterson, Chief Officer/Director - Integrated Health & Social Care

Perth & Kinross Health & Social Care Partnership

Our Health and Social Care Partnership

The Integration Joint Board

Integration means co-ordinating delivery of Health & Social Care services. NHS Tayside, Perth & Kinross Council and our partners (voluntary and independent service providers) to develop better, more responsive and far more sustainable care models now and for the future.

This is about working together not just as care providers but also including the ambitions of care users, their families and carers. The aim is to make sure that services and supports are tailored to meet the particular needs of individuals and local communities, to enable people to lead, happy, healthy and independent lives. Integration is about:

- supporting people early and preventing further decline in their health and wellbeing
- making it possible for people to receive the right care at the right time and in the right place.
- changing the way we deliver care to meet the needs of our growing older population and people living with long-term conditions.
- building strong, compassionate communities which offer support and companionship.
- giving people the information and support they need to manage their own health and wellbeing effectively.

Partnership and Perth & Kinross Hosted Services:

Partnership Services			Perth & Kinross Hosted Services
Community Care	**Health**	**Hospital**	
• 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	• 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	• 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	• Learning disability inpatient services • Substance misuse inpatient services • Public Dental Services/ Community Dental Services • General Adult Psychiatry Inpatient Services • Prison Healthcare • Podiatry

Services Hosted by Dundee and Angus HSCP (Appendix 4)

Our Vision and Our Values

Our Vision and Values

Our vision is that:

"We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible with choice and control over the decisions they make about their care and support. Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and work with the third and independent sectors and communities to prevent longer term issues arising."

Our values are important in guiding how we interact with service users and carers, with partners and stakeholders and with each other:

- Person focused
- Integrity
- Caring
- Respectful
- Inclusive
- Empowering

The National Health and Social Care Standards, which were published in July 2018, seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity and that the basic human rights we are all entitled to are upheld:

Our Guiding Principles:

Health & 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

A Week in Perth and Kinross Health & Social Care Partnership

On average each week:

More than 1200 people over 65 are provided with 12 000 hours of care to support them living at home.

There are 364 attendances at Accident & Emergency in Perth Royal Infirmary. 97.1% attendances are seen within 4 hours.

200 people over age 65 per week are supported by Home Assessment Recovery Team 44% require no further support at the end of the process

On average each week there are 148 unplanned admissions of Perth & Kinross residents into acute services.

More than 970 people over 65 are supported to live in Care Homes. The average age on admission to a Care Home is 85 years.

We receive over 24 reports about adult protection concerns. 96.5% of Adult Support & Protection concerns are responded to within 24 hours.

412 people are supported to live in their own tenancies or hostel accommodation by Housing Support

We ensure that 316 meals are delivered each week to people who would have difficulty in preparing a meal for themselves.

Over 24% of people accessing services are using either Self Directed Support Option 1 or Option 2.

Around 97 partnership inpatient beds are occupied at any one time, amounting to 680 beds per week.

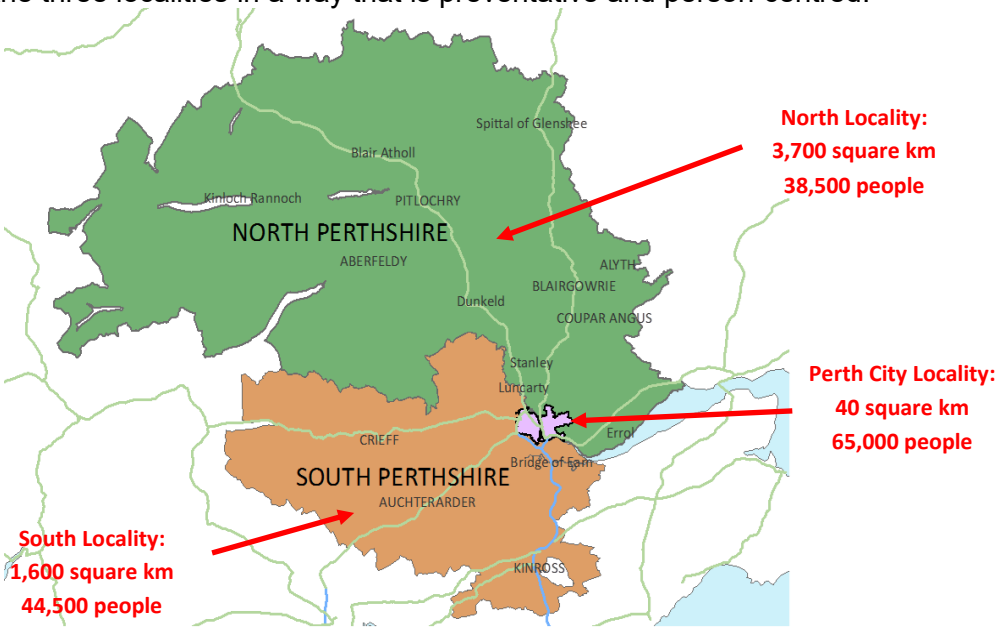
We enable a Carers' Support Telephone Service which makes over 90 phone calls each week providing one-to-one support to reduce isolation.

More than 170 people, over 65, and/or with Learning Disabilities, use our day care facilities.

Our Localities

Perth and Kinross HSCP has three localities which are shown below. 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 specific challenges facing Perth and Kinross given the spread of our population over a large rural area. While our area is the eighth most densely populated local authority areas in Scotland, 36.8% of our residents are classed as being in some way 'access deprived' due to geography compared to 20.2% nationally. This means that issues of cost, time and lack of appropriate transport impacts on people's access to basic health and social care services.

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.

Section 2 Our Performance

Introduction

Our five key Strategic Objectives are:

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

These key objectives link directly to the nine Health & Social Care National Health and Well-being Outcomes (below).

National Health and Well-being Outcomes:

1. People are able to look after and improve their own health and well-being 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 well-being, including to reduce any negative impact of their caring role on their own health and well being
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 following sections outline the Health & Social Care Partnership's performance and progress against a set of indicators agreed by the Ministerial Strategic Group for Health and Community Care (MSG), the National Health and Well-being outcomes and our Strategic Commissioning Objectives.

How we are getting on:

Performance Key - We have used these definitions to set the colour and arrows:

We are meeting or exceeding the target or number we compare against	
We are within 3% of meeting the target or number we compare against	
We are more than 3% away from meeting the target or number we compare against	
An arrow indicates the direction the numbers are going in	

The Ministerial Strategic Group for Health and Community Care (MSG)

The Ministerial Strategic Group for Health and Community Care (MSG) agreed a suite of indicators that will be used by Integration Authorities to measure progress under integration. Evidence of our performance:

Table 1: MSG Indicators

MSG Indicator	MSG Description	Perth and Kinross 2016/17	Perth and Kinross 2017/18	Perth and Kinross 2018/19	Movement in our performance last year
1a	Emergency Admissions	15,128	15,021	14,592	↓ 429 (2.9%)
1b	Unscheduled Hospital Bed Days	111,324	102,451	96,867	↓ 5,584 (5.7%)
1c	A&E Attendances	31,825	32,506	32,888	↑ 382 (1.17%)
4.1	Delayed Discharge Bed Days*	19,176	16,785	14,203	↓ 2,582 (18.17%)
5.1	Proportion of last 6 months of life spent at home or in a community setting	88.27%	89.64%	89.68%	↑ 0.04%
6.1	Percentage of population at home unsupported**	97.97%	98.00%	n/a	n/a

Notes on Performance Indicators:

**All ages Delayed Discharge including complex cases*
***Data will be available in October 2019*

This table evidences good progress across the majority of these indicators. To prevent unnecessary emergency admissions to hospital we have been focusing on early intervention and this has led to people being diverted from hospital or staying for shorter periods of time. Our improvement actions have reduced the number of emergency bed days required by 7% since 2016/17. Our performance this year is better than the Scottish average, demonstrating the success of our efforts to support people to return home as soon as they are well enough to leave hospital.

The exception to this is the increased number of people from Perth & Kinross attending Accident and Emergency services. However it is encouraging that this does not translate into an increase in the number of emergency admissions. The HSCP will interrogate the data further to better understand the issues of those presenting at Accident and Emergency. The findings will be shared with other services and agencies to collaboratively identify improvement actions that could reduce the need for children, young people and adults of all ages presenting at Accident and Emergency.

We know that if people remain in hospital too long after they are ready to be discharged there recovery may take longer. As a result we have improved peoples experiences by reducing the length of time people are delayed by supporting early discharge.

As well as being better than the Scottish average performance (our rate of 598 days per 1000 population compared to 793 days per 1000 population for Scotland), we have recently achieved the lowest level of delayed discharge since 2014. This makes a big difference for people who are ready to move on from hospital and also for those who would otherwise be awaiting a hospital bed. We aim to achieve further improvements in 2019/20 by implementing seven day working for the multi – disciplinary teams.

This improved performance is a result of close working with colleagues in acute hospital services and developing a more integrated approach involving all relevant professionals. A Discharge Hub, Liaison Service and Home Assessment and Recovery Team have been implemented and work as part of an integrated model. Lessons learnt from managing winter pressures and other Partnerships were used when developing the model to ensure it is efficient and effective.

We have achieved an increase in our performance in supporting people to spend the last 6 months of life at home or in a community setting. Although our performance is above the Scottish average this will remain an improvement priority for the year ahead and we will look further at what services we can offer, with partners and carers. We will seek to build on our progress by further investing in our locality teams and building networks of support with our partners, taking into account the resources available in local communities.

Strategic Objective 1

Working together with our communities: Recognising the wealth of knowledge, experience and talents that local people have within their communities.

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.

National Health & Wellbeing Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

National Health and Wellbeing Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their health and wellbeing

ID	Indicator	2015/16 Perth and Kinross	2016/17 Perth and Kinross	2017/18 Perth and Kinross	2018/19 Perth and Kinross	What is our trend over last four years	Scotland 2018/19	How we compared to Scotland
NI 06	% of people with positive experience of care at their GP practice. *(Source: HACE)**	91%	n/a	88%	n/a	↓ 3%	83%	5% better
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. *(Source: HACE)**	84%	n/a	81%	n/a	↓ 3%	80%	1% better
NI 08	% of carers who feel supported to continue in their caring role *(Source: HACE)**	40%	n/a	41%	n/a	↑ 1%	37%	4% better
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population**	1,005	866	658	598	↓ 407 (68%)	793	32% better
ISD	Number of bed days lost to delayed discharge (excluding complex cases)	17,029	15,429	15,078	11,446	↓ 5,583 (48%)	n/a	n/a
ISD	Number of people delayed in hospital for more than 14 days	191	198	239	157	↓ 34 (21.6%)	n/a	n/a

Performance relating to Strategic Objective 1

Notes on Performance Indicators:

***NI 06, NI 07 and NI 08**: HACE survey is undertaken every two years therefore information is not available for 2018/19. Scotland Value is based on 2017/18.*

****NI 19**: Data is based on performance from April to December 2018.*

The Perth and Kinross HSCP has been working closely with local communities throughout the area to develop a range of community-based supports for people. We have different methods to find out more about how people feel about their health and social care services. One way is to use information from national and local surveys; the Health and Social Care Experience is a national survey. We are performing above the national average about the support people receive at home to improve their quality of care and their experience at their GP practice.

A priority for the HSCP is to help people feel more included and involved in their community. In our local survey, we have seen a 14% reduction, and this is an area we wish to improve. Social isolation and loneliness have a significant impact on physical and mental wellbeing and reducing it is a crucial priority for the HSCP.

To improve this, we have supported the development of local health and wellbeing networks. These networks currently have 253 members, and they bring local people together to plan what supports are required in their area.

The networks then work with local communities to start groups and activities which improve a range of outcomes for people such as stopping people feeling lonely, enabling them to access affordable transport and encouraging them to be physically active. Examples include Men's Sheds, the community transport initiative in Auchterarder and the Active Life Skills Project.

The Perth and Kinross Adult Survey for 2018/19 was sent out to a sample of 1000 service users across the three localities. The majority of people who replied indicated that the services they received were of high quality, reliable and supported them effectively. Importantly people reported that they were being treated with compassion and understanding.

While it is encouraging to see that we are performing above the national average for carers feeling able to continue their caring role, this is an area for further progress. Perth & Kinross Health and Social Care Partnership recognise the vital role unpaid Carers play in the lives of the people they care for and in their community. We are committed to supporting people in their caring role for as long they wish.

We aim to work with carers to support them in their caring role and to have a life alongside caring. We are committed to including carers and people with recent caring experience in planning and developing future services and supports.

We value feedback from individuals who have 'lived experience' as they have unique and valued perspectives that will help shape services into the future. The following table demonstrates that people do feel that the support they receive has a positive impact:

Perth and Kinross Adult Social Work Survey 2018/19

Perth and Kinross Social Care Survey Results	2016/17	2017/18	2018/19	Difference compared to previous year
I received **a high-quality** service	89.7%	91.1%	89%	↓ 2.1%
I can **rely on the services** I receive	86.8%	85.7%	88%	↑ 2.3%
I am supported to **live as independently** as possible	89.9%	91.7%	91%	↓ 0.7%
The help, care or support I received **helps me feel safer** at home and in the community	87.9%	82.4%	86%	↑ 3.6%
I was treated with compassion and understanding	91.7%	88.7%	95%	↑ 6.3%
The services I have received have helped me to **feel part of my local community**	64.9%	72.3%	58%	↓ 14.3%
I get a **good response** from social work services when I contact them during the day	72.6%	88.5%	87.5%	↓ 1%

The numbers sampled for each location were based on the proportion of current service users in each area. A 26.5% response rate was achieved, which was very slightly down on last year's figure of 27.1%.

Strategic Objective 2

Prevention and early intervention: intervening early to prevent later issues

National Health and Wellbeing Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer

Performance relating to Strategic Objective 2

	Indicator	2015/16 Perth and Kinross	2016/17 Perth and Kinross	2017/18 Perth and Kinross	2018/19 Perth and Kinross	What is our trend over last four years	Scotland 2018/19 value	How we compared to Scotland
NI 01	% of adults able to look after their health very well or quite well (Source HACE)*	95%	n/a	95%	n/a	no change	93%*	2% better
NI 12	Rate of emergency admissions per 100,000 population for adults **	11,040	11,158	10,777	10,689	↓ 351 (3.2%)	11,656	9% better
Local	% of people requiring no further services following Reablement***	n/a	n/a	47%	44%	↓ 3%	n/a	n/a

Notes on Performance Indicators:

****NI 01**: HACE survey is undertaken every two years therefore information is not available for 2018/19. Scotland Value is based on 2017/18.*

*****NI12:** Data is based on performance from April to December 2018.*

******Reablement**: The source of information for this measure is now being taken from the real time monitoring system and is now reflective of the success of reablement. i.e. Data source has been changed to improve accuracy. Please note that changes upwards and downwards in the Reablement data does not imply better or poorer performance.*

Through 2018/19 The HSCP has been transforming services to focus on prevention and early intervention activity. This has resulted in a reduction in unnecessary hospital admissions, more people with mental health or drug and alcohol problems in recovery and more people supported to live independently at home.

We have developed a number of initiatives with the Community Planning Partnership to encourage healthy living. 93% of people report that they are continuing to look after their health well. One of our initiatives has been an investment in the 'Home Assessment and Recovery Team' (HART) to focus on reablement which supports people to retain their independence. HART is available to all adults however the majority of people who use the services are over 65 years old. Over 40% of people using HART do not require any ongoing Care at Home support when HART have ended their involvement.

People are also receiving support quicker following an admission to hospital which enables them to recover quickly, requiring less support. We have been able to do this by providing support locally with the help of the third sector and local communities. Examples of this are group walking and foot care.

The HSCP have been engaging with General Practitioners on several projects which will improve outcomes for people. This includes the quality of prescribing and introducing social prescribing to connect more people to groups that can support. These initiatives help people to stay well and reduce the need for hospital admissions. For Perth & Kinross, the rate of emergency admissions is showing a slowly decreasing trend in emergency admissions over the four years since 2015/16. This measure is better than the Scottish rate of 11,656 admissions per 100,000 when compared to our 10,689 admissions per 100,000.

We have identified areas to enhance the support for people and families affected by mental health or substance misuse. There is a higher risk of developing mental illness and substance misuse for those living in deprived communities. Interventions to promote wellbeing and prevent mental ill-health must be available to all, but are also targeted at high-risk groups so that inequities in health are reduced. We have improved access to drug and alcohol services through a multi-agency assessment clinic, which will be delivered in Perth City and rural areas as well as increasing access to brief alcohol interventions to improve timely responses.

A 'whole life' approach is vital to support families, parents and carers to ensure children are leading healthy lives. There is a reliable and continuing link between smoking, poverty and inequalities. In recent years the number of people smoking has reduced. Smoking contributes significantly to low life expectancy in more deprived areas. Public Health has been working on several initiatives which have had a direct impact on the people of Perth and Kinross, and they include the provision of an incentive scheme to those living within the 40% most deprived areas.

We continue to work with local media to provide useful news stories of people who have quit even though they have complex life circumstances and issues. All prisons in Scotland became smoke-free in November 2018. In 2013 a survey was undertaken reporting that 74% of prisoners smoked. The transition in Tayside was very successful, and prisoners' fedback that they felt well supported in going smoke-free.

Public Health is implementing 'Improving Maternal & Infant Nutrition: A Framework for Action' and 'A Healthier Future: Scotland's Diet & Healthy Weight Delivery Plan.' Scottish Government published a stretch aim for breastfeeding in July 2018, i.e. 'the drop off in exclusive breastfeeding will reduce by 5% by 2020/21 & by 10% by 2024/25'. 'Breast Buddies Coordinator' appointed for Perth & Kinross (from April 2019 post is funded for one year from the Breastfeeding Programme for Government allocation) and ten breastfeeding groups running in Perth & Kinross.

Strategic Objective 3

Person-centred health, care and support - putting people at the heart of what we do, listening, empowering and supporting

National Health & Wellbeing Outcome 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.

National Health & Wellbeing Outcome 3

People who use health and social care services have positive experience of those services, and have their dignity respected

Performance relating to Strategic Objective 3

ID	Indicator	2015/16 Perth and Kinross	2016/17 Perth and Kinross	2017/18 Perth and Kinross	2018/19 Perth and Kinross	What is our trend over last four years	Scotland 2018/19 value	How we compared to Scotland
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible (Source: HACE)*	81%	n/a	83%	n/a	↑ 2%	81%*	2% better
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided. *(Source: HACE)**	82%	n/a	78%	n/a	↓ 4%	76%*	2% better
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated *(Source: HACE)**	76%	n/a	75%	n/a	↓ 1%	74%*	1% better
NI 13	Rate of emergency bed day per 100,000 population for adults**	124,651	118,566	112,354	104,092	↓ 20,599 (20%)	111,723	7% better
NI 14	Readmissions to hospital within 28 days of discharge per 1,000 admissions**	115.00	117.97	104.39	114.23	↓ 0.77 (0.67%)	98.21	16% worse
NI 15	Proportion of last 6 months of life spent at home or in a community setting**	87.9%	88.27%	89.58%	89.68%	↑ 1.78%	88.61%	1.07% better

Local	**Percentage 65+ with intensive social care needs receiving care at home*** **	**32%**	**37%**	**38%**	**37%**	↑ **5%**	**n/a**	**n/a**
Local	**Number of people using SDS Options 1 and 2 as a percentage of all people accessing services via SDS**	**11.7%**	**14.4%**	**18.6%**	**23.6%**	↑ **11.9%**	**n/a**	**n/a**

Notes on Performance Indicators:

****NI 01, 02, 03 and NI 04:** HACE Survey is undertaken every two years therefore information is not available for 2018/19. Scotland Value is based on 2017/18.*

*****NI 13, NI 14, NI 15**: Data is based on performance from April to December 2018.*

******NI 18**: No new data available for this Indicator since 2016/17, on hold until national indicator availability. This indicator is replaced by a similar local measure "% of 65+ with intensive social care needs receiving care at home".*

The table above shows the vast majority of people in Perth and Kinross report that they feel supported to live at home independently. More people are remaining at home with support and there was an increase of 5% of people with intensive care needs receiving a support package to help them remain at home.

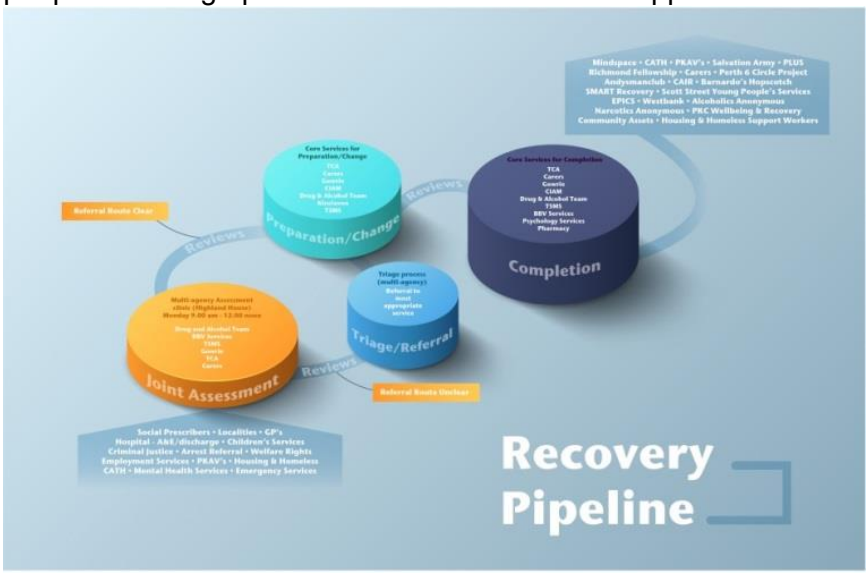
In addition there has been a change in the way people choose to have their care delivered as we promote choice and control. This is evidenced by the 11% increase in the number of people choosing option 1 and 2 of self-directed support. Most people reported they had a say in how their support was provided.

There has been a renewed focus on quality of care delivered by the HART team. This can be demonstrated through the implementation of a 7 day review to gather feedback from service users. This was carried out twice throughout 2018 and on both occasions 100% of people surveyed felt that staff asked and cared about how they felt.

The number of people who are able to spend their last six months of life at home or in a community setting has increased. We will continue to support people at home or in homely settings by providing further education and specialist support to staff.

The number of people who are being readmitted to hospital following discharge has increased and this where we need to better. It is important to understand the reasons for this in greater detail and this will be one of our priorities. To improve outcomes for people, it is intended that people will receive different support during their stay in hospital and enhanced support on discharge. There has been increased investment in rehabilitation and enablement support with a significant focus on supporting people to be as independent as they can be.

Local information would suggest that choice and control has been promoted resulting in a change in the way people choose to have their care delivered. This is evidenced by the 11% increase in the number of people choosing option 1 and 2 of self-directed support



There has been continued emphasis on developing a recovery approach which puts the individual at the centre of care and treatment and developing routes to recovery for them and their families. This involves utilising the strengths of the local community as well as the third and statutory sectors. . A 'Recovery Oriented System of Care' is being implemented in Perth and Kinross to try and ensure people with substance use issues receive personalised support to assist their recovery. This is represented above in the 'pipeline' diagram. A similar pipeline is being developed for people with mental health issues and the two will interlink.

What matters to you?

Involving individuals and carers who receive a service as well as wider communities helps us shape our services. Feedback is important to use to allow us to improve the support we provide. The following section provides some examples of the feedback that we receive to provide assurance that people do have a positive experience.

100% of people asked said they were satisfied with the anticoagulation (blood thinning) service they receive

Home Assessment and Recovery Team (HART) people asked that they should be listened to, respected and have their opinion taken into consideration

99% of people asked said they felt safer with a Community Alarm installed

100% of people asked said they were happy with the Community Alarm service provided

100% of people asked said the Community Alarm Service supports them to live as independently as possible

When asked **Carers** said that they want professionals to listen to them more

When asked **Carers** said that they want to be able to access clear information from a single point of contact

When asked **Carers** said that they want to have a regular break from caring to be supported to have a life outside of caring

People in rural areas told us access to Counselling was limited

Strategic Objective 4

Reducing inequalities and unequal health outcomes and promoting healthy living, focusing our efforts on those who most need care and support.

National Health and Wellbeing Outcome 5

Health and social care services contribute to reducing health inequalities

National Health and Wellbeing Outcome 7

People who use health and social care services are safe from harm.

Performance in relation to Strategic Objective 4

ID	Indicator	2015/16 Perth and Kinross	2016/17 Perth and Kinross	2017/18 Perth and Kinross	2018/19 Perth and Kinross	What is our trend over last four years	Scotland 2018/19	How we compared to Scotland
NI 05	Percentage of adults receiving any care or support who rate it as excellent or good *(Source: HACE)**	83%	n/a	81%	n/a	↓ 2%	80%*	1% better
NI 11	Premature Mortality Rate per 100,000**	352	348	364	344	↓ 8 (2.3%)	434	26% better
Local	Number of households presented to the Council as homeless	898	825	999	938	↑ 40 (4.4%)	n/a	n/a
Local	Number of overcrowded households in Council tenancies	127	115	108	109	↓ 18 (16.5%)	n/a	n/a
Local	% of households in fuel poverty***	38%	22.3%	32%	n/a	↓ 6%	n/a	n/a

Notes on Performance Indicators:

***NI 05:** *HACE survey is undertaken every two years therefore information is not available for 2018/19. Scotland Value is based on 2017/18.*
****NI 11:** The mortality rates are based on calendar years - 2015/16 figures are represented by 2015 data, 2016/17 by 2016 and so on. Age-standardised 2018 data is provisional and should be treated as such until NRS officially release these figures later in the year.*
*****Fuel Poverty**: Data for 18/19 available in December 2019, figures published by Scottish Government.*

Tackling health inequality is challenging because it involves access to education, employment opportunities, suitable housing which is warm, safe and affordable, equitable access to healthcare, and individual circumstances and behaviour.

Reducing health inequalities will increase life expectancy, increase health and wellbeing of individuals, and reduce the personal, social and economic cost of reacting to the impact of poverty and inequality.

We will focus on prevention and early intervention including self-management to ensure healthy communities.

We are committed to delivering the vision and outcomes of the Fairness Commission so that we make people aware of relative poverty and inequality and the impact these have on too many people in Perth and Kinross.

By working with our partners to understand the particular needs of individual localities will aim to address the key themes emerging from the Fairness Commission.

It is encouraging that we are meeting the national average, with 80% of people rating their service excellent or good. Our aim is to ensure everyone can access care and treatment irrespective of gender, age, religion, sexuality orientation or location. It is important that we challenge barriers that exist and will do this by working closely with our community planning partnership to reduce transport poverty, fuel poverty and access to housing.

Transition from school to employment can be challenging for any student, particularly so when facing barriers such as illness or disability. Work experience for school students is extremely valuable and provides a sense of what it's like to do a job in a real work setting. The Employment Support Team (EST) worked in collaboration with Fairview School to provide 2 pupils with a 6 day work experience as recycling operatives on the Green2Go project.

Working in partnership with Education and Children's Services provided Social Care Services an opportunity to work with students who we may well encounter in our adult services in the very near future and be able to support them to achieve their employability goals sooner.

We have also made good progress in the use of technology with a 10% uptake in the use of technology-enabled care. Also we have seen a 31% increase in people accessing community alarm, which enhances confidence to live at home. This will be further supported by a technology strategy that will incorporate digital health and home health monitoring.

There has been a very slight increase in the rate of falls of people aged 65+ over the past three years (20.92% to 22.22%) and sits above the Scotland value of 20.75%. Some measures that have taken to help reduce the falls have included the appointment of a community falls screener; Home Assessment Recovery Team undertaking level 2 falls screening and ongoing train the trainer falls education sessions to care homes and care at home staff.

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. Due to the impact of falling, we are committed to working with partners to either prevent or ensure a rapid response when someone has fallen. Care about physical activity (CAPA) is a programme between SSSC, Care Inspectorate and Care Homes which has focused on improving the health and wellbeing of residents through physical activity by improving balance, fitness and strength for older people which will reduce falls.

Inequality is a major issue nationally and locally. People from deprived areas are still more likely to have mental health and/or substance use issues and a lower life expectancy. People with a disability are also more likely to have mental health issues. While life expectancy for people with a Learning Disability has been increasing it is still significantly lower than the general population. Efforts are being made to address the above, for example improving access to health care for people with a Learning Disability. There have also been a number of initiatives in the more deprived communities in Perth and Kinross aimed at improving people's wellbing.

In 2018/19, 938 households presented as homeless, a reduction from 999 in 2017/18. A proactive approach to early intervention and prevention through a range of measures including the integrated schools programme, family mediation, our discharge protocols and personalised budgets has led to a

reduction of 6.1% in the overall number of households presenting as homeless. A continued focus on improvement in this area is required over the next year.

In promoting equalities for the people of Perth and Kinross there have been a number of initiatives that the Partnership has undertaken such as a new Gypsy/Traveller Strategy for Perth and Kinross (2018-21) and the production of a British Sign Language (BSL) Plan (2018-24) which was a statutory requirement for both Perth & Kinross Council and NHS Tayside.

Working with third sector partners including MECOPP Gypsy/Traveller Carers project and PKAVS Minority Communities Hub to enhance the services offered to minority community members whilst projects such as the Golf Memories Group; St. Johnstone Community Trust and Centre for Inclusive Living Keep Safe Scheme ensure that inclusive opportunities for participation, safety and wellbeing are offered to service users.

The first Perthshire Pride was held in 2018 which was attended by 3000 people and had advice on the day around health and wellbeing from a variety of organisations.

NHS Tayside launched an in-house model to deliver interpretation and translation services. The Interpretation Model allows the service to co-ordinate daily workload of interpreters thus enabling greater responsiveness to patient needs, and improves the management of interpreter availability allowing the service to respond quicker to emergency requests.

Public protection remains a high priority, and people are reporting that they feel safe, supported and protected.

Strategic Objective 5

Making the best use of people, facilities and resources

National Health and Wellbeing Outcome 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.

National Health and Wellbeing Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

Performance in relation to Strategic Objective 5

We understand that we need a confident, competent, professional workforce who feel, supported, valued and equipped to deliver the Partnership's vision and challenging priorities and actions. We also continued to work on addressing some key issues, including the high turnover and shortages of suitably skilled staff in key areas and recruitment and retention of high-quality health and social care across the sector.

The theme of this outcome runs through the Annual Performance Report. More details regarding resources being used effectively and efficiently are provided in Strategic Objective 1 Working with our Communities and Finance and Best Value.

Our greatest asset is the staff of the Health and Social Care Partnership. It is important to have their feedback, we engage in different ways with staff and this includes providing employees with an annual survey which are evidenced in the table below:

Survey Questions	Adult Social Work (PKC Survey)		Difference from previous year	Health (iMatters Survey)		Difference from previous year
	2017	2018	ASW	2017	2018	Health
I am clear what is expected of me at work?	87%	90%	↑ 3%	86%	87%	↑ 1%
My team has a good team spirit?	68%	75%	↑ 7%	83%	83%	No change
I am treated with dignity and respect as an individual?	82%	81%	↓ 1%	82%	83%	↑ 1%
I know how my job contributes to the organisation's objectives?	81%	82%	↑ 1%	78%	79%	↑ 1%
I feel appreciated for the work I do?	64%	68%	↑ 4%	72%	73%	↑ 1%

To continue to improve services and develop new ways of working, it is essential that we have our staff in the right places. There have been challenges within the workforce, particularly recruiting to specific posts e.g. Consultant Psychiatrists, Nursing Staff, AHP Staff, Care at Home Staff.

Sickness absence and a healthy workforce remain a priority for the HSCP and will be subject to continued performance monitoring and evaluation of work to ensure absence performance is improved and best practice is applied across the HSCP. The two employers of HSCP staff, NHS Tayside and Perth and Kinross Council, monitor sickness absence rates in different ways. We have undertaken a programme of work to improve attendance and support the workforce.

Planned actions to improve health and wellbeing and reduce sickness absence have included:
• HR Teams continuing to work closely with service management teams to identify areas that require additional support and proactively advise and support managers, particularly in teams where absence rates are high
• A Council review of current attendance policies. Meetings have taken place with trade unions to ensure this is a fully collaborative process
• Working closely with HR colleagues to
• The delivery of supporting attendance training for managers; with the provision of tailored training for managers and employees at a service level
• Ongoing health improvement activities and support through Healthy Working

It has been a priority to ensure that we are using assets such as property, support services are shared and new ways of working developed through Technology. Technology Enabled Care (TEC) aims to increase people's choice and control over the support that is offered and can enable individuals to self-manage their own health and wellbeing, allowing them to stay safe and independent for longer.

In Perth and Kinross there is good upward trend in the implementation of TEC products into people's homes. Although this is a positive indicator we still have more to do to make TEC the cornerstone of our strategy to keep people at home for longer. We are currently developing a comprehensive TEC strategy and investing more in our TEC agenda to ensure our people can achieve the maximum benefit from the use of TEC and Community Alarm.

During 2018/19 the TEC Team focused on delivering the digital pilot along with the other partners participating in the Scottish Government analogue to digital changeover. Our Digital Inclusion project working with LEAD Scotland brought the My Home Reach app to almost 80 people in Perth & Kinross. This project focused on reducing social isolation and teaching skills and confidence with technology through the loan of Samsung tablets. 15 services and departments helped us source learners for this project

Section 3 Scrutiny & Inspection of Services

ID	Indicator	2015/16 Perth and Kinross	2016/17 Perth and Kinross	2017/18 Perth and Kinross	2018/19 Perth and Kinross	What is our trend over last four years	Scotland 2018/19 value	How we compared to Scotland
NI 17	**Proportion of care and care services rated good or better in Care Inspectorate inspections ***	85%	83%	88%	87%	↓ 1 %	82%	5% better

A Clinical, Care and Professional Governance Committee has been established to improve the scrutiny of the Integration Joint Board. This will support the governance structure that is in place. The HSCP Care & Professional Governance Forum (CPGF) has responsibility for ensuring appropriate scrutiny, assurance and advice within the HSCP, and is co-chaired by the Chief Social Work Officer and Clinical Director.

The CPGF has recognised the importance of incorporating Scotland's new Health & Social Care Standards into its framework, and has planned a self-assessment on the extent of how these standards are becoming embedded.

As the localities and Integrated Care Teams within HSCP continue to embed and evolve, we are working towards having integrated Clinical, Care & Professional Governance Groups within each locality. This will allow for key issues to be discussed and for assurances to be sought at the locality level in an integrated environment.

Highlights from 2018/19

Care Inspectorate

During 2018/19, the following services received an inspection by the Care Inspectorate: Home Assessment Recovery Team, Dalweem Care Home, Parkdale Care Home, Gleneagles Day Opportunities, Blairgowrie Day Opportunities and Adults with Learning Disabilities Housing Support. No requirements or recommendations were made at the time of inspections.

Of particular note was the inspection of Parkdale Care Home which was inspected in February 2019 under the new Care Homes Inspection Framework and evaluated on 'How Well Do We Support People's Wellbeing?' and 'How well is our Care and Support Planned?' both received Excellent (Level 6) grading. Four areas were evaluated under these key questions and all received Excellent.

- **How Well Do We Support People's Wellbeing?** Staff were warm and caring and the Inspectorate saw that residents experienced compassion, dignity and respect. Value was placed on meaningful social contact and staff spent as much meaningful time with the residents as they could.
- **How Well is Our Care and Support Planned?** Care and support plans contained a wealth of meaningful information that detailed resident's history, support needs and wishes. This ensured that staff delivered care in a way that was right for each individual resident, this helped to develop positive relationships and a person-led culture.

"I have never seen him so happy due to the care and patience of staff, the staff are just fantastic" (Relative of Parkdale Resident)

The table below provides details on other services inspected by the Care Inspectorate during 2018/19:

Service	Grading awarded by the Care Inspectorate (Quality Themes)			
	Care and Support	Environment	Staffing	Management & Leadership
Care at Home (November 2018)	**Very Good**	**Not Assessed**	**Very Good**	**Not Assessed**
Summary: *People told the Inspectorate on the whole, the service respected them as individuals and treated them with dignity and respect. They were encouraged to have control over their own support and to be as independent as possible.*				
Adults with Learning Disabilities Housing Support (September 2018):	**Excellent**	**Not assessed**	**Not Assessed**	**Very Good**
Summary: *The Inspectorate found that the care and support provided by the service was excellent. It was very consistent and stable because they had a very experienced staff team who worked well together and always in the best interests of the people who used the service. All of the people, who used the service, that the Inspectors spent time with seemed to be very happy with the support they received and told us about the many positive things they were able to do. Relatives were also very complimentary about the service and said that they had no complaints whatsoever.*				
Dalweem Care Home (July 2018)	**Excellent**	**Very Good**	**Not Assessed**	**Not Assessed**
Summary: *Dalweem has a friendly and welcoming atmosphere. The service has a clear vision of what it wants to offer and achieve for residents. Care plans created a picture of the person and contained relevant and detailed information on personal likes, dislikes and preferences, promoting independence and individual health and well-being needs.*				
Gleneagles Day Opportunities (July 2018)	**Very Good**	**Not Assessed**	**Not assessed**	**Very Good**
Summary: *Support staff that were observed, and spoke with, went about their work in a very enthusiastic manner and were clearly very skilled at including people in the different activities provided through both encouragement and positive reinforcement. The staff team had access to a very good range of training and development opportunities that, we felt, resulted in high quality and consistent support for people.*				
Blairgowrie Day Opportunities (July 2018)	**Very Good**	**Very Good**	**Not Assessed**	**Not Assessed**
Summary: *Inspectors observed people who used the service being treated with dignity and respect at all times during our inspection. The staff team had a very welcoming approach, and was keen to include everyone in the variety of activities that they facilitated. Throughout their inspection people told the Inspectorate about the very friendly atmosphere within the resource centre. They said that this contributed to very positive working relationships that resulted in improved outcomes for people who used the service.*				

Care Inspectorate Grading:
Excellent – Level 6, Very Good – Level 5, Good – Level 4, Adequate – Level 3, Weak – Level 2, Unsatisfactory – Level 1

Comments:

"I have a wonderful link worker and she contacts my parents regularly and keeps them up-to-date with everything".

"Quite happy with the way things are, couldn't do without them, they have made life so much better for me."

"The staff are very kind and they always make time to chat."

"The care and support given to my husband and in every part of the home is exemplary."

All the 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.

Commissioning Services

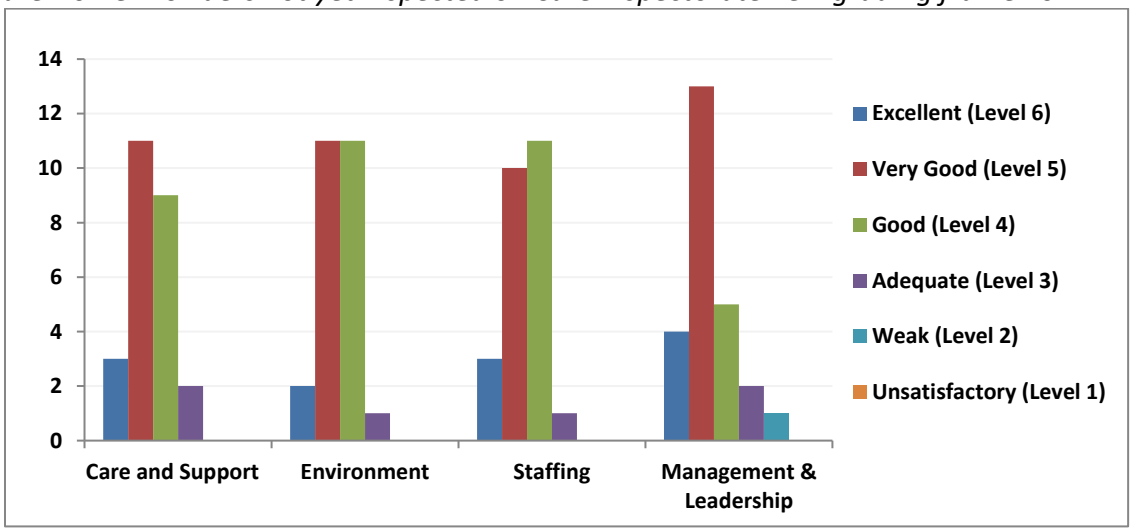
The following section provides details on grading awarded by the Care Inspectorate for inspections carried out during 2018/19 and includes services for Care Homes, Care at Home for Older People, Mental Health and Learning Disability Supported Living services. Across Commissioning services our emphasis is always on integrated working to resolve any concerns or issues. Contract Monitoring Officers are in regular contact with all Providers and have a very good well established open relationship with them. Annual timetable of visits are agreed with Providers and a monitoring report with an action plan is produced following the initial visit.

Care Homes

Throughout Perth and Kinross there are currently 39 independent / voluntary care homes and 2 local authority care homes. Of the 39 care homes: 4 Learning Disability specific care homes; 34 Older People care homes and 1 for Adults with mental health. 8 out of the top 20 care home groups in Scotland have care homes in Perth & Kinross.

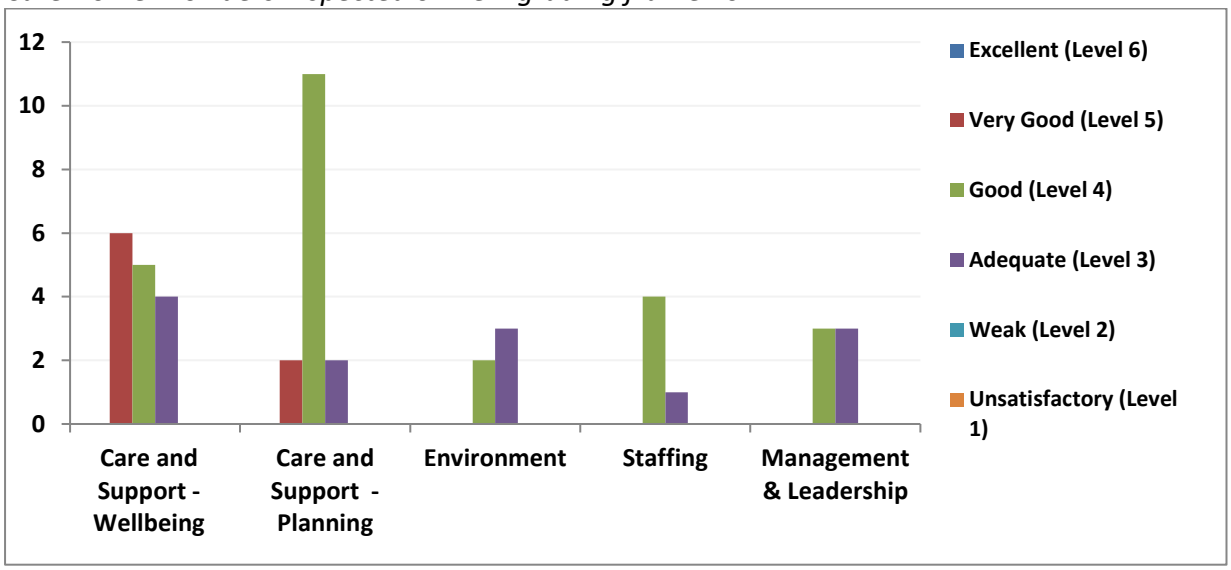
From 2018, on an incremental basis, the Care Inspectorate rolled out a revised methodology "A quality framework for care homes for older people" for inspecting care and support services, starting with care homes for older people. The following Charts provide a summary on grading awarded by the Care Inspectorate at the time of Inspection and takes into account the changes in the recent Care Home Inspection Framework.

Care Home Providers not yet inspected on Care Inspectorate new grading framework



In total across the 25 Care Homes inspected, 100 quality themes were assessed with 12% receiving Excellent grading across all the quality themes and 81% for Very Good/Good, a small percentage of 7% sit within the Adequate/Weak category and no care homes received Unsatisfactory during inspection.

Care Home Providers Inspected on new grading framework

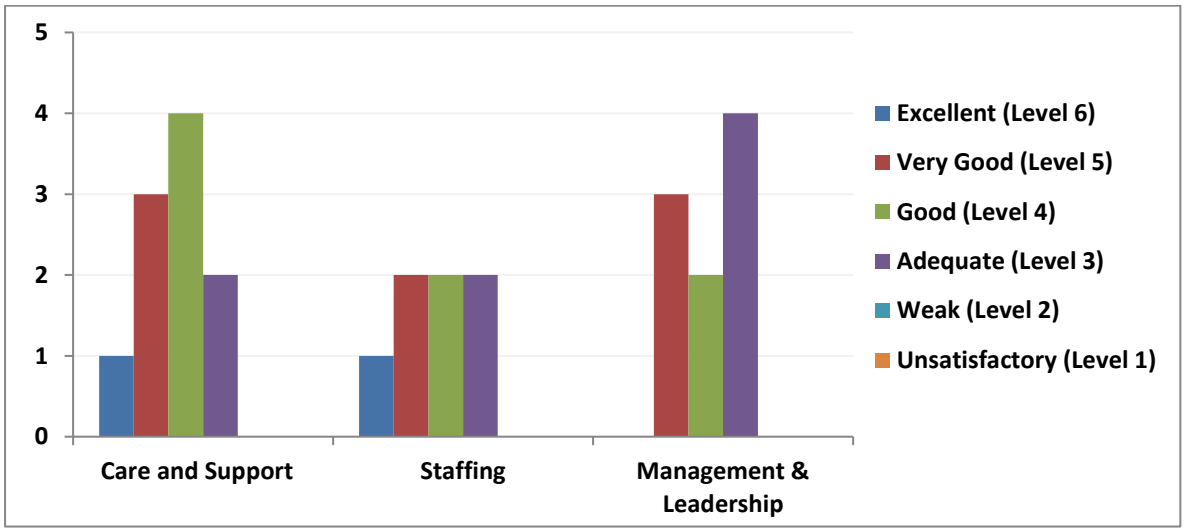


In total across the 15 Care Home Providers, 46 quality themes were assessed with 72% receiving Very Good/Good and 28% sit within the Adequate category. No care homes received Weak or Unsatisfactory at the time of inspection. The first round of visits under the new framework will be completed by June 2019, this will then allow for the new grades to be scrutinised by the Commissioning team.

Care at Home for Older People

Care at Home is an ever increasing service with ever increasing demands – due in part to the unique demographics of Perth and Kinross residents and the geography of the area. Throughout Perth and Kinross there are 10 Providers commissioned to deliver care at home under Self Directed Support Option 3, all Providers are now established in the areas they deliver care within and are focussing on quality.

The following Chart provides a summary on grading awarded by the Care Inspectorate at the time of Inspection.



**areas of inspection vary across providers*

In total, across the 10 Care at Home Providers inspected, 26 quality themes were assessed with 8% at Excellent, 62% for Very Good/Good grading across all the quality themes, 30% sit within the Adequate category. No care homes received Weak or Unsatisfactory at the time of inspection.

Feedback from Service Users/Carers during the inspections included:

"We couldn't be without them they see to my wife's personal care and I everything else"

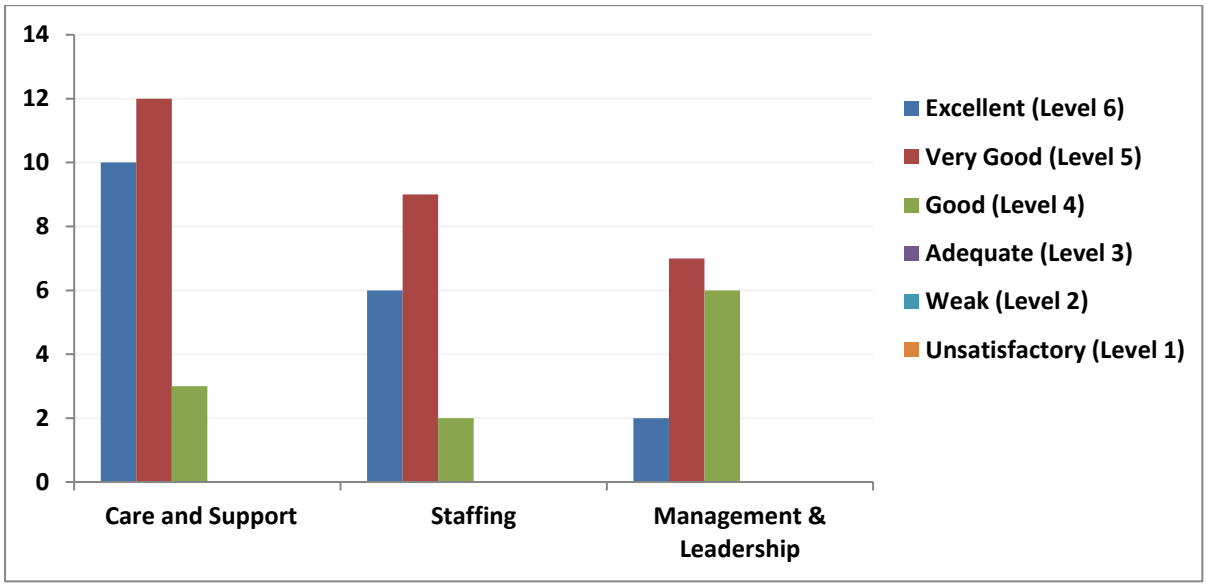
"My dad was very reluctant to accept carers initially but now he looks forward to their visits, which gives me peace of mind"

"My carers brighten my day they are always so cheerful"

Good integrated working relationships have been established in all localities, with Care Providers regularly attending locality meetings with the relevant Quality Monitoring Officer. This allows Care Providers to work jointly to deliver the best client focussed service they can while ensuring any capacity is maximised.

Supported Living Services (Learning Disabilities and Mental Health)

PK HSCP and PKC work with a number of local and national organisations to secure quality support and care provision for vulnerable adults who may be living with enduring Mental Health needs, Autism Spectrum Disorder, a range of mild to complex learning disabilities, associated challenging behaviour and forensic needs, physical disabilities and complex care needs. We support and work with 19 organisations that provide support in 28 projects across Perth & Kinross. Each organisation works positively with the HSCP to provide accurate data and outcomes which are connected to their legislation requirements and registration with Care Inspectorate. The following Chart provides a summary on grading awarded by the Care Inspectorate at the time of inspections across all projects:



**areas of inspection vary across providers*

In total across the 19 providers, 57 quality themes were assessed with 31.6% receiving Excellent, 49.1% Very Good, 19.3% for Good across the three quality themes detailed in the table above. No care homes received Adequate, Weak or Unsatisfactory at the time of inspection.

"I feel if it wasn't for the help and support I wouldn't be able to live my life the way I have"

"I feel able to trust them. They go over and above and beyond for me and have always helped me"

Health Improvement Scotland

Announced Inspection by Her Majesty's Inspectorate of Prisons for Scotland & Healthcare Improvement Scotland to HMP Perth (Perth Prison) (May 2018)

The Inspection covered care within the prison environment, and this includes the healthcare provision. Healthcare within Scottish prisons is provided by NHS Tayside and is a hosted service within P&K HSCP. Informal feedback from the inspection team was given to the Prison Healthcare leadership team and comprised of areas of good practice including patients accessing for BBV quickly and a highly skilled staff offering support and interventions. A number of immediate actions were taken following the initial inspection which included urgent review of the patients identified with unmet physical healthcare needs, immediate support from Clinical Educator and Practice Education Facilitator and accelerated tests of change in relation to medication administration. The Prison Healthcare service continue to progress with ongoing work around wider service improvement, and has also developed the Prison Healthcare Patient Safety Collaborative in partnership with NHS Tayside Patient Safety Team.

Other Health Inspections:

Inspecting Body	Location	Recommendations, Feedback & Outputs
Unannounced Inspection by Healthcare Improvement Scotland (June 2018)	Tay Ward (Medicine for the Elderly), Perth Royal Infirmary.	As Tay & Stroke Wards are based at the PRI site but are the responsibility of the HSCP, a specific action plan was created for those wards. Progress against these recommendations is being taken forward within the service, linking in with NHST who are coordinating improvements across all wards in PRI.
Announced Visit by the Mental Welfare Commission (December 2018)	HMP Perth (Perth Prison)	The MWC made one recommendation from the visit, and this was regarding improving the length of time patients required to wait to be seen by the mental health team.
Unannounced Visit by the Mental Welfare Commission	Leven, Garry & Tummel Wards, Murray Royal Hospital, Perth (Psychiatry of Old Age).	Recommendations were: • regular audits of care plans in individual patient files • completion of section 47 certificates • recording of patient information about conditions for which treatment is being prescribed • reviewing the activities available in the three wards.
Announced Visit by the Mental Welfare Commission	Wards 1, 2, and the Mulberry Unit at the Carseview Centre, Dundee. General Adult Psychiatry	There were many recommendations made and an action plan is in place to address these.
Announced Visit by the Mental Welfare Commission (January 2019)	Intensive Psychiatric Care Unit (IPCU) at Carseview Centre, Dundee. General Adult Psychiatry	Recommendation: Managers should ensure that there is a consistent approach to recording multi-disciplinary team meetings. An action plan is in place to address this issue, and the action is currently being progressed.
Unannounced Visit by the Mental Welfare Commission (February 2019)	Moredun Ward, Murray Royal Hospital, Perth. General Adult Psychiatry	Recommendation: Managers should ensure that all care plans refer to the individual needs of patients (clear goals and outcomes with regular audits to ensure consistency.
Independent Inquiry	Inpatient Mental Health	Interim Report published

Section 4 Financial

Financial Plan 2018/19

The 2018/19 Financial Plan set out that based on the budget offer from Perth & Kinross Council and NHS Tayside, break-even was achievable on all services except GP Prescribing and Inpatient Mental Health (which is hosted by the Partnership on behalf of all three Tayside IJB's). We have been working with NHS Tayside to develop 3 Year Plans for both areas however financial balance was not anticipated in 2018/19 with an overall gap of £0.9m forecast.

Across Core Health and Social Care services as outlined in page 4, the Financial Plan set out anticipated recurring savings of £5.3m. The level of savings required reflects the underlying level of unavoidable cost and demand pressures facing social care services in particular. Strong financial planning is required to ensure that our limited resources are targeted to maximise the contribution to our objectives. Like many other public sector bodies, we face significant financial challenges and will be required to operate within extremely tight financial constraints for the foreseeable future due to the difficult national economic outlook and increasing demand for services.

Financial Performance 2018/19

Our financial performance for the year compared to Financial Plan is summarised in the table below:

	Financial Plan Shortfall	Budget	Actual	Year-End Variance Over/ (-)Under
	£m	£m	£m	£m
Older Peoples Service/Physical Disabilities incl. AHPs	0.0	66.3	66.5	0.2
Learning Disabilities/Mental Health/Addictions	0.0	24.2	24.6	0.4
Planning/Management /Other Services	0.0	7.9	7.2	(0.7)
Sub-Total Core Services	**0.0**	**98.4**	**98.3**	**(0.1)**
Prescribing	0.5	26.7	27.5	0.8
General Medical Services	0.0	24.1	24.1	0.0
FHS	0.0	17.4	17.4	0.0
Hosted Services	0.4	21.0	21.4	0.4
Large Hospital Set Aside	0.0	14.3	14.3	0.0
Sub-Total All Services	**0.9**	**201.9**	**203.0**	**1.1**
Additional Budget from Partner Body				
NHS Tayside		0.3		(0.3)
Perth & Kinross Council		0.8		(0.8)
Total		**203.0**	**203.0**	**0.0**

The outturn in 2018/19 was an overspend of £1.1m, this compared to a financial plan of £0.9m. The primary areas of overspend are within:

- Older People and Physical Disabilities Services due to unanticipated demand for Care Home Placements and Care at Home Services.
- Learning Disabilities and Mental Health Services due to an unprecedented level of demand for Community Services.

- GP Prescribing due to growth above expectation, undelivered savings and the impact of an unanticipated national reduction in funding.
- Inpatient Mental Health Services driven by supplementary staffing and a historic balance of undelivered savings.

Of the £5 million approved savings within Core Health and Social Care, £4.8m were delivered (90%). The remaining were undelivered in 2018/19 and contributed to the overall overspend position.

Perth and Kinross Council and NHS Tayside increased the devolved budget to the IJB by £0.8m and £0.3m respectively, in order to support delivery of breakeven for 2018/19 in line with the Integration Scheme.

Throughout 2018/19 funding was received from Scottish Government for a number of initiatives. These included Mental Health Action 15 monies, Alcohol & Drug Partnership Funding and funding to implement the Primary Care Improvement Plan. The underspend of £2.5m against these funds in 2018/19 has been transferred to an earmarked IJB reserve for future year commitments.

Financial Outlook

The Partnership faces significant financial challenge and will be required to operate within very tight financial constraints for the foreseeable future due to the difficult national economic outlook and increasing demand for services. The 2019/20 Financial Plan for all services, except Inpatient Mental Health, has been approved by the IJB. However it presents significant challenges in terms of accommodating demographic and inflationary cost pressures on services. Whilst a significant transformation and efficiency programme has been identified for 2019/20, this is not sufficient to address the level of pressures moving forward. Without further sustainable change, a financial gap of £3.6m is predicted in 2019/20.

Discussions are continuing with NHS Tayside Inpatient Mental Health (which Perth & Kinross IJB hosts on behalf of all three IJB's). Significant transformation and cost improvement plans are being developed which is anticipated will support future financial sustainability.

Best Value

Best Value is about creating an effective organisational context from which Public Bodies can deliver key outcomes. The following four themes are considered to be the building blocks on which to deliver good outcomes by ensuring that they are delivered in a manner which is economic, efficient, sustainable and supportive of continuous improvement. The key arrangements in place within the IJB which support each theme are also set out:

The IJB has agreed a Strategic Plan which sets out its key aims and ambitions and which guides the transformation of devolved health and social care services lead by the Chief Officer and the wider Perth and Kinross Health and Social Care Partnership (PKHSCP) Team. The Strategic Plan has been developed in close consultation with a wide range of stakeholders. PKHSCP are currently developing Strategic Delivery Plans for its 4 Key Care Programmes and each will be supported by a performance framework against which progress will be monitored. The Strategic Plan is currently being refreshed and this will inform the priorities of the IJB moving forward

Effective Partnerships

A communication and engagement group has been established to ensure that the most effective routes are identified to engage with stakeholders and partners in development of plans for service redesign. This is being reviewed and strengthened. Partnership working with the Third Sector continues to develop and deepen with the support of PKAVS as the Third Sector Interface in Perth and Kinross and a flourishing Third Sector Health & Social Care Strategic Forum. The Forum has 43 organisational members. Members meet regularly to engage with the Partnership's business, strengthen connections and progress joint action.

Governance and Accountability

The governance framework is the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB undertakes an annual review of its governance arrangements based on CIPFA Good Governance Principles. The IJB is able to demonstrate structures, policies and leadership behaviours which demonstrate good standards of governance and accountability. In particular the robust financial planning arrangements and the publication of this Annual Performance Report give a clear demonstration of our best value approach. The Joint Inspection undertaken in 2018/19 will also make recommendations that will further improve the effectiveness of our governance arrangements.

Use of Resources

The IJB is now supported by a robust 3 Year Financial Planning process which forms the basis for budget agreement each year with NHS Tayside and Perth & Kinross Council. Performance against the Financial Plan is reported to the IJB on a regular basis throughout the year. All significant service reviews considered by the IJB are supported by an effective option appraisal. A budget review group has been established to ensure that investment and disinvestment plans are in line with strategic plan objectives.

Performance Management

Throughout 2018/19 a key role of the new programmes of care has been the development of performance frameworks to ensure that the IJB can measure our success in delivery against strategic objectives. The Older People and Unscheduled Care Programme of Care has made significant progress and reports regularly to the IJB's Audit & Performance Committee. Developing a consistent approach to performance review across all areas of the IJB will be a key objective in 2019/20.

Next steps

This budget gap will need the IJB to consider what type and level of service is required and can safely and sustainably be delivered. The Chief Officer, and the HSCP Senior Management Team will work with key stakeholders to continue to challenge current models of service delivery to ensure resources are focused on areas of greatest need, delivering the best outcomes to the citizens of Perth and Kinross. That said, significant number of service areas have been subject to review and redesign over the past 4 years with productivity gains and cost efficiencies identified, using where available evidence of best and safe practice, and effective service models.

The IJB's three-year Financial Plan reflects the economic outlook beyond 2019/20, adopting a strategic and sustainable approach linked to the delivery of priorities which will be detailed in our Strategic Plan. These priorities will continue to provide a focus for future budget decisions, where the delivery of core services must be balanced with the resources available. Our Financial Plan, underpinned by a robust financial planning process, focuses on a medium-term perspective. It is predicated on financial sustainability, acknowledging the uncertainty around key elements including the potential scale of savings required and the need to redirect resources to support the delivery of key priorities.

Appendix 1

Glossary of Abbreviations

A&E	Accident & Emergency
ADP	Alcohol and Drug Partnership
AHP	Allied Health Professional
AP/HSW	Assistant Practitioners/Health Care Support
ASD	Autism Spectrum Disorder
BSL	British Sign Language
CAPA	Care about Physical Activity
CIAM	Change is a Must
CIPFA	Chartered Institute of Public Finance & Accountancy
CPGF	Care & Professional Governance Forum
DN	District Nurse
DCJCAD	Duncan of Jordanstone of Art and Design: University of Dundee
ECHO	Extension of Community Healthcare Outcomes
EESSH	Energy Efficiency Standard for Social Housing
EST	Employment Support Team
FHS	Family Health Service
GMS	General Medical Services
GP	General Practitioner
HART	Home Assessment Recovery Team
HIS	Healthcare Improvements Scotland
HMP	Her Majesty's Inspectorate of Prisons
HON	Head of Nursing
HSCP	Health and Social Care Partnership
ICT	Integrated Care Team
IJB	Integration Joint Board
LAL	Live Active Leisure
LAP	Local Action Partnerships
LEAD Scotland	Linking Education and Disability Scotland
LD Team	Learning and Development Team
LGBT	Lesbian Gay Bisexual Transgender
MA	Modern Apprentice/Apprenticeship
MDT	Multidisciplinary Team
MECOPP	Minority Ethnic Carers of People Project

MftE	Medicine for the Elderly
MSG	Ministerial Strategic Group for Health & Community Care
MWC	Mental Welfare Commission
NES	NHS Education Scotland
NHS	National Health Service
NHST	National Health Service Trust
OT	Occupation Therapy/Therapist
PAMIS	Promoting a More Inclusive Society
P&K	Perth & Kinross
PKAVS	Perth & Kinross Association of Voluntary Service Ltd
PKHSCP	Perth & Kinross Health & Social Care Partnership
PMLD	Profound and Multiple Learning Disabilities
POA	Psychiatry of Old Age
PRI	Perth Royal Infirmary
QI	Quality Improvement
QNIS	Queen's Nursing Institute Scotland
QSEP	Quality, Safety and Efficiency in Prescribing Programme
RRTP	Rapid Rehousing Transition Plan
ROSC	Recovery Orientated System of Care
SCARF	Save Cash and Reduce Fuel
ScotPHO	Scottish Public Health Observatory
SCN	Senior Charge Nurse
SCYD	Strathmore Centre for Youth Development
SDS	Self Directed Support
SMFHA	Scotland Mental Health First Aid
SPS	Scottish Prison Service
SSSC	Scottish Social Services Council
TEC	Technology Enabled Care
TMASRG	Tayside Multi Agency Suicide Review Group
TRE	Tension & Trauma Release Exercises

Appendix 2

Highlights from 2018/19

Health and Wellbeing Network

National Health and Well-being Outcomes: 1 2 4 5

Strong links have now been established between the local Action Partnerships and the Health and Wellbeing Networks to address health inequalities. Examples in practice include:

In Eastern Perthshire, "Get Together" lunch events run by community groups helped to raise awareness on food and fuel poverty, debt management and to signpost people to relevant services for support. Over 800 people attended the 12 events.

Within Highland Perthshire and Strathtay in March 2019, there was a Food and Health Festival was held. There were 43 community events run in the area with 260 individuals/families completing the Festival questionnaire.

- Community Investment Fund

Through the Local Action Partnerships £50,000 was made available for each ward within Perth and Kinross. This enabled local people to identify which community initiative should be supported. Across Perth and Kinross, 149 applications were received, totalling £1.59M. The total spend across Perth and Kinross was £579,312.

205 projects are now receiving funding

Some of the projects include:

- Stanley and District Men's Shed receiving £6,000 for computer equipment to allow training and access to IT for a cross section of the community.
- West Woodland Stormont Group received £3,432 to carry out community engagement activities to support the group's bid to take ownership of the forestry area for the use of the local community.
- South Perth Community Garden received £8,100 to redevelop the community garden and replace raised beds and paths to make it more accessible.
- Auchterarder Community Bus Group received £10,000 to provide local transport for the area.

Across Perth and Kinross there are five Health and Wellbeing Networks – Perth City, Carse of Gowrie, Strathmore, Highland Perthshire and Kinross, with 253 members. The key themes emerging are around social isolation, promotion of health and wellbeing within local areas and increasing awareness and partnership working around delivery of relevant activities within the localities.

A new Perth City Centre Community Hub group has emerged from the discussions at the Perth Health and Wellbeing Network. The objective of the project is to help tackle social isolation, loneliness and improve the health and wellbeing for people in Perth. The proposed hub will provide a

neutral and inclusive safe place in which to access/ be signposted to a range of community, health and social care information, along with making connections with services and providing a social space for anyone to come to. A Feasibility study is currently underway to determine the viability of a hub and this work is being delivered by Community Enterprise Ltd.

The Strathmore Health and Wellbeing Network has focused on aspects of social isolation. As a result of discussions at the network a third sector project fronted a successful lottery funding bid of £130,000 to provide a number of new initiatives in the area focused on supporting men and providing access to social activities. The network also supported the Big January anti-poverty/healthy eating programme, which saw 12 events being run in Coupar Angus, Burrleton, Alyth, Carse of Gowrie and Blairgowrie. Over 900 people took part and due to the success it is hoped that this will be an annual event

Participatory Budgeting

National Health and Well-being Outcomes: 1 4 5 9

The Health and Social Care Partnership has led the way in delivering Participatory Budgeting in Perth and Kinross. In 2018 £225K of funding was allocated via 9 local events. Participatory Budgeting marks a fundamental shift in the relationship between public bodies and communities.

Communities are enabled to make decisions on the priorities that matter to them, promoting active citizenship and building community capacity and cohesion.

The Health and Social Care Partnership and the Local Action Partnerships continue to work together to deliver a Participatory Budgeting community grants scheme across Perth and Kinross to help communities address health and social care needs, tackle inequalities, build community capacity and increase participation.

Home Assessment and Recovery Team

National Health and Well-being Outcomes: 1 2 3 4 9

The transformation of the Reablement service to become the **Home Assessment and Recovery Team (HART)** continues to support our aim to work with vulnerable people to support improved independence.

A particular outcome of the reablement process is the number of people who after working with the reablement team for several weeks, require no further support to live independently and safely at home. Although this measure is currently showing a slight downward trend in the number of people requiring no further support after reablement, down from 47% last year to 43% this year, this is still a very good result for our people.

The number of bed days lost due to patients waiting for a care at home package has dramatically reduced. Over the last 12 months the average time spent as a delay in hospital reduced from 13 days to 7 days. There has been a renewed focus on quality of care delivered by the HART team. This can be demonstrated through the implementation of a 7 day review to gather feedback from service users. This was carried out twice throughout 2018 and on both occasions 100% of people surveyed felt that staff asked and cared about how they felt.

Primary Care Improvement Plan

National Health and Well-being Outcomes: 1 2 4 8 9

A new approach is being taken provide a joint focus on the quality, safety and efficiency of prescribing across Perth & Kinross. This approach, the Quality Safety Efficiency in Prescribing Programme, has built on the GP Engagement Programme which has been in place for two years to support strong and effective engagement with GPs in relation to prescribing.

In September 2018, the Quality, Safety and Efficiency in Prescribing (QSEP) programme was launched to deliver safe, effective and person-centred prescribing in Primary Care, across the Perth and Kinross HSCP.

Funding was provided, allowing active support to G.P. practices to further engage with quality prescribing initiatives. This has proven to be successful, with one of the practices reducing their year-on-year prescribing expenditure by 15%. An initial portfolio of prescribing initiatives was developed by the QSEP team, aimed at targeting the priority areas within the Perth and Kinross HSCP area. G.P.'s positively engaged with this portfolio and 19 out of the 24 practices within the Health & Social Care Partnership area have engaged in undertaking this work.

Supporting People Living with Dementia

National Health and Well-being Outcomes: 1 2 3 5 9

Within the Partnership the Post Diagnostic Support service continues to be delivered through the Older Peoples Community Mental Health Teams supported by Link Workers from Alzheimer Scotland.

Feedback from service users has been very positive despite the challenges faced in terms of increasing demand. However, as demand for services continues to rise we need to deliver Post Diagnostic Support in a more flexible way and ensure that Post Diagnostic Support should commence as soon after diagnosis as is possible.

Day services have been redesigned to enhance the support to enable people living with dementia to continue to live, and be actively involved, in their communities for as long as possible by providing a quality, person centred, flexible and evidence based service that supports individual strengths, interests and levels of independence.

Key highlights for the Rannoch Centre include:

- A team of clients won the Go4Gold event at Bells Sports Centre. This was quite an achievement and symbolised and unified the coming together of the two client groups.
- Building links with Craigie Park nursery to develop intergenerational working. This is still in the early stages but already the benefits to the children and older adults are clear and they look forward to getting together with shared activities weekly.
- The centre's strolling group has grown from strength to strength (and fitness) taking part in a step challenge with the Paths for All project and linking in with the Woodland Activity programme up Kinnoull Hill.

Social Prescribing

National Health and Well-being Outcomes: 1 4 9

Our current model of social prescribing (implemented 2018) enables Social Prescribers who are aligned to GP practices helping to build relationships with fellow professionals and expand their knowledge base of community supports. In the first 6 months there have been 346 referrals. The Social Prescribers signpost and offer support to people to access and use community based activities at a locality level. This helps to address factors which contribute to health issues, with the aim of improving health and wellbeing by providing a response to the increasing demands on health and social care services that does not involve prescribing medication or referring to statutory supports.

Feedback from people who have used the service have been positive, comments include:

- *I wanted to let you know that thanks to your help my outlook has improved recently. X has been to Parkdale twice and has had three outings with Crossroads. I am hoping that she visits Parkdale again this Friday. I have visited Strathearn Campus three times and I feel lucky that membership was suggested and made available to me. Thank you. (Carer)*

"You might remember fixing up client X to go out with the countryside ranger for voluntary work. He is doing great. His mood is better, he loves the work, and he told me a passer-by complimented him on his work efforts, he is drinking less and overall he is much better than when originally referred. So well done!" (GP Referral)

It has been recognised that reporting on outcomes for the social prescribing project is a challenge. We have started to examine and analyse current data and have plans in place to expand this in 2019 with particular focus on qualitative information.

Mental Health First Aid

National Health and Well-being Outcomes: 1 4 9

We recognise the importance of having informed Communities and that raising awareness of mental health issues is a priority to support early intervention and prevention. 309 people have been trained on Mental Health First Aid (Adults and Young people), courses were open to everyone and targeted widely to public and professionals. People who attended the training varied including staff from NHS and Local Authorities including Housing and Education and Children Services and voluntary organisations.

Participants were asked what they thought they had gained from attending SMHFA training.

The majority of participants reported an increase in their knowledge, skills and confidence in talking about and supporting people with their mental health, including recognising and responding to suicidal thoughts.

When asked how confident participants feel about using their skills as a Scotland's Mental Health First Aider, the results were also positive. 23% of respondents stated that they were very confident with 74% fairly confident. This demonstrates greater awareness and confidence within Perth &

Kinross. There were also indications from the open responses that attending the course had increased confidence levels:

> *'I feel very confident in being able to broach the subject with someone who I feel needs it. I don't think I would feel quite as anxious about it as I would have had I not done the course.'*

Working with Care Homes

National Health and Well-being Outcomes: 1 2 4 7

Over the past year there have been continuing developments within the Care Home Liaison Service across Perth & Kinross.

- Each Care Home has a named registered nurse, with support workers attached to each locality. Key developments to date have been in respect of weekly clinics whereby staff had the opportunity to discuss any resident in terms of their mental state presentation. This has significantly reduced those coming onto the active caseloads given the earlier intervention & prevention of escalation of their mental state presentation.
- Educational sessions have been offered in each of the care homes. These follow the Promoting Excellence framework devised through NES. Those who have attended report feeling more knowledgeable and confident in terms of delivering care to those presenting with mental health needs.
- During 2018/19 the Pressure Ulcers Care Home Improvement Programme focused on 2 key issues:

➢ Identification of people at risk and appropriate escalation process for more intensive care
➢ Integrated person centred care planning to reduce risk

Self Directed Support

National Health and Well-being Outcomes: 1 4 4 7 9

The continuous and robust upward trend in the numbers of people accessing Options 1 and 2 as a percent of all people accessing services via Self Directed Support indicates the positive approach Perth and Kinross has in ensuring that there is a variety of services people can access outside of statutory services. Over the last four years figures for SDS Options 1 and 2 increased from 11.9% in 2016/17 to 23.6% in 2018/19.

SDS implementation has generated a number of initiatives to increase the range of support available to people throughout Perth and Kinross including:

- The introduction of the Carers (Scotland) Act 2016 on 1 April 2018 introduced new rights for unpaid carers. Eligibility criteria framework gives the unpaid carer the opportunity to define their own needs and personal outcomes and have a say on the support they need, which may include an SDS Option. If this is the case then we must provide information and advice on the SDS options
- The Partnership produced the 'Personalisation & Self Directed Support Options' booklet
- The Partnership will continue to embed a 'person centred' approach in localities across all professions including improving access to Self-Directed Support options for all client groups, especially people with mental health and/or substance use issues.

Learning Disabilities

National Health and Well-being Outcomes: 2 9

Day Opportunities have recently acquired two Promethean Active panels, one based within Blairgowrie and one within Gleneagles Day Opportunities. The panels offer multi-touch screen capabilities which allows services users to interact with sensory activities. We have been working in partnership with PAMIS (*work in partnership with people with profound learning disabilities and their carers)* who have supported services users in the use of the screen.

We value the vital role that Unpaid Carers play in the lives of the people they care for. One of our Carer Champions was recognised at the Learning Disabilities Awards 2018.

Comments from the Carer included:

"*For me I see the community my daughter required as being one of caring; caring enough to provide this type of environment where my daughter can flourish, achieve and feel secure, cared for and loved. This is what I work together with Perth and Kinross to achieve for my daughter and others like her. By working together we achieve a connected community that understands and provides an environment where everyone feels included no matter their disability."* Family Carer Award Winner 2018

Working with our Housing Partners

National Health and Well-being Outcomes: 1 2 4 5 7

The Housing Service is a key contributor to the development and implementation of the priorities set out within the Health and Social Care Strategic Commissioning Plan and the Health and Social Care Outcomes. In relation to Health and Social Care outcomes, the Scottish Public Health Network in their "Foundations for well-being: reconnecting public health and housing" clearly set out the contribution Housing can have on health and wellbeing. Stating that:

"Good housing is an essential pre-requisite for human wellbeing, and is central to some of the most pressing health challenges in Scotland, including poverty and inequality; climate change; and population ageing."

The Housing Service want to make it an area where everyone will have access to good quality, energy efficient housing which they can afford to live in and which is in a safe and pleasant environment. We will ensure that people have access to services that can enable them to live independently and that they have the opportunities within their communities to participate and make social connections which they can then rely on for support in times of need.

The following are key examples of work that has been taken forward in partnership with housing contributing to Partnership's strategic objectives:

New floating housing support

Floating Housing Support (FHS) services enable vulnerable individuals at risk of losing their tenancy to live independently and maximise their independence. The aim is to provide short-term personal outcomes focussed support, on both a practical and emotional level, to support people to live independently in their own home.

Housing for people with particular needs

161 of new build houses were for social rent and all complied with the "housing for varying needs" standard. The housing for varying needs sets out design standards for mainstream housing to achieve "barrier free" design, which aims to ensure a home is flexible enough to meet the existing and changing needs of most households, including those with temporary or permanent physical disabilities, especially as the occupants age, but also provides further details of design standards for ambulant disabled people and for wheelchair users.

Through new build developments at Scone, Blairgowrie and Stanley a number of homes were designed to facilitate independent living to meet the specific needs of households in the area, for example wet floor showers, wheelchair access, automatic door closers and wet rooms.

Older People Community Health Teams

National Health and Well-being Outcomes: 1 2 4 8

Within the Older Peoples Community Mental Health Teams we have worked with our multi agency colleagues across Tayside to develop standards for those with a functional mental illness. This is ensuring that those living with functional mental health illness are receiving the right care, at the right time by the right person.

Homelessness

National Health and Well-being Outcomes: 3 4

The need for collaborative working between Homelessness and Health and Social Care is clear.

In 2018/19, 938 households presented as homeless, a reduction from 999 in 2017/18. A proactive approach to early intervention and prevention through a range of measures including the integrated schools programme, family mediation, our hospital and prison discharge protocols and personalised budgets has led to a reduction of 6.1% in the overall number of households presenting as homeless.

Positively, the number of families presenting as homeless over the last 12 months has reduced from 306 to 232 demonstrating continued commitment to minimising the impact of homelessness on children.

There is an investment from Housing with dedicated resource to work with the Discharge Hub and will work with us to improve pathways ensuring timely discharge.

Housing continues to work with partners to provide people seeking information about their housing situation with advice and assistance about the range of housing options available to them. The Housing Options approach also allows early intervention to prevent homelessness and identify any support requirements to enable tenants to sustain their tenancy.

New Build Housing and Adaptations

National Health and Well-being Outcomes: 1 2 4 7

Enabling people to have access to suitable housing and support is key to enabling them to live independently. All of our new homes meet or exceed the housing for varying needs standards, ensuring that our mainstream housing is barrier free with the flexibility to meet the existing and

changing needs of most households, including those with temporary or permanent physical disabilities.

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Through new build developments at Scone, Blairgowrie and Stanley a number of homes were designed to facilitate independent living to meet the specific needs of households in the area, for example wet floor showers, wheelchair access, automatic door closers and wet rooms.

Working with a range of partners, we ensure residents and tenants have access to services to allow their homes to be adapted to meet their medical needs. These adaptations allow people to live at home safely and independently including Care and Repair completed 24 new shower adaptations to elderly or vulnerable private residences under the Over 80’s Level Access Shower Scheme and provided financial support for 26 secure door entry installations for residents who are vulnerable or on a low income within flatted blocks where Perth & Kinross Council has a shared interest.

Average Time for Approved Medical Adaptations

	2016/17	2017/18	2018/19
% medical adaptations completed	**77.87%**	**84.53%**	**89.83%**

Scottish Average 2017/18, 84.3%

	2016/17	2017/18	2018/19
Average time(in days) taken to complete approved applications for medical adaptations in the reporting year	**73.75**	**95.53**	**56.20**

There has been a significant improvement in performance and this has been achieved by revised processes where Work Planners schedule all minor adaptations. We have outsourced all bathroom, kitchen and major adaptations to the capital programme or Term Maintenance Contractors (The previous in-house social work adaptations team is now utilised for voids and repairs)

Rapid Re-housing and Health (LHS)

National Health and Well-being Outcomes: 1 2 4 5 7

Preventing homelessness, and minimising its impact when it does occur, continues to be a key challenge and priority. The Rapid Rehousing Transition Plan (RRTP) was submitted to the Scottish Government in December 2018. In their feedback, the Scottish Government commented that “the outcomes of Home First have been very impressive to date”. Implementation of the plan will continue to support further improvements.

Overcrowding

National Health and Well-being Outcomes: 1 2 4 5 7

At the end of March 2018, there were 109 PKC households with an overcrowding need who had an application for re-housing. Over the last 4 years numbers in overcrowding households has reduced by 14% since 2015/16. Monitoring arrangements are in place, to reduce the number of overcrowded households in Perth and Kinross, however this is can only be achieved when there is appropriate housing available to allocate.

Through the Housing Allocation Policy waiting lists have been reduced, tackled overcrowding and provided permanent and temporary housing to homeless households. 292 social tenants were supported to move to homes that better met their housing and medical needs as well as their aspirations.

Fuel Poverty

National Health and Well-being Outcomes: 5 7

The three main factors influencing fuel poverty are fuel prices, household incomes and energy efficiency levels within the housing stock. These three factors are inextricably linked meaning that households can move in and out of fuel poverty as circumstances change. It also means that a household with a good income could still face fuel poverty if their home is unaffordable (e.g. if it's energy inefficient and/or in a location which is not on the gas network).

- Comprehensive benefits checks to everyone contacting the Welfare Rights Hotline and work with partners to provide information on income maximisation and fuel advice. Our Energy
- Efficiency Programme and HEAT (delivered by SCARF) ensures people are aware of other opportunities to maximise their incomes by saving on their fuel costs (through private sector grants and schemes).
- The level of compliance with the Energy Efficiency Standard for Social Housing (EESSH) was 82% as at March 2019, compared to 80.2% the previous year , This sits above the Scottish Average. A successful outcome to a funding bid for Warm Homes fund cash during 2019 has provided additional opportunities to offer assistance and improve home energy efficiency levels for households.

Equalities Strategy

National Health and Well-being Outcomes: 3 5 7

- the development of a new Gypsy/Traveller Strategy for Perth and Kinross (2018-21) and the production of a British Sign Language (BSL) Plan (2018-24) which was a statutory requirement for both Perth & Kinross Council and NHS Tayside.
- Work with third sector partners including MECOPP Gypsy/Traveller Carers project and PKAVS Minority Communities Hub enhance the services offered to minority community members whilst projects such as the Golf Memories Group; St.Johnstone Community Trust and Centre for Inclusive Living Keep Safe Scheme ensure that inclusive opportunities for participation, safety and wellbeing are offered to service users.
- The first Perthshire Pride was held in 2018 which was attended by 3000 people and had advice on the day around health and wellbeing from a variety of organisations.

- NHS Tayside launched an in-house model to deliver interpretation and translation services. The Interpretation Model allows the service to co-ordinate daily workload of interpreters thus enabling greater responsiveness to patient needs, and improves the management of interpreter availability allowing the service to respond quicker to emergency requests.
- An Equalities Learning Programme has been provided and is available to all staff and covers sessions on topics like HIV awareness, Immigration, Asylum and Discrimination, Gypsy/Traveller Awareness and LGBT Awareness.
- EU Settlement Scheme and Brexit. Signposting information for EU citizens and businesses employing EU workers has been added to the Council's website. A community information event also took place in February this year at which the Home Office attended to raise awareness of the scheme.

Employability Network

National Health and Well-being Outcomes: 4 5 8

The Perth & Kinross Employability Network's objective is to seek to improve employability services for young people and adults with additional challenges and barriers to work (disabilities, illness or a history of offending). The Network provides a wide range of supports, opportunities, and volunteering or work experience placements to help people achieve their personal goals/outcomes.

- The actual 2018/19 total number of clients 3860, an increase on the 2133 last year.
- The review report also detailed that there was a slight increase of 5% in the number of employers engaged compared with the 2018/19 performance review, 565 employers to 593 employers.

The 2019 review had 16 returns from the 37 members (43% return rate which is consistent to the return rate of 45% in 2017/18). Based on feedback from our 2019 performance review, 100% of members are either Satisfied (38%) or Very Satisfied (62%) with the role and functions of the Employability Network. Comments from members included:

"The Employability Network is a very positive business networking experience. It has helped our service build a profile with community partners and increased programme referrals and visibility as result. The partner focus sessions during the meetings have sparked new relationships between public and third sector partners which has enhanced our service offer to clients".

- The number of individuals supported into and to sustain paid employment has continued to rise in line with the employability support team now becoming accredited to deliver sustained supported employment.

- Learning Disability clients make up just under 50% of the individuals supported into paid employment and 67% of the individuals in Voluntary Employment /Work Experience.

- The Employment Support Team also offer additional dedicated support to people with Learning Disabilities only to prepare for employment through a range of employability focused initiatives.

- In addition the Employment Support Team also continue to offer a consultative employability role to other support agencies.

New initiatives such as Working Roots and Retails Roots offer a portfolio of opportunities to support individuals with significant barriers to work to develop skills relating to the horticulture and retail

sectors. This is positive collaborative working with local retailers supporting individuals to achieve their employability outcomes and matching the workforce requirements of local businesses.

Adult Support and Protection

National Health and Well-being Outcomes: 5 7

During 2018/19 In 2018/19 there were 1445 referrals received of which 1156 were from Police Scotland. 289 were Adult Protection concerns, 179 progressed to ASPs. Information collected locally show that 40% of adults at risk in Perth & Kinross are over 80 years old with 31% in the 65-80 year category. Females account for 66% of all cases investigated. This consists of 2 main client groups with infirmity of old age accounting for 43% and people with dementia for another 24%. People with a learning disability accounted for 13% of all adults at risk. The home address was the location of harm in 55% of cases (increased from 36% last report) with 30% of cases recorded in Care Homes (decrease from 55% last year).

Physical and financial harm are the main types identified in over 60% of cases followed by neglect in18% of cases

97% of referrals were screened within 24 hours an increase of 4% compared to the previous year. Perth and Kinross continues to demonstrate a high level of compliance with the 24 hr target which in turn ensures a high level of support for these clients. This indicator is monitored on a regular basis and staff are aware of the procedures to follow. This helps to ensure the continuing high percentage of the adult protection cases screened within 24 hours.

CAPA (Care About Physical Activity)

National Health and Well-being Outcomes: 1 2 4 7

We continue to progress the good work in relation to programme supported by the Care Inspectorate called Care About Physical Activity (CAPA) for both care homes and care at home/ day care/sheltered housing services. This aimed to build 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.

Through CAPA we have observed some outstanding results with residents and clients empowered to be more independent and move more. The Health and Social Care Standards are integral to the delivery of CAPA with individuals involved in identifying their own individual goals, aspirations and wishes and supported to achieve their full potential. In addition there have been significant cultural changes, and whole homes and care services adopting the CAPA principles impacting clients, relatives and staff.

Some examples include:

- Intergenerational activities with residents teaching pupils the old dances and how to golf and Perth College UHI supporting care homes with strength and balance exercises and physical activities.

- Body Boosting Bingo, a fun strength and balance activity created by Age Scotland and Live Active Leisure created a Chair based exercise DVD for staff to use with their residents and clients.

Last year one care setting worked alongside “Paths for All” to create a Care Home Walking Pack. All care homes in P&K have now been issued with walking packs for their residents.

Case Studies

Walking Stick Ferrule Initiative

Progressed in 2018 this exciting new initiative has been developed where Culture Perth & Kinross Libraries will be providing additional services to remote and rural communities through their mobile library service. This has been a joint development with a local Councillor and the Perth and Kinross Home Safety Partnership.

The mobile library service already supplies hearing aid batteries to rural communities and this has proven so successful the scheme is being extended to include walking stick ferrules, datalink bottles and information on both benefits and Home Safety Visits.

Funding has been provided by the Community Planning Partnership to purchase ferrules and datalink bottles and training has been delivered to the staff involved. This will ensure that people in remote areas will have access to a valuable service which contributes towards their health, safety and wellbeing in the home.

School Transition / Work Experience – Green 2 Go/Fairview

Transition from school to employment can be challenging for any student, particularly so when facing barriers such as illness or disability. Work experience for school students is extremely valuable and provides a sense of what it's like to do a job in a real work setting. The Employment Support Team (EST) worked in collaboration with Fairview School to provide 2 pupils with a 6 day work experience as recycling operatives on the Green2Go project. Feedback was given by the pupils and Fairview support staff. Comments included:

- '*It was a fantastic chance to provide pupils with life skills experience and transference of skills into new settings but also to offer them the opportunity to try in a safe environment what it would be like to work in a more realistic setting.'*

- *'It was really helpful and supportive, particularly recognising and supporting the pupils own personalities, levels of engagement and needs. Both pupils have talked about this experience in their transition meetings and have still said 'they would like to work for the council and/or be outdoors when they leave school.'*

Working in partnership with Education and Children's Services provided Social Care Services an opportunity to work with students who we may well encounter in our adult services in the very near future and be able to support them to achieve their employability goals sooner.

Suicide Prevention

Suicide Prevention funding was provided to the Perth and Kinross Rape and Sexual Abuse Centre (RASAC) which regularly co-deliver suicide prevention activities including Safe Plan Training and hosting special screenings of the 'Resilience' Film. In 2018-19, the centre received 167 referrals and 297 survivors accessed services. The effects of abuse has a significant effect on a person's mental health and wellbeing – feedback from their survivors indicate that:

- 41% experienced depression.
- 45% experienced anxiety.
- 19% had taken action to end their life.
- 32% regularly experienced suicidal thoughts.

RASAC's therapeutic support services and crisis support mean survivors have a safe space to speak about their feelings and trauma with a member of their skilled support team. One of their highlights this year was hosting a Wellbeing Day in January. 20+ survivors took part in a range of activities, including a TRE session (Tension & Trauma Release Exercises) with a trained facilitator, a therapist, reiki and manicures. Survivors were all given wellbeing bags and were able to create their own wellbeing book whilst in the centre. They also worked with the Violence Against Women Partnership on Project Forte where we supported 6 survivors to access a 6 week Fencing Programme.

Feedback included: "I am active for the first time in a year…I think everyone gained something out of this. It made a difference" and "(I am) more confident, happy".

Technology Enabled Care and Dementia

Mrs R is over 90 and living with dementia. Her family expressed concern following an incident where she left her flat late at night and was found by another resident who helped her back to bed. An I-care assessment was suggested as a way to gain an accurate picture of how Mrs R was managing and in particular whether getting a good night's sleep was an issue for her. The family were fully consulted in this decision and were supportive. They were provided with a link to the i-care dashboard so that they could check on Mrs R's activity although this was monitored daily by her social worker during the assessment period.

Feedback from those involved in the case review was that the i-care data helped greatly in deciding the best course of action for Mrs R.

- The community nurse commented - 'Our job is based on uncertainty and it's great to have some definite data and clarity to work with'.
- The social worker who made the i-care referral is keen to use the system again and has already made another referral.
- For the family the assessment provided peace of mind that all was well with Mrs R at night and although they didn't access the i-care data themselves they have now decided to invest in technology to help them support Mrs R from a distance.

Celebrating Success in Perth and Kinross

Securing the Future Awards 2018

The annual Securing the Future Awards celebrate innovative projects and initiatives which are enhancing the lives of people who live in, work or visit Perth and Kinross.

Silver Winners

Participatory Budgeting in the Achieving Better Outcomes in Partnership category. Local Action Partnerships and the Health and Social Care Partnership have delivered a PB community grants scheme across Perth and Kinross in 2017 and 2018 to help communities tackle inequalities, build community capacity, increase participation and address health and social care needs. In 2018, £225K of funding was allocated via 9 local events. PB marks a fundamental shift in the relationship between public bodies and communities.

Retail Roots in the Tackling Inequalities and Improving Health category. In partnership with Dobbie's Perth Retail Roots was developed last year to support individuals with significant barriers to work to develop skills relating to the retail sector.

Bronze Winners

Bronze winners for 2018 included: Health and Wellbeing Café, Technology Enabled Care, Perth City Teams and Community Capacity Building in Highland Perthshire.

The David White Award 2018

This 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. 'Exceptional achievement' was awarded to:

- Claire Ferrier, Social Worker
- Laura Carse, Social Worker

Appendix 3

Services Hosted by Dundee and Angus HSCP

Dundee	Angus
• 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	• Locality Pharmacy • Primary Care Services (excludes the NHS Board administrative, contracting and professional advisory functions) • GP Out of Hours • Forensic Medicine • Continence service • Speech and Language Therapy

The three NHS Tayside Health and Social Care Partnership have clear principles for how hosted services will be managed effectively and consistently and recognise that strategic planning responsibility for the services should be retained by all three IJB's in respect of their own population.