PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

11 December 2019

A meeting of the **Perth and Kinross Integration Joint Board** will be held in **the Council Chamber, 2 High Street, Perth, PH1 5PH** on **Tuesday, 17 December 2019** at **14:00**.

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

Gordon Paterson
Chief Officer/Director – Integrated Health & Social Care

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

Voting Members
Councillor Eric Drysdale, Perth and Kinross Council (Chair)
Councillor John Duff, Perth and Kinross Council
Councillor Xander McDade, Perth and Kinross Council
Councillor Callum Purves, Perth and Kinross Council
Bob Benson, Tayside NHS Board (Vice-Chair)
Pat Kilpatrick, Tayside NHS Board
Jenny Alexander, Tayside NHS Board
Dr Norman Pratt, Tayside NHS Board

Non-Voting Members
Gordon Paterson, Chief Officer, Perth and Kinross Integration Joint Board
Jacquie Pepper, Chief Social Work Officer, Perth and Kinross Council
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board
Dr Douglas Lowden, NHS Tayside
Sandra Gourlay, NHS Tayside

Stakeholder Members
Bernie Campbell, Carer Public Partner
Allan Drummond, Staff Representative, NHS Tayside
Stuart Hope, Staff Representative, Perth and Kinross Council
Sandy Watts, Third Sector Forum
Linda Lennie, Service User Public Partner
Lynn Blair, Scottish Care

Perth and Kinross Integration Joint Board

Tuesday, 17 December 2019

AGENDA

1	**WELCOME AND APOLOGIES**	
2	**DECLARATIONS OF INTEREST** Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the Perth and Kinross Integration Joint Board Code of Conduct.	
3	**MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 6 NOVEMBER 2019** (copy herewith)	**5 - 12**
4	**ACTION POINTS UPDATE** (copy herewith G/19/201)	**13 - 14**
5	**MATTERS ARISING**	
6	**MEMBERSHIP UPDATE** Verbal Update by Clerk	
7	**FINANCE AND GOVERNANCE**	
7.1	**2019/20 FINANCIAL UPDATE** Report by Chief Financial Officer (copy herewith G/19/202)	**15 - 20**
7.2	**DEVELOPMENT OF 3-YEAR FINANCIAL RECOVERY PLAN** Report by Chief Financial Officer (copy herewith G/19/203)	**21 - 42**
7.3	**STANDING ORDERS ANNUAL REVIEW** Verbal Update by Clerk (Current Standing Orders attached for information)	**43 - 54**
8	**CHIEF OFFICER STRATEGIC UPDATE** Report by Chief Officer / Director Integrated Health and Social Care (copy herewith G/19/204)	**55 - 58**
9	**PERTH AND KINROSS IJB STRATEGIC COMMISSIONING PLAN 2020-2025** Report by Chief Officer / Director Integrated Health and Social Care (copy herewith G/19/205)	**59 - 90**

10 MENTAL HEALTH

10.1 THE TAYSIDE MENTAL HEALTH ALLIANCE **91 - 110**
Report by Chief Officer / Director Integrated Health and Social Care (copy herewith G/19/206)

10.2 ADULT MENTAL HEALTH AND LEARNING DISABILITIES SERVICE REDESIGN
Verbal Update by Chief Officer

11 REVIEW OF INPATIENT REHABILITATION BEDS **111 - 114**
Report by Head of Health (copy herewith G/19/207)

12 ADULT SUPPORT AND PROTECTION ANNUAL REPORT 2018-19 **115 - 170**
Report by Chief Social Work Officer (copy herewith G/19/208)

13 FOR INFORMATION
Child Protection Committee Annual Report

14 REVISED FUTURE IJB MEETING DATES 2020
12 February 2020
29 April 2020
24 June 2020
23 September 2020
9 December 2020

Future IJB Briefing / Development Session Dates 2020

24 January 2020
4 March 2020
13 May 2020
19 August 2020
28 October 2020

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chamber, Ground Floor, Council Building, 2 High Street, Perth on Wednesday 6 November 2019 at 9.30am.

Present:

Voting Members
Councillor E Drysdale, Perth and Kinross Council (Chair)
Councillor J Duff, Perth and Kinross Council (Proxy Member)
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council (up to Item 9.1)
Ms J Alexander, Tayside NHS Board
Mr B Benson, Tayside NHS Board (Vice-Chair)
Ms P Kilpatrick, Tayside NHS Board (from Item 3 onwards)
Dr N Pratt, Tayside NHS Board

Non-Voting Members
Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Chief Financial Officer
Ms S Gourlay, NHS Tayside

Stakeholder Members
Ms B Campbell, Carer Public Partner
Mr A Drummond, Staff Representative, NHS Tayside
Ms S Watts, Third Sector Representative
Ms S Auld, Service User Public Partner (substituting for Ms L Lennie)
Ms L Blair, Scottish Care

In Attendance: J Valentine, Depute Chief Executive, Perth and Kinross Council; S Hendry, A Taylor, L Gowans and D Stokoe (up to Item 3) (all Perth and Kinross Council); D Fraser, E Devine, D Mitchell, H Dougall, C Lamont (up to and including Item 4), and V Aitken (all Perth and Kinross Health and Social Care Partnership); Dr D Walker (NHS Tayside); and N Lumsden, C McNicol and J Mackie (Andys Man Club) (all up to Item 3).

Apologies: Mr S Hope, Staff Representative, Perth and Kinross Council

1. WELCOME AND APOLOGIES

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

2. DECLARATIONS OF INTEREST

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

3. PRESENTATION – ANDY'S MAN CLUB

The Board heard a presentation from Mr Nicol Lumsden, Lead Facilitator, along with other representatives from Andy's Man Club, Perth. Each of the representatives shared with the Board their own personal story involving their own struggles with mental health and how the support of Andy's Man Club has helped them.

Councillor Drysdale thanked Mr Lumsden and the other representatives from Andy's Man Club on behalf of the Board for sharing with the Group their own personal stories and for their very informative presentation on the work of Andy's Man Club and urged the media present to carry the message to a more public profile for the benefit of the whole community.

P KILPATRICK ARRIVED DURING THE ABOVE ITEM.

COUNCILLOR PURVES LEFT THE MEETING DURING THE ABOVE ITEM.

4. UPDATE ON REDESIGN OF COMMUNITY MENTAL HEALTH SERVICES AND SUPPORTS IN PERTH AND KINROSS

There was submitted a report by the Head of Health (G/19/171) providing an update on the review of community mental health services and supports in Perth and Kinross.

C Lamont, Chair of the Mental Health and Wellbeing Strategy Group provided the Board with a slide-based presentation on the update of the redesign of Community Mental Health Services and Supports in Perth and Kinross.

Councillor McDade questioned the statistics in the consultation and engagement and referred to the figures detailed in the report which highlighted 60% of people not being satisfied with services and queried whether we have a detailed breakdown of locations. C Lamont advised that they have a full statistical breakdown of where individuals came from which highlights the issues around the access to services in the rural areas and offered to share this breakdown with Councillor McDade.

Councillor Drysdale stated that it was his ambition as the new Chair of the Integration Joint Board that at some point in 2020 he would like to hold a meeting of the Board at a location in Highland Perthshire.

P Kilpatrick made reference to adolescent mental health and self-harmers and queried what services are available in schools and which voluntary organisations specifically support adolescents. C Lamont advised that the recently reconvened Mental Health Strategy Group now have several different agencies / voluntary services represented at the Strategy Board including children and young people's services and CAMHS. He further advised that the Scottish Government had recently

made funding available across Scotland for children and adolescents with mental health issues which will enable staff to start looking to bring in additional link workers and key workers to provide more additional support to schools and other environments to help identify individuals earlier who may be at risk and also to help provide more health promotion around this issue. J Pepper, Chief Social Work Officer further commented that the Scottish Government was also providing funding to each local authority to supply a counsellor within each secondary school and a strategy is currently in development within Education and Children's Services and across the Partnership.

Councillor Purves made reference to the development of the Community Mental Health and Wellbeing Strategy and Implementation Plan for Perth and Kinross and queried if there were any specific timescales in mind for when this would be presented to the Board for approval. In response C Lamont confirmed that they were currently finalising the information that has come back from the consultation exercises carried out with a view to a draft strategy being brought back to this Board by February/March 2020. He also confirmed that a draft Mental Health Improvement Plan developed by the Mental Health Alliance had already been produced.

Councillor McDade expressed concern around the timeline for bringing the new Community Mental Health and Wellbeing Strategy back before this Board for approval and made reference to the fact that the first meeting of the Board in 2020 is not scheduled to be held until early March. Councillor Drysdale confirmed that a discussion around future meetings of the Board was an item on today's agenda and would be discussed fully.

Resolved:

(i) The contents of Report G/19/171 and the progress of the review of community mental health services and support be noted.

(ii) The Chief Officer to present to the Integration Joint Board the Community Mental Health Strategy once produced.

COUNCILLOR PURVES ARRIVED BACK DURING THE ABOVE ITEM.

C LAMONT LEFT THE MEETING AT THIS POINT.

5. MINUTE OF MEETING OF THE PERTH & KINROSS INTEGRATION JOINT BOARD OF 27 SEPTEMBER 2019

The minute of meeting of the Perth and Kinross Integration Joint Board of 26 June 2019 was submitted and approved as a correct record, subject to the following correction being made to Item 3.4 – Inpatient Mental Health Budget 2019/20; 2021/22. An additional resolution (v) being added which states:

'It be agreed that nursing savings in relation to General Adult Psychiatry Rehabilitation and Acute Admission Beds at Murray Royal Hospital be taken on a non-recurring basis only in 2019/20 pending wider discussion around investment across wider pathways of care across Tayside. Therefore, the savings of £204k and £107k be agreed as non-recurring only'.

6. ACTION POINTS UPDATE

There was submitted and noted the action point update for the Perth and Kinross IJB as at 6 November 2019.

It be noted that in relation to Actions 119 and 120, it had been agreed that these be standing items on future agenda.

7. MATTERS ARISING

There were no matters arising from the previous minute.

8. MEMBERSHIP UPDATE

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

Resolved:

(i) It be noted that Councillor Eric Drysdale had been appointed Chair of the IJB by Perth and Kinross Council on 22 October 2019, and that Councillor John Duff had been appointed as a voting member from Perth and Kinross Council to replace Councillor Colin Stewart with effect from 23 November 2019.

(ii) The appointment of Councillor Duff to the Audit and Performance Committee as a voting member from 23 November 2019 be approved.

(iii) The Clerk to write to NHS Tayside in order to fill the vacancy on the Board for an additional GP representative.

(iv) The reappointment of Allan Drummond as the NHS Tayside Staff Representative on the Integration Joint Board for a further three-year period be agreed.

(v) The appointment of voting members to the Clinical, Care and Professional Governance Committee to be delegated to voting members for discussion following the meeting with a view to holding a meeting of the Committee as soon as possible.

(vi) Arrangements for proxy members / substitutes / vacancies to be made more explicit as part of the next review of the Board's Standing Orders.

COUNCILLOR PURVES ASKED FOR HIS DISSENT TO BE RECORDED REGARDING HIS VIEW THAT THE STANDING ORDERS OF THE BOARD HAD BEEN DISAPPLIED AT THE MEETING IN RELATION TO THE USE OF A PROXY MEMBER BY PERTH AND KINROSS COUNCIL.

9. FINANCE AND GOVERNANCE

9.1 2019/20 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/19/173) (1) providing an update on the year-end financial forecast based on actual expenditure for the 6 months to 30 September 2019; and (2) identifying risks which may impact on the financial forecast in future months.

Resolved:

(i) The 2019/20 forecast year-end overspend of £4.4m for the IJB be noted.

(ii) It be noted that £1.1m of the £1.3m Financial Recovery Plan Actions approved by the IJB have been approved by Perth & Kinross Council, but are still under discussion with NHS Tayside. Application of these actions would reduce the forecast to £3.3m.

(iii) The risks which may impact on the financial position in future months be noted.

(iv) The work underway to develop a 3 Year Financial Plan across all services, including longer term service change to address financial sustainability, be noted.

COUNCILLOR PURVES LEFT THE MEETING DURING THE ABOVE ITEM.

10. DEVELOPING STRATEGIC OBJECTIVES

10.1 CHIEF OFFICER STRATEGIC UPDATE

There was submitted a report by the Chief Officer/Director – Integrated Health and Social Care (G/19/176) updating Board members on progress with key strategic developments and on intended future action.

Resolved:

The contents of Report G/19/176 and the following strategic updates be noted:

(i) The Development of Perth and Kinross HSCP's Strategic Commissioning Plan;

(ii) The joint inspection of Perth and Kinross Health and Social Care Partnership (HSCP) by the Care Inspectorate and Healthcare Improvement Scotland and subsequently developed Corporate Improvement Plan;

(iii) The review of the Mental Health Alliance's Memorandum of Understanding.

11. CARERS AND YOUNG CARERS STRATEGY FOR 2019-2022

There was submitted a report by Head of Adult Social Work and Social Care (G/19/174) presenting the Carers and Young Carers Strategy 2019-2022 as required by the Carers (Scotland) Act 2016, for consideration and direction by the Integration Joint Board.

B Benson suggested that it would be useful for members if arrangements could possibly be made for a speaker, potentially a young carer, to attend a future meeting of the Board in order to give a perspective of how the new strategy is helping to make a difference to their life.

Resolved:

(i) The Strategy, to further improve outcomes for carers living and caring in Perth & Kinross, be approved, with directions to be issued to both NHS Tayside and Perth and Kinross Council as per Appendices 4 and 5 of Report G/19/174;

(ii) The Chief Officer/Director – Integrated Health and Social Care to provide annual reports providing updates on performance on progress in delivering the Action Plan.

12. WINTER PLANNING 2019/2020

There was submitted a report by Chief Officer/Director - Integrated Health and Social Care (G/19/175) informing Perth and Kinross Integrated Joint Board of the Winter Planning arrangements for NHS Tayside and Partner Organisations for 2019/20.

G Paterson advised the Board of a typographical error in the report on Page 139, Item 3 – Proposals, the figure in the first paragraph should read '£130,000' and not '£13,000.

In response to a question from B Benson on whether we have uptake targets for the flu vaccination set within other parts of the public sector similarly to how it is done NHS Tayside, Dr D Walker confirmed that unfortunately there was no uptake targets set for the public sector but would be keen to work closely with this Board with regards setting targets for future years.

In response to a question from P Kilpatrick on whether PKC provide the flu vaccination free of charge to all its employees, J Pepper confirmed that PKC does support its staff to get the flu vaccination, this is done by downloading a form from the Council's intranet site which you can then take to a relevant local pharmacy where you can be immunized for free.

Resolved:

(i) The Winter Plan, including the festive arrangements, which has been submitted to the Scottish Government, be endorsed.
(ii) The cost pressures associated with service delivery required to meet winter demand within the context of ongoing patient flow challenges, be noted.
(iii) The whole system collaborative approach taken in preparation for anticipated winter challenges, be noted.

13. FUTURE IJB MEETING DATE 2019

The Board agreed that due to the UK General Election date being set for Thursday 12 December 2019, it would be helpful to instruct the Clerk to seek an alternative date in December for the next meeting of the Board originally set as Wednesday 11 December 2019 at 2.00pm.

14. IJB MEETING DATES 2020 (1.00PM - 4.00PM UNLESS OTHERWISE STATED)

Wednesday 4 March 2020
Wednesday 29 April 2020
Wednesday 24 June 2020
Wednesday 23 September 2020 (2.00pm - 4.00pm)
Wednesday 9 December 2020

IJB BRIEFING/DEVELOPMENT SESSION DATES 2020 (1.00PM - 4.00PM)

Wednesday 8 April 2020
Wednesday 13 May 2020
Wednesday 19 August 2020
Wednesday 28 October 2020

Resolved:

(i) The above meeting dates be approved.

(ii) The Clerk be instructed to find a suitable date for an additional meeting of the Board to be held at the end of January / beginning of February.

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
17 December 2019

Report No. G/19/201

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
104 b	28 Sept 2018	6.2	Perth & Kinross Joint Strategy to Support Independent Living	Progress report to be submitted	D Fraser	Feb 2020	
111	01 May 2019	8.2	Chief Officer Strategic Update	Frank's Law report to be submitted at future IJB meeting to include Financial Impact.	G Paterson	17 Dec 2019	**Included in Chief Officer Update on agenda 17 Dec 2019**
115	01 May 2019	9.1	Tayside Primary Care Improvement Plan – Implementation Update Report	Progress report to be provided in 12 months.	H Dougall	June 2020	
116	01 May 2019		Additional Request received	Care Home Market Provision and Capacity – report to be submitted at future IJB meeting.	G Paterson	17 Dec 2019	**Included in Chief Officer Update on agenda 17 Dec 2019**
118	26 June 2019	9.1	P&K Alcohol & Drug Partnership	Update to be provided including framework and data in 6-9 months time.	C Mailer	April 2020	
119	27 Sept 2019	3.2	Adult MH&LD Service Redesign Progress Report and Risk Review Paper	Update reports to be a standing item at each IJB meeting which should include progress, risk and delivery of MHLDSRP.	Chief Officer/A Wood	17 Dec 2019	**Verbal Update to be provided 17 December 2019**
120	27 Sept 2019	3.2	Mental Health Alliance	Update report to be a standing item at each IJB.	G Paterson	17 Dec 2019	**Agenda Item 17 Dec 2019**
121	27 Sept 2019	3.2	Adult MH&LD Service Redesign Progress Report and Risk Review Paper	Detailed timeline to be provided re redesign programme and improvement work undertaken in Mental Health Wards since 2015.	Keith Russell	Dec 2019	**In progress – information to be circulated to IJB members once prepared**

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
17 December 2019

Report No. G/19/201

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
122	27 Sept 2019	10.1	Bridge of Earn Practice	Assess impact and provide update report.	G Paterson	Sept 2020	
123	27 Sept 2019	10.2	Joint Inspection of the Effectiveness of Strategic Planning in P&K HSCP	Chief Officer to produce a Comprehensive Improvement Plan to address improvement areas outlined within the Joint Inspection Report and to report back to the IJB on early progress.	G Paterson	Feb 2020	
124	06 Nov 2019	4	Update on Redesign of Community Mental Health Services and Support in P&K	Chief Officer to provide the IJB with the Community Mental Health Strategy once produced.	G Paterson	Sept 2020	
125	06 Nov 2019	4	Update on Redesign of Community Mental Health Services and Support in P&K	Locality Manager to share information with Cllr McDade regarding Transport Links	C Lamont	Dec 2019	**In progress – information to be circulated to Cllr McDade directly.**
126	06 Nov 2019	4	Update on Redesign of Community Mental Health Services and Support in P&K	Head of Health to provide information regarding CAMHS current Waiting List times to the Public Partner Service User Proxy Member (SA)	E Devine	Dec 2019	**In progress – information to be circulated to Sandra Auld directly.**
127	06 Nov 2019	11	Carer & Young Carers Strategy 2019-22	Chief Officer to provide annual report with updates on performance and progress in delivering the Action Plan	D Fraser	Dec 2020	

PERTH & KINROSS INTEGRATION JOINT BOARD

17 December 2019

2019/20 FINANCIAL POSITION

Report by the Chief Financial Officer (Report No. G/19/202)

PURPOSE OF REPORT

This report is to update Perth & Kinross Integration Joint Board (IJB) on the year end financial forecast based on actual expenditure for the 7 months to 31st October 2019 and to identify risks which may impact on the financial forecast in future months.

1. RECOMMENDATION(S)

It is recommended that the IJB:-

(i) Notes the 2019/20 forecast year-end overspend of £3.8m for the IJB;
(ii) Notes that this is a reduction of £0.6m from Month 6, after implementation of the Financial Recovery Plan.
(iii) Notes that the forecast overspend is £0.3m less than the 2019/20 formal budget deficit.
(iv) Notes the risks which may impact on the financial position in future months;
(v) Notes the work underway to develop a 3 Year Financial Plan across all services. This includes longer term service change to address financial sustainability.

2. OVERVIEW

OVERALL
Based on actual expenditure to 31st October 2019, Perth & Kinross IJB is forecasting an overspend of £3.8m.

KEY ISSUES
A break down of the £3.8m year end forecast is provided in Table 1 below:-

TABLE 1 YEAR END FORECAST

	Forecast Over/(Under Spend)	
	£m	
2019/20 Budget Deficit	4.1	2019/20 Financial Plan Budget deficit approved by the IJB
Core Health & Social Care Services	0.0	See Table 2 below
Prescribing	(0.4)	Item and price growth lower than plan.
General Medical Services/Family Health Services	0.1	Cost of 2C practices across Tayside spread across all 3 HSCP's.
Inpatient Mental Health (PKIJB share)	0.2	Increased pay costs.
Other Hosted Services (PKIJB share)	(0.2)	Delays in recruitment
Total Forecast Overspend	**3.8**	

Movement from last report: the Finance Report to the IJB in November 2019 forecast an overspend of £4.4m. This updated position represents an improvement of £0.6m.

Financial Recovery Plan: Following approval of the 2019/20 Financial Recovery plan by the IJB in September 2019, £1.1m of financial recovery actions were agreed by NHS Tayside and Perth & Kinross Council in November 2019 and are now being implemented. This was anticipated to reduce the forecast overspend to £3.3m, however this was based on implementation from 1st October 2019. The agreed financial recovery plans are now being implemented, however some slippage has occurred and PKHSCP are taking all possible steps to ensure the planned reduction in expenditure can be achieved without impact on service delivery.

Financial Risk Sharing Arrangements-: based on 2018/19 risk sharing arrangements, Perth & Kinross Council's share of the October forecast overspend would be £2.2m and NHS Tayside £1.6m.

Reserves: PKIJB carried forward £2.5m of earmarked reserves from 2018/19 to meet specific spending commitments in 2019/20. It carried forward no under marked reserves. For 2019/20 a further carry forward of earmarked reserves is anticipated in relation to the Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drugs Funding. Updates will be provided in future months.

3 Year Financial Recovery Plan 2020-23: In order to ensure early and collaborative discussions take place with NHS Tayside and Perth & Kinross Council around the actions required to deliver financial balance in 2020/21 and in the longer term, it is now proposed that a 3 Year Financial Recovery Plan be developed in partnership with both NHS Tayside and Perth & Kinross Council. An update on the work undertaken to date is provided separately to the IJB.

3. SERVICE FINANCIAL PERFORMANCE

3.1 Core Health & Social Care Services

Overall, core health and social care services are now forecasting break-even against their 2019/20 budget. The key issues impacting on the forecast position are summarised in the Table 2 below. A number of unanticipated pressures across bed based services and complex care are being offset by significant non-recurring benefits.

TABLE 2 FORECAST CORE HEALTH & SOCIAL CARE SERVICES

	Forecast Over/(Under Spend)		
	£m	£m	£m
	Health	Social Care	Total
Nursing overspend across POA/MFE/Community Hospital Inpatient Beds	0.6		0.6
Care Home Placements/Internal Care Home Provision		0.8	0.8
Step Up/Interim beds		0.2	0.2
Savings plans behind trajectory	0.2		0.2
Learning Disability/Mental Health Complex Care Packages	0.4	0.1	0.5
Income from charging		(0.3)	(0.3)
Underspend on ring fenced investments	(0.4)	(0.4)	(0.8)
Other	(0.6)	(0.6)	(1.2)
Total Forecast Overspend	**0.2**	**(0.2)**	**0.0**

The overall break-even forecast is a £0.5m improvement on the £0.5m forecast overspend in the last IJB report. However the approved financial recovery actions were anticipated to improve the forecast for core services by £1.1m. Redesign of the use of step up beds and in the introduction of an alternative staffing model in Psychiatry of Old Age Inpatient beds are the key drivers of this slippage and actions are being taken to accelerate implementation.

The key variances across core health and social care services are explained below:-

Nursing Staffing across Inpatient Services: overall a net overspend of £0.6m is forecast across core health bed based services. Medicine for the Elderly (Tay and Stroke wards) are forecasting a £0.1m overspend. This is due to increased bed numbers above budget and supplementary staffing costs to cover vacancies. Psychiatry of Old Age (POA) Wards are forecasting a £0.5m overspend. Costs from increased staffing and supplementary staffing are being incurred, due to vacancies and an increase in acuity and dependency levels.

This is being offset by an underspend (£0.3m) within POA Community Mental Health Teams, driven by vacancies. Community Hospitals are forecasting a £0.3m overspend due to incremental drift, supplementary staffing costs driven by sickness, vacancies and over-establishment within the previous Aberfeldy Community

Hospital. Overall the Inpatient Services forecast overspend is £0.1m less than previously reported.

Care Home Placements/ Internal care Home Provision: an overspend of £0.8m is forecast for care home provision. External Older People Residential and Nursing Care Homes are forecasting a £0.6m over spend, due to higher than anticipated demand. Internal care Homes are forecasting a £0.2m overspend due to higher than anticipated costs (staffing and supplies) and lower than anticipated income due to a change in the financial profile of residents. The forecast is £0.1m less than previously reported.

Step Up/Interim Beds: An overspend of £0.2m is forecast from the use of step up beds in care homes, for which where there is no budget.

Care at Home - The Care at Home forecast is projecting an underspend of £0.2m, this is £0.2m better than last forecast.

Delivery of approved savings: A shortfall on savings delivery of £0.2m is now forecast. This is an improvement of £0.4m from last month. This shortfall is due to slippage in implementation within 2 areas:

- Integration of Workforce
- Unmet savings in 2018/19 from OT Integration have carried forward and remain undelivered.

Learning Disability & Mental Health Complex Care Packages: Overall an overspend of £0.5m is forecast. This is due to new service users and current user's costs increasing and an increase in the cost of external transport**.** This is an improvement of £0.1m from last month.

Income from charging: A £0.3m surplus is anticipated from an over-recovery of income. This is broadly in line with last month.

Slippage on ring fenced investments: Slippage in use of ringfenced investment is forecast at £0.8m The main areas of slippage relate to:

- the delay in implementation of Enhanced Community Support and the Respiratory Service (£0.4m).
- the less than budgeted expenditure in year for Free Personal Care for under 65's (£0.4m).

Slippage on investments has reduced by £0.1m from the last report.

Other: In year opportunities, identified in the first quarter of 2019/20, are benefiting the financial position. These opportunities were identified as part of initial financial recovery management. In addition there is a level of unplanned vacancies across a number of services.

3.2 Prescribing

The 2019/20 Financial Plan assumed item growth of 1.7% and price growth of 3%. Actual item and price growth for the first quarter is lower than plan resulting in an underspend of £0.3m. This is in line with the last report to the IJB.

3.3 General Medical Services and Family Health Services

A forecast overspend of £0.1m is reported being Perth & Kinross IJB's share of 2C GP Practices across Tayside (including one –off Bridge of Earn dispersal costs).

3.4 Other Hosted Services

Overall an underspend of £0.1m is forecast for Perth & Kinross IJB's share of other Hosted Services across Tayside, including those hosted by Perth & Kinross IJB.

3.5 Inpatient Mental Health Services

The service is forecasting an overspend of £2.0m, a deterioration of £0.5m from the gap identified in the approved 2019/20 Financial Plan. Perth & Kinross IJB's share of this variance from plan is £0.2m. The movement broadly arises from unanticipated superannuation costs and pay awards for Medical Staffing.

4. AREAS OF FURTHER FINANCIAL RISK

The degree of certainty around risks increases as the year progresses. However there are a number of key factors that remain uncertain:-

- Prescribing Price fluctuations: an increase in price growth by 0.5% would lead to an increase in costs of £0.2m
- Inpatient Mental Health Medical Locum Costs to respond to service: an additional 1 WTE Medical Locum would cost up to £0.3m.
- Learning Disability Complex Care Packages: Continued uncertainty around client numbers and package costs. The average cost of a Learning Disability complex care package in the year to date is £0.05m however the highest individual package is over £0.3m.
- Capacity Issues across PRI and protection of elective capacity, leading to opening further PKHSCP Medicine for Elderly beds at agency nursing rates.

5. SUMMARY

The forecast overspend of £3.8m is an improvement on the £4.1m 2019/20 formal budget deficit. Full implementation of the £1.1m 2019/20 Financial Recovery Plan actions now approved by PKC and NHST was expected to reduce the overspend to £3.3m, however there has been slippage in implementation of the in- year service redesign required. Implementation is being accelerated and in parallel PKHSCP continues to identify all possible further actions to reduce costs in year. The 3 Year Financial Recovery Plan

process now proposed (Development of 3 year Financial Recovery Plan Paper to IJB) will provide an effective mechanism to set out, consult and engage on the short and longer term service changes that will be required to deliver financial balance over the next 3 years.

Author(s)

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PERTH & KINROSS INTEGRATION JOINT BOARD

17 December 2019

DEVELOPMENT OF 3 YEAR FINANCIAL RECOVERY PLAN

Report by Chief Financial Officer (Report No. G/19/203)

PURPOSE OF REPORT

This report provides an update to the Integration Joint Board (IJB) on the development of a 3-Year Financial Recovery Plan 2020/21 to 2022/23.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

1.1 Note the intention to work with NHS Tayside and Perth & Kinross Council to develop a 3 Year Financial Recovery Plan and request that the Chief Officer take forward discussions thereon with both partners.

1.2 Note the significant and unavoidable cost and demand pressures and essential service developments facing the IJB over the next 3 years, over and above the existing £4.1m structural deficit.

1.3 Note the work being done by PKHSCP to redesign services and identify savings over the 3-year period to offset the significant pressures.

1.4 Note the scrutiny and review that has been undertaken to date by the IJB Budget Review Group.

1.5 Agree that a further update be brought forward to the next IJB meeting.

2. BACKGROUND

2.1 A robust 2019/20 Financial Plan was developed and approved by the IJB which included radical 'invest to save' plans for Older Peoples Services. Despite a significant forward looking transformation and efficiency programme the plan presented an underlying recurring deficit across all IJB devolved services of £4.1m.

2.2 All efforts have been made by PKHSCP to identify opportunities to offset the recurring deficit. An in -year Financial Recovery Plan was approved by the IJB in September 2019 which was subsequently approved by both parent bodies in November 2019. This was expected to reduce forecast overspend further to £3.3m.

2.3 NHS Tayside and Perth & Kinross Council have subsequently requested further plans to come forward urgently which will allow in–year break even to be achieved without impacting on service delivery. All efforts will be continued to be made however this will be extremely challenging on an in-year basis.

2.4 It is therefore proposed that in parallel to consideration of in year measures, the collaborative approach between PKHSCP, NHS Tayside and PKC to develop an in year financial recovery plans now be refocused on the collective development of a 3 Year Financial Recovery Plan 2020/21: 2022/23 which will ensure up early and formal agreement by both partners to both the recurring and in year solutions necessary to deliver future financial balance with full cognisance of consequences for current service delivery and impact on strategic plan objectives.

2.5 This paper provides an update on the progress made so far and the next steps proposed.

3. DEVELOPMENT OF 3-YEAR FINANCIAL RECOVERY PLAN COST AND DEMAND PRESSURES

3.1 A detailed analysis of cost pressures has been undertaken across services. This builds on work done last year to develop indicative plans for 2020/21 and 2022/22. Pressures of £25m have been identified with £13m pressures anticipated in Year 1. Table 1 below provides a summary of the 2020/21 pressures compared to indicative plans. Appendices 1 and 2 set out estimated pressures over the 3-year period across health and social care.

3.2 Whilst the 3 Year Financial Recovery Plan has been developed on an integrated basis across core health and social care services, it has been necessary to present the pressures in relation to each of the devolved budgets due to the financial risk sharing arrangements that remain in place.

Table 1 Summary of Cost and Demand Pressures 2020/21

	Social Care	Health	Total
	£m	£m	£m
B/F Budget Shortfall 19/20	2.4	1.7	4.1
Pay/Price Pressures	2.4	2.4	4.8
Demand Pressures	2.3	0.5	2.8
Essential Service Developments	0.2	0.7	0.9
Total	7.3	5.3	12.6

3.3 2019/20 Structural Deficit - a very robust Financial Plan was developed and approved by the IJB for 2019/20 which, despite a significant forward looking transformation and efficiency programme and including radical 'invest to save' plans for Older Peoples Services, presented an underlying recurring deficit across all IJB devolved services of £4.1m.

3.4 Unavoidable Pay/Price Pressures: In addition to pay uplifts for NHST and PKC employed staff estimated at £2.8m for 2020/21; further significant pressures arise from Scottish Government led uplifts/commitments as follows:

- Living Wage (£0.6m)
- National Care Home Contract Uplift (£1.0m)
- Free Personal Care (£0.1m)
- Carers Act (£0.3m)

The increase in expenditure arising from these commitments is unavoidable, placing a significant pressure on the social care budget.

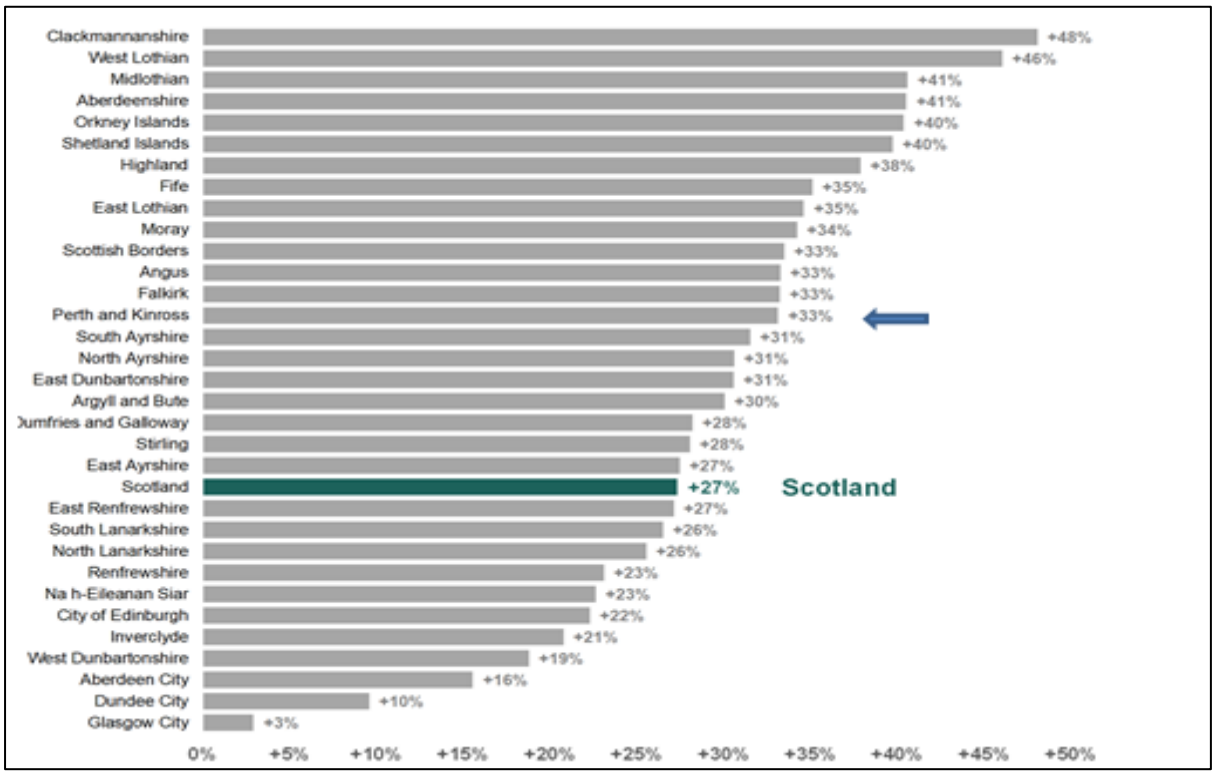
3.5 Demand Pressures: Over the last 10 years +75 residents have increased by 42% in Perth & Kinross. This is set out below in a comparison to other HSCP's and the Scottish Average

Table 2 Growth in population over 75'2 1998-2018 Source ISD Scotland

	75+ 1998	75+ 2018	growth
East Dunbartonshire	6,387	11,412	79%
West Lothian	7,069	12,406	75%
Orkney Islands	1,463	2,345	60%
Highland	14,365	22,604	57%
Moray	5,940	9,184	55%
Aberdeenshire	13,622	20,993	54%
East Renfrewshire	5,837	8,987	54%
South Lanarkshire	18,089	26,891	49%
Midlothian	4,810	7,089	47%
Perth and Kinross	11,100	16,262	47%
Dumfries and Galloway	11,885	17,038	43%
Shetland Islands	1,390	1,966	41%
North Lanarkshire	17,541	24,574	40%
Falkirk	9,253	12,957	40%
Stirling	5,850	8,143	39%
North Ayrshire	9,332	12,981	39%
Angus	8,774	12,173	39%
Clackmannanshire	3,023	4,162	38%
East Lothian	6,889	9,437	37%
Renfrewshire	10,885	14,842	36%
South Ayrshire	9,540	12,752	34%
Scottish Borders	9,232	12,240	33%
Fife	24,901	32,754	32%
Scotland	347,095	454,736	31%
Argyll and Bute	7,549	9,636	28%
East Ayrshire	8,204	10,382	27%
Na h-Eileanan Siar	2,501	3,160	26%
Inverclyde	6,086	7,395	22%
Aberdeen City	14,193	16,235	14%
City of Edinburgh	32,345	35,991	11%
West Dunbartonshire	6,379	7,055	11%
Dundee City	11,248	12,228	9%
Glasgow City	41,413	38,462	-7%

The Over 75 population is expected to increase by a further 33% over the next 10 years. This anticipated growth is again higher than the Scottish average as set out at Table 2 below.

Table 3 Anticipated Growth in population over 2016-2026 Source: ISD Scotland



3.6 This growth will have a material and direct impact on the demand for older people's services in 2020/21 as follows:-

- Care at Home (£0.2m)
- OT Equipment (£0.1m)
- Care Home Placements (£0.9m)

Demand for Learning Disability/Autism and Mental Health Services also continues to grow. Further significant provision will be required both for transitions from Education and Children's Services and from the wider adult client group:-

- Learning Disability and Mental Health Care Packages (£1.5m)
- Prescribing of medicines by Community Mental Health Teams to support Mental Health (£0.1m)

Estimated demand pressures have been calculated on a gross basis. The transformational approach to shifting the balance of care and radically redesigning service models to both improve outcomes and drive financial sustainability across core services is outlined below.

4. ESSENTIAL SERVICE DEVELOPMENTS: IMPROVING PERFOMANCE THROUGH NEW SERVICE MODELS

4.1 Since inception, PKHSCP have taken a transformative approach to investment in Older Peoples Services with savings delivered through transformation, efficiency and integration reinvested in enhancing services. Appendix 3 sets out the £2.5m PKHSCP actual and planned re- investment in Older Peoples Services to improve flow, capacity and shift the balance of care.

4.2 Phase 1 committed re-investment of £0.85m over 2017/18 and 2018/19 in service change to improve flow from hospital to community settings. This has led to significant improvement in delayed discharge performance. Table 4 below sets out the 19,900 bed days lost to delayed discharge at a cost of £4.3m to the wider hospital system based on a national average cost per bed day of £215.

4.3 In addition to specific investments in service redesign, significant investments has been made each year to fully meet demands for Care Home Placements and Care at Home to maximise flow from hospital and significantly reduce delayed discharges.

Table 4 Bed Days lost to Delayed Discharge April 2015- March 2016
Source: ISD Scotland

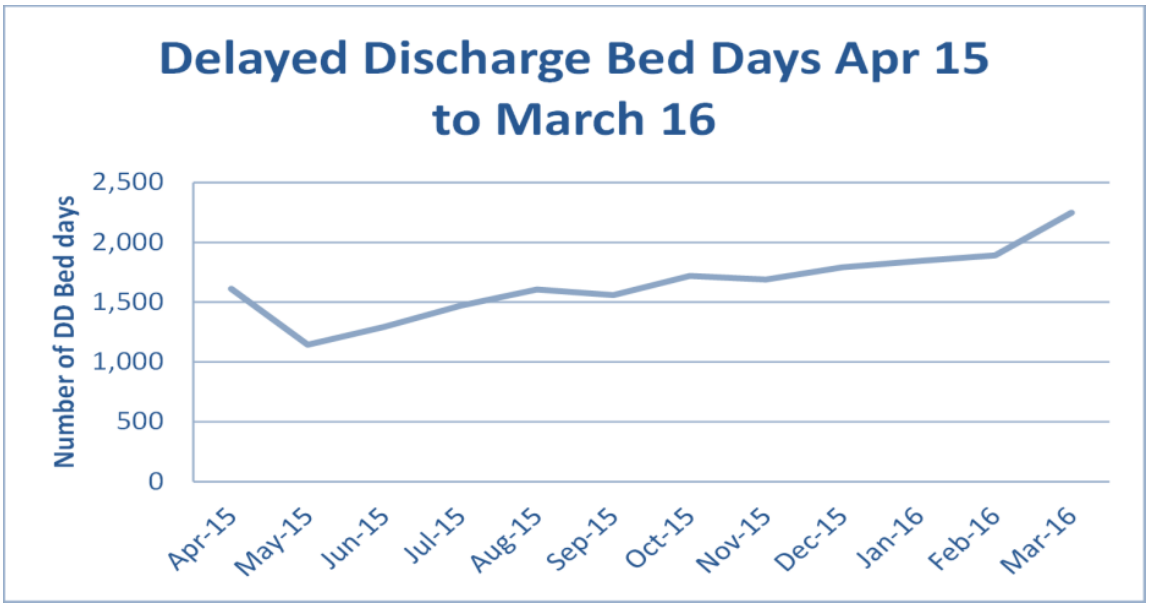
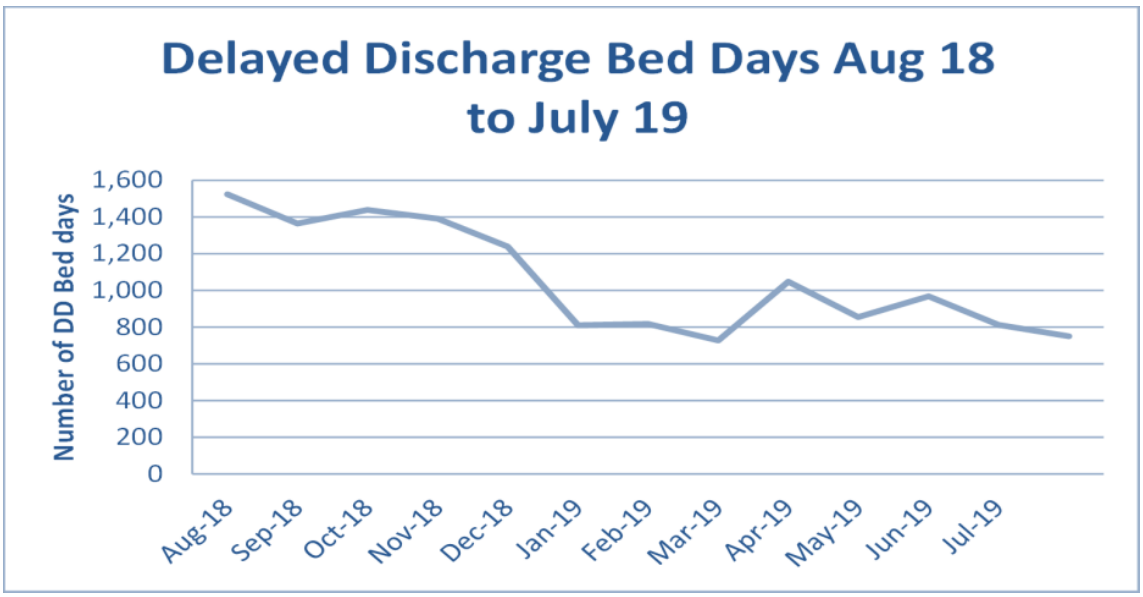


Table 5 below covers the period from August 2018 to July 2019. During this period 12,200 bed days were lost to delayed discharge at a cost of £2.6m.

Table 5 Bed Days lost to Delayed Discharge August 2018- July 2019
Source: ISD Scotland



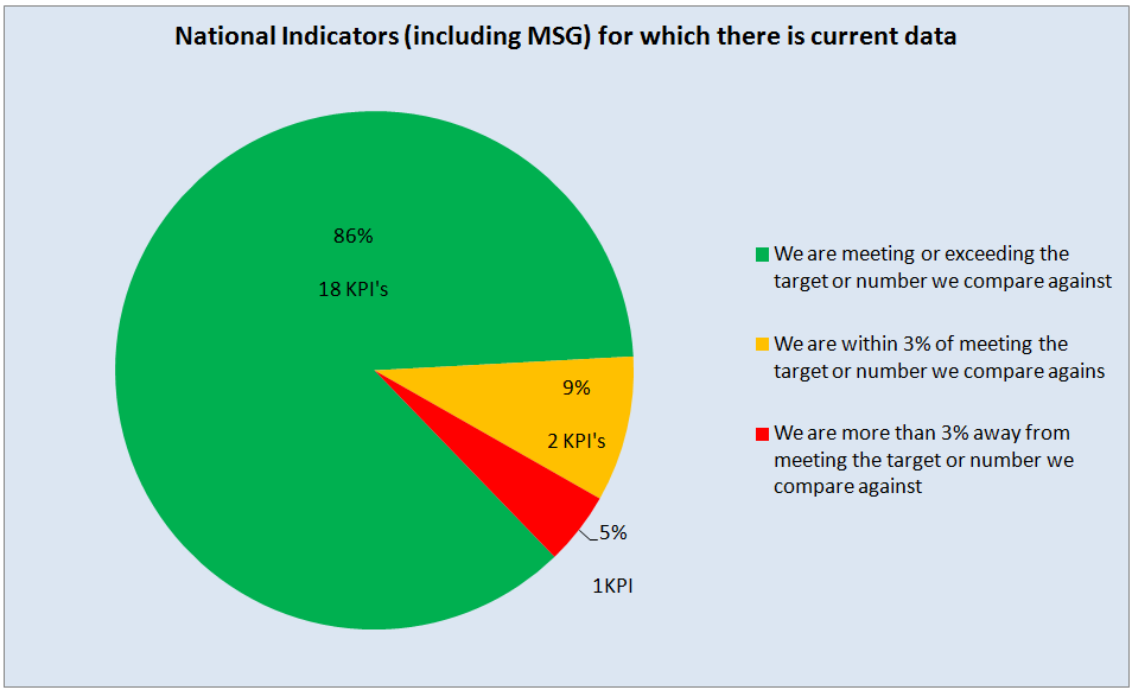
The improvement establishes PKHSCP as one of the best performing partnerships in Scotland in relation to Delayed Discharge. The reduction of 7,700 beds days between the two periods equates to a cost reduction to the wider NHS Tayside system of £1.7m.

4.4 Phase 2 investment of £1.58m will significantly enhance community services to keep people at home for longer and is expected to deliver savings of £2.82m (See Section 5 below). The second tranche of this key investment is £0.7m in 2020/21 and this is included as an essential service development n 2020/21. In addition, it is proposed that a further £0.1m is invested in extending the national recognised PKHSCP CAPA Programme (Care about Physical Activity) from Care Homes to clients in their own homes.

4.5 PKHSCP's pro-active investment strategy has supported strong performance against national performance indicators designed to measure success in delivering integration.

Table 6 below sets out that that for 2018/19 PKHSCP for 18 out of 21 Performance Indictors performance was above the Scottish Average.

Table 6 2018/19 Performance against National Indicators Source 2018/19 Annual Performance Report



This £2.5m investment by PKHSCP and the delivery of strong service performance comes however with an opportunity cost since alternatively the savings delivered to reinvest in these essential service developments could have been used to offset legacy deficits in Prescribing, Inpatient Mental Health and Complex Care.

4.6 As part of the collaborative development of the 3 Year Financial Recovery Plan discussions now need to take place with NHS Tayside to ensure strong support to our Invest to Save Older Peoples Strategy, ensure collective recognition of the £1.7m wider system savings delivered to date and agree the appropriate shift of resources from the Large Hospital Set Aside Budget. In parallel, discussions are required around the anticipated impact of PKHSCP investment in Enhanced Community Services in 2019/20 and 2020/22, the anticipated impact on the Large Hospital Set Aside bed base and the appropriate transfer of resources to PKHSCP.

5 MEETING THE FINANCIAL CHALLENGE: SAVINGS

5.1 Significant work has been undertaken to identify transformation and efficiency plans to respond to the level of pressures whilst in parallel delivering the core Strategic aims of the IJB.

5.2 The development of savings and transformation proposals has been led by PKHSCP's Executive Management Team (EMT). Our further programme of transformation builds on successful delivery of a significant programme of savings across core budgets over the last 4 Years.

5.3 For Older People and Unscheduled Care, the savings proposals are part of a 3 year invest to save strategy which through upfront investment in community based teams will deliver a fundamental shift in the balance of care with a reprofiling of beds and a delivery of significant savings in Years 2 and 3. This includes full consideration of the future requirement for all bed based services.

5.4 For Mental Health and Wellbeing, the savings proposals focus on a radical redesign of our Learning Disability Community Care Service Models. In addition, a review of care pathways and community investment will lead to a shift from bed-based models within Learning Disabilities and General Adult Psychiatry.

5.5 We have undertaken a review of all other partnership wide budgets and identified a number of further opportunities for efficiency from corporate management and commissioned services.

6. COLLABORATIVE WORKING WITH NHS TAYSIDE AND PERTH & KINROSS COUNCIL

6.1 The indicative level of resources being made available by NHS Tayside and Perth & Kinross for 2020/21: 2023 currently falls short of that required to meet the difference between expected pressures and the level of transformation and efficiency which is currently predicted to be achievable.

6.2 It is therefore essential that intensive discussion now takes place as part of a formal financial recovery plan development process with both NHS Tayside and Perth & Kinross Council focused on agreement of the short, medium and long-term measures necessary to deliver a balanced budget over the 3-year period.

6.3 The Chief Officer will work with the Chief Executives of NHS Tayside and Perth & Kinross Council to agree a programme of meetings over December to March to take forward the development of a 3 Year Financial Recovery Plan.

7. ROLE OF IJB BUDGET REVIEW GROUP

7.1 The IJB Budget Review Group (BRG) has met 5 times between April 2019 and December 2019 with the clear aim of ensuring intense scrutiny, review and challenge of all pressures and savings proposals. Most importantly, the IJB BRG have sought sufficient information to be assured that savings proposals protect the safety of service users, maintain patient flow through unscheduled care and remain consistent with the IJB's core strategic aims.

7.2 At this stage the BRG is part way through the review of pressures and it is anticipated that their review will continue to run as long as necessary to consider all proposals that arise from discussions with NHS Tayside and Perth & Kinross Council to develop a 3 Year Financial Recovery Plan.

8. CONCLUSION

Whilst PKHSCP are taking forward an ambitious programme of savings and service redesign, the scale of pressures identified for 2020/21 over and above the existing structural deficit will make deliver of break–even extremely challenging and difficult decisions lie ahead to ensure future financial sustainability. The Chief Officer will work with NHS Tayside and Perth & Kinross Council to agree a collaborative approach to the development of a 3-Year Financial Recovery Plan 2020/21: 2022/23 which will ensure early and formal agreement by both partners to both the recurring and in year solutions necessary to deliver future financial balance with full cognisance of consequences for current service delivery and impact on strategic plan objectives.

Appendix 1 – Social Care Executive Summary – Pressures & Impact Analysis
Appendix 2 – Health Executive Summary – Pressures & Impact Analysis
Appendix 3 – Strategic Investment Older Peoples Services

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SOCIAL CARE
3 YEAR EXECUTIVE FINANCIAL RECOVERY PLAN
SUMMARY: PRESSURES

Appendix 1

	Expenditure Pressure & Impact Analysis	Expenditure Pressures		
		2020/21 £000	2021/22 £000	2022/23 £000
1	**2019/20 Financial Plan Shortfall** The 2019/20 Financial Plan approved by the IJB identified a budget deficit in relation to social care of £2.367m. This was largely driven by a £0.8m budget deduction in respect of income in 2018/19, to be delivered from a review of contributions policy by PKC, but not progressed. This was offset by PKC non-recurringly in year but rolled forward as a budget pressure to 2019/20. In addition during 2018/19, a significant and unplanned increase in complex care expenditure was incurred of approx. £1.7m required to be provided for in the 2019/20 Financial Plan.	2,367	0	0
2	**Increase in Staff Pay Costs** Additional pay increase cost based on 3% pay increase to PKC employed staff for all three years to 2022/23, as per the PKC updated assumptions.	587	600	600
3	**Care Home Contract Rates** Pressure based on assumed 3.55% increase for both Residential and Nursing Placements weekly rate. The rate for 2019/20 had been increased by 3.65% for Nursing Care and 3.4% for Residential Care. The uplift to the care home contract is annually negotiated on a national basis however if agreement cannot be reached this year, there is a risk that negotiation may revert to each HSCP.	970	1,026	1,073
4	**Living Wage Increase** For 2020/21 the living wage rate is expected to be £9.30 per hour payable from 1 April 2020. This represents an increase of 3.3% compared to 2019/20. As part of the national commitment to fair working practices, all contracts for direct social care services require to be uplifted each year to take account of the agreed national increase to the living wage. This includes contracts with Care at Home providers (including sleepovers) and other direct social care service providers. This pressure includes the increase in the living wage rate to £9.30 per hour plus an increase to employer on costs.	578	544	567

	Expenditure Pressure & Impact Analysis	Expenditure Pressures		
		2020/21 £000	2021/22 £000	2022/23 £000
5	**Free Personal Care Inflation Increase** This is an assumed inflationary increase for free personal care (1.6% for Nursing FPC and 1.7% for Residential FPC). This is provided to self-funding clients in order to deliver the shared Scottish Government/COSLA commitments on free personal care. Payments are uprated annually and the 2019/20 fees are £177 for residential care, £257 for nursing care.	82	86	90
6	**Carers Act – Additional Responsibilities** This pressure reflects the anticipated additional costs of the continued roll out of the Carers Act and the next steps in its implementation. The level of pressure is based on the Scottish Government indicative additional estimated costs.	250	0	0
7	**Older People Care Home Placements – Demand Pressure** During 2019/20, demand for care home placements has been significantly higher than anticipated resulting in a forecast overspend of £0.7m. The pressure for 2020/21 therefore includes the budget gap predicted for 2019/20. In addition the expected growth in 75+ population in Perth & Kinross is anticipated to further increase demand for Care Home Placements over all 3 years. This also reflects that Perth & Kinross currently has the 9th highest 75+ population in Scotland. This pressure is offset by Saving No 7 below.	909	272	272
8	**Care at Home – Demand Pressure** The expected growth in 75+ population is expected to increase demand for Care at Home over all of the next 3 years. This pressure is offset by Savings No 4 and 9 below.	156	340	417
9	**OT Adaptation and Equipment – Demand Pressure** The expected growth in 75+ population is expected to directly increase demand for OT adaptations and equipment.	50	50	50

	Expenditure Pressure & Impact Analysis	Expenditure Pressures		
		2020/21 £000	2021/22 £000	2022/23 £000
10	**Learning Disabilities Transitions Clients transferring from Education & Children Services** Based on information collated from the transitions team the cost of a number of young people with a Learning Disability and/or Autism who have complex support requirements who will transition from Education & Children's Services to Adult Social Care has been calculated. This pressure relates to both the part, and full year, costs of care packages for clients known to be moving into adult services over the coming three years.	656	599	548
11	**Learning Disability & Mental Health - Increased Demand Social Care** The pressure reflects the full year effect of new clients and increase in cost of existing clients during 2019/20. It is difficult to predict need in future years and therefore Years 2 and 3 are based on the Year 1 pressure.	494	494	494
12	**Full year cost of priority investment in Enhanced Community Support** In 2019/20 the IJB approved essential investment in the roll out of Enhanced Community Support which will pro-actively identify frail older people at risk of deterioration and support them to stay at home supported by an integrated team of core professionals. The investment was phased over 2 years and this is the 2nd year cost of social care professionals within the team. This essential service development is fundamental to delivering Saving No 7 as part of an overall strategy to reduce reliance on bed based services through expansion of community support.	99	0	0
13	**Investment in CAPA (Care about Physical Activity)** Exercise can improve physical performance and reduce frailty and falls. The length of stay in care homes has increased as a result of our investment in the CAPA programme. The partnership now wish to invest further to focus the offer to people in their own homes or in intermediate care, to seek to avoid care home and hospital admission.	100	0	0
	TOTAL PRESSURES	**7,298**	**4,011**	**4,111**

HEALTH
3 YEAR FINANCIAL RECOVERY PLAN
EXECUTIVE SUMMARY: PRESSURES

Appendix 2

	Expenditure Pressure & Impact Analysis	Expenditure Pressures		
		2020/21 £000	2021/22 £000	2022/23 £000
1	**2019/20 Recurring Budget Deficit** The 2019/20 Financial Plan approved by the IJB identified an overall budget deficit in realtion to health services devolved by NHS Tayside of £1.737m. This is made up of three elements:- • A budget deficit of £0.475m was identified within the 2019/20 Core Health Financial Plan resulting from complex care package health contribution costs which were previously picked up by NHS Tayside central reserves until 2018/19 but for which responsibility has passed to PKHSCP in 2019/20 without the associated budget transfer. • A budget deficit of £0.752m recurring gap within the Prescribing Financial Plan. The formal due diligence exercise undertaken at inception of PKIHB in 2016/17 identified a very signfciant shortfall in the budget transferring from NHS Tayside to meet prescribing costs. Whilst PKHSCP have made very signfciant progress in bringing costs in line with budget, a £0.752m gap remains. • PKHSCP hosts Inpatient Mental Health Services on behalf of all 3 Tayside IJB's. The due diligence exercise undertaken prior to inception of the IJB in 2016/17 identified a very signfcant shortfall in the budget transferring to meet costs. Whilst there has been redesign of services, medical locum costs have continued to rise and the signfciant gap between expenditure and budget remains now wholly driven my the medical staffing recruitment issues. PKIJB's share of the gap in the 2019/20 Financial Plan for IPMH £0.510m.	1,737	0	0
2	**Financial Plan Savings not achievable** Total Savings plans of £2.630m were approved as part of the 2019/20 Financial Plan for Core Health & Social Care Services. Despite significant efforts £0.226m (8%) will not be delivered recurringly. This includes a shortfall on savings delivered on the integration of Occupational and a shortfall in savings from integration of management and administration which has been met on a non-recurring basis only. Savings on integration of management and adminisatrtion are still anticpated however require to be retained to invest in PKHSCP senior management capacity.	226	0	0

	Expenditure Pressure & Impact Analysis	Expenditure Pressures		
		2020/21 £000	2021/22 £000	2022/23 £000
3	**Increase in 2019/20 Employer Pension Contributions** The NHS Pension Scheme is financed by payments from the employer and current members. The employer contribution rate is set through a scheme valuation which is undertaken every four years. The most recent 2016 scheme valuation identified the need to increase the employer contribution from 14.3% to 20.6% from 1st April 2019. NHS Tayside completed its calculation of the recurring cost implications in September 2019 and PKIJB's forecast from Month 7 now includes an unanticipated cost in relation to employer pension contributions of £0.459m for which no additional funding has been provided by NHS Tayside in 2019/20. This estimation of the recurring increase in pay costs was not available for inclusion in the indicative financial plan for 2020/21 must now be built in.	459	0	0
3	**Uplift to Staff Pay Costs** Additional pay costs from pay increase to NHS Tayside employed staff for all 3 years.	1,190	1,253	1,084
4	**Increase in pay costs resulting from NHS Scotland Agenda for Change Increment Re-Structure** To help NHS Scotland attract and recruit new staff, the 3 Year Pay Deal for 2018/19 to 2020/21 for Agenda for Change included the restructure of existing pay bands with the number of pay points being signifcantly reduced by 1st April 2020. The restructuring of pay points gives rise to a signfcant increase in pay costs over 2020/21 and 20221/22. The estimation of costs was not available for includion in the indicative 2020/21 and 2021/22 Financial Plan. Estimaions have now been undertaken by NHS Tayside and are now included.	219	327	0
5	**Regrading Band 2/3 Inpatient Healthcare Support Workres & AHP Service leads** Across NHS Tayside during 2019/20, a small group of Band 2 Staff had a historic regrading claim upheld meaning they moved to Band 3. It is assumed that all Band 2 inpatient posts will follow and the recurring increase in costs is now included in the 2020/21 Financial Plan.	163	0	0

	Expenditure Pressure & Impact Analysis	Expenditure Pressures		
		2020/21 £000	2021/22 £000	2022/23 £000
6	**Incremental Drift Community Hospitals** The budget for pay within Blairgowrie and Crieff Community Hospitals is insufficient to meet the current staff pay costs. The pay budget has been based on an average scale point increment for each pay banding, however due to their tenure a significant amount of staff are on an increment higher than that budgeted for.	100	0	0
7	**Occupational Therapy Equipment** Investement in Occupational Therapy equipment and adaptations was approved as part of the 2019/20 Financial Plan. This investment is in line with Partnership intentions to keep people at home for longer when clinically safe to do so (84% of older people in the community are sustained at home by use of aids and adaptations, hoists and pressure relieving equipment).	40	40	40
8	**Learning Disability and Mental Health : Increased Demand Health Services** This pressure reflects the full year effect of new clients and increase in cost of existing clients during 2019/20. It is difficult to predict need in future years and therefore Years 2 and 3 are based on Year 1 pressure. This is in addition to the pressure transferred by NHS Tayside in 2019/20 set out at Pressure 1 above. This pressure is offset by Social Care Saving 8 Transformation of Services for People with Complex Care Needs.	383	383	383
9	**Community Mental Health Services: Antipsychotic and Substance Misuse Medicines** Expenditure on medicines prescribed to patients under the care of Adult Community Mental Health Teams has increased over the last four years. This increase is due both to the cost of medicines and and the number of patients receiving medicines. In particular the number of patients receiving Opiate Replacement Therapy (ORT) has increased signfciantlly in line with the National Clinical Strategy.This stepped increase in expenditure now requires to be recognised in the Financial Plan.	114	0	0
10	**Prescribing Growth** Year on year, the increasing elderly population in P&K drives an increase in the number of items being dispensed by GP's. For 2019/20 a 1.7% item growth increase was projected taking account historic growth in P&K GP Practice list size in the over 65 age group. However during the year our work with GP Practices to increase the quality efficiency and safety (QSEP) of GP Prescribing has contributed to year to date growth to August 2019 of 1% compared to the 1.7% plan.	0	400	400

	Expenditure Pressure & Impact Analysis	Expenditure Pressures		
		2020/21 £000	2021/22 £000	2022/23 £000
	During 2018/19 the average price per item varied significantly on a monthly basis. It was very difficult to predict the price changes for 2019/20 or for further years. It was prudently assumed that prices would remain at the December 2018 average an increase of 3% from the 2018/19 baseline. However based on data to August 2019, there has actually been a net reduction in price per item of 1.4%. At this stage it has been assumed that the budget provision made in 2019/20 and additional impact of the QSEP programme will be sufficient to absorb any increase in item or price growth in P&K for 2020/21. However more detailed financial planning is being undertaken by NHS Tayside and this may be subject to change. Growth for 2021/22 and 2022/23 is based on 2019/20 anticpated level of item growth. Again this will be subject to change based on more detailed planning currently being undertaken.			
11	**Health and Safety Regulations Community Hospitals** NHS Tayside is responsible to ensure Evacuation Procedures work independently of the emergency services. Following practical walkthrough evacuation exercises and subsequent staff discussion about the numbers, vulnerabilities and associated evacuation issues for frail older people in hospital, the NHS Tayside Fire Safety Adviser and Fire Risk Assessor has made a recommendation to ensure that fire safety is not compromised in community hospitals by ensuring the availability of sufficient staff to support safe evacuation.	85	0	0
12	**Full Year cost of priority investment in Enhanced Community Support/Respiratory Service/Intemediate Care Beds** In 2019/20 the IJB approved essential investment in the roll out of Enhanced Community Support and Respiratory Community Support which will pro-actively identify frail older people at risk of deterioration and and support them to stay at home for longer. The Older People and Unscheduled Care priorities alos included the realignment if Rehabiliation Beds. This investment was phased over 2 years and this is the 2nd year of the health professisonals within the integrated teams. This essential service development is fundmental to delivering savings number 1, 2 and 3 Health Savings and Savings Numbers 7 and 9 Social Care savings as part of an overall Invest To Save Strategy.	614	0	0

	Expenditure Pressure & Impact Analysis	Expenditure Pressures		
		2020/21 £000	2021/22 £000	2022/23 £000
	TOTAL PRESSURES	**5,330**	**2,402**	**1,907**

Recurring Investment

		2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m	Total £m
Phase 1	Discharge Hub	0.15				0.15
	Frailty Team	0.15				0.15
	HART	0.39				0.39
	Enhanced Community Medical Model		0.16			0.16
		0.69	0.16	0	0	0.85
Phase 2	ECS			0.44	0.44	0.88
	Respiratory			0.09	0.09	0.18
	Rehabilitation/Intermediate Beds			0.17	0.17	0.34
	POA Medical			0.12		0.12
	Telehealth			0.06		0.06
		0	0	0.88	0.7	1.58
	Sub-Total Phase 1 & 2	0.69	0.16	0.88	0.7	**2.43**
Phase 3	CAPA Investment				0.1	0.1
	Total All Phases	**0.69**	**0.16**	**0.88**	**0.8**	**2.53**

PERTH AND KINROSS INTEGRATION JOINT BOARD

STANDING ORDERS

Revised November 2018

1. General

1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable, be the rules and regulations for the proceedings of Committees and Sub-Committees and therefore reference to the term 'Board' in the said Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.

1.2 In these Standing Orders "the Integration Board" shall mean the Perth and Kinross Integration Joint Board established in terms of The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015.

1.3 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2. Membership

2.1 Voting membership of the Integration Board shall comprise four persons nominated by the NHS Board, and four persons appointed by the Council. Where the NHS Board is unable to fill its places with non-Executive Directors it can then nominate other appropriate people, who must be Members of the NHS Board to fill their spaces, but at least two must be non-executive Members.

2.2 Non-voting membership of the Integration Board shall comprise:

(a) the chief officer of the Integration Board;

(b) the chief social work officer of the local authority;

(c) the proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973;

(d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

(e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;

(f) a registered medical practitioner employed by the Health Board and not providing primary medical services;

(g) one member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;

(h) one member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;

(i) one member in respect of service users residing in the area of the local authority;

(j) one member in respect of persons providing unpaid care in the area of the local authority; and

(k) such additional members as the Integration Board sees fit. Such a member may not be a councillor or a non-executive director of the Health Board.

The members appointed under paragraphs (d) to (f) must be determined by the Health Board.

2.3 A Member of the Integration Board in terms of 2.2 (a) to (c) will remain a Member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Board shall be for three years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.

2.4 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.

2.5 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment in terms of Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

2.6 A voting Member appointed under paragraph 2.1 ceases to be a Member of the Integration Board if they cease to be either a Councillor or a non-executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

2.7 A Member of the Integration Board, other than those Members referred to in paragraph 2.2(d) and (e), may resign his/her membership at any time during their term of office by giving notice to the Integration Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting Member, the Integration Board must inform the constituent authority that made the nomination.

2.8 If a Member has not attended three consecutive Ordinary Meetings of the Integration Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Board, the Integration

Board may, by giving one month's notice in writing to that Member, remove that person from office.

2.9 If a Member acts in a way which brings the Integration Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Board, the Integration Board may remove the Member from office with effect from such date as the Integration Board may specify in writing.

2.10 If a Member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.

2.11 A constituent authority may remove a Member which it nominated by providing one month's notice in writing to the Member and the Integration Board.

2.12 Proxy Members for voting and non-voting Members of the Integration Board may be appointed by the constituent authority which nominated the Member, as appropriate. The appointment of such Proxy Members will be subject to the same rules and procedures for Members. Proxy Members shall receive papers for Meetings of the Integration Board but shall be entitled to participate or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Board, any Proxy Member attending the meeting may not preside over that meeting.

2.13 The acts, meetings or proceedings of the Integration Board shall not be invalidated by any defect in the appointment of any Member.

3. Chairperson and Vice Chairperson

3.1 The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting Members of the Integration Board. If a Council Member is to serve as Chairperson then the Vice Chairperson will be a Member nominated by the NHS Board and vice versa. The first Chair of the Integration Board will be appointed on the nomination of the Council.

3.2 The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairpersons. The term of office of the first Chairperson will be for a period of two years following the date of the formal establishment in law of the Integration Joint Board and two yearly thereafter. The Council or NHS Board may change their appointee as Chairperson of Vice Chairperson during an appointing period.

3.3 The Vice-Chairperson may act in all respects as the Chairperson of the Integration Board if the Chair is absent or otherwise unable to perform his/her duties.

3.4 At every meeting of the Integration Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from within the voting Members present for that meeting. Any Proxy Member attending the meeting in terms of 2.12 may not preside over that meeting.

3.5 Powers, authority and duties of Chairperson and Vice-Chairperson.

The Chairperson shall amongst other things:-

(a) Preserve order and ensure that every Member has a fair Hearing;

(b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;

(c) Determine the order in which speakers can be heard;

(d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;

(e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;

(f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;

(g) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;

(h) Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption; and

(i) Members shall address the Chairperson while speaking.

4. Meetings

4.1 The first meeting of the Integration Board will be convened at a time and place to be determined by the Chairperson. Thereafter the Integration Board shall meet at such place and such frequency as may be agreed by the Integration Board.

4.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chairperson. If the Office

of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

4.3 If the Chairperson refuses to call a meeting of the Integration Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

4.4 Adequate provision will be made to allow for Members to attend a meeting of the Integration Board or a committee of the Integration Board either by being present together with other Members in a specified place, or in any other way which enables Members to participate despite not being present with other Members in a specified place.

5. Notice of Meeting

5.1 Before every meeting of the Integration Board, or committee of the Integration Board, a notice of the meeting, specifying the time, place and business to be transacted, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five working days before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any Member shall not affect the validity of anything done at a meeting.

5.2 In the case of a meeting of the Integration Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.

5.3 At all Ordinary or Special Meetings of the Integration Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

6. Quorum

6.1 No business shall be transacted at a meeting of the Integration Board unless there are present, and entitled to vote both Council and NHS Board Members and at least one half of the voting Members of the Integration Board are present.

6.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed.

7. Code of Conduct and Conflicts of Interest

7.1 Members of the Integration Board shall subscribe to and comply with the Perth and Kinross Integration Joint Board Code of Conduct which is deemed to be incorporated into these Standing Orders. All Members who are not already bound by the terms of the Code of Conduct shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct.

7.2 If any Member has a financial or non-financial interest as defined in the Code of Conduct and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest.

7.3 If a Member has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.

7.4 Where an interest is disclosed, the Member declaring the interest must determine whether that interest prohibits them from taking part in discussion of or voting on the item of business.

8. Adjournment of Meetings

8.1 A meeting of the Integration Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

9. Disclosure of Information

9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-

- Confidential information within the meaning of Section 50A(2) of the Local Government (Scotland) Act 1973.

- The full or any part of any document marked “not for publication” by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.

- Any information regarding proceedings of the Integration Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Board.

10. Recording of Proceedings

10.1 Proceedings of meetings of the Board, Committees or Sub-Committees held in the Council Chamber at 2 High Street, Perth and which are open to the public in terms of Section 50A of the Local Government (Scotland) Act 1973, will be recorded for broadcast after the meeting.

11. Admission of Press and Public

11.1 Except in relation to items certified as exempt, meetings of the Integration Board shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Board not less than five days before the date of each meeting.

11.2 The Integration Board may by resolution at any meeting exclude the press and public therefrom during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of the proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 Act or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

11.3 Every meeting of the Integration Board shall be open to the public but these provisions shall be without prejudice to the Integration Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Board.

12. Alteration, Deletion and Revocation of Decisions of the Integration Board

12.1 Without prejudice to the terms of Standing Order 13, except insofar as required by reason of illegality, no motion to alter, delete or revoke a decision of the Integration Board will be competent within six months from the decision, unless the Chairperson determines that a material change of circumstances

has occurred to the extent that it is appropriate for the issue to be re-considered.

13. Suspension, Deletion or Amendment of Standing Orders

13.1 Subject to any statutory requirements, any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

14. Motions, Amendments and Debate

14.1 It will be competent for any voting Member of the Integration Board at a meeting of the Integration Board to move a motion or an amendment directly arising out of the business before the Meeting.

14.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded by another voting Member.

14.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-

- On a question of Order
- With the permission of the Chairperson
- On a point of clarification

In all of the above cases no new matter will be introduced.

14.4 The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.

14.5 Amendments must be relevant to the motions to which they relate and no voting Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.

14.6 It will be competent for any voting Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the voting Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.

14.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Chairperson to decline or accept the question or offer of information.

14.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:

- to adjourn the debate; or
- to close the debate in terms of Standing Order 14.6.

14.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the mover and seconder.

15. Voting

15.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

15.2 Only the four Members nominated by the NHS Board, and the four Members appointed by the Council shall be entitled to vote.

15.3 Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chairperson shall not have a second or casting vote.

15.4 Where a consensus cannot be reached at one meeting, the matter under discussion will be carried forward to a further meeting to be convened as soon as reasonably practicable by the Chair in terms of Standing Order 4.2 above to permit further discussion/resolution. If the voting Members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

16. Minutes

16.1 The names of the Members present at a meeting shall be recorded in the minutes of the meeting.

16.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement, after which they will be signed by the person

presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

17. Committees, Sub-Committees and Working Groups

17.1 The Integration Board may establish any Committee, Sub Committee or Working Group as may be required from time to time but, with the exception of the Strategic Planning Group and the Audit and Performance Committee, each Committee, Sub Committee or Working Group shall have a limited time span as may be determined by the Integration Board.

17.2 The Membership, Chairperson, remit, powers and quorum of any Committee, Sub Committee or Working Groups will be determined by the Integration Board.

17.3 Agendas for consideration at a Committee, Sub Committee or Working Group will be issued to all Members no later than five working days prior to the date of the meeting.

18. Reports to the Integration Board

18.1 The Integration Board shall only consider reports through the office of the Chief Officer of the Integration Board. The following officers shall have the right to submit reports to the Integration Board which must be considered by the Integration Board:-

- The Chief Officer of the Integration Board
- The proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973
- The Chief Social Work Officer of Perth and Kinross Council
- The Clinical Director of NHS Tayside
- The Associate Nursing Director of NHS Tayside

19. Consideration of Petitions

19.1 In line with the Integration Joint Board's public petitions procedure, petitions will be submitted to the next available meeting of the Board or the appropriate Committee.

20. Review of Standing Orders

20.1 The operation of these Standing Orders will be monitored regularly. Any required amendments brought about by practice, legislation or policy will be presented to the Integration Board for approval. In addition, these Standing Orders will be reviewed annually.

PERTH AND KINROSS INTEGRATED JOINT BOARD

17 December 2019

CHIEF OFFICER STRATEGIC UPDATE

Report by Chief Officer/Director Integrated Health & Social Care (Report No. G/19/204)

PURPOSE OF REPORT

This report provides the Perth and Kinross Integration Joint Board with an update from the Chief Officer on progress with key developments, more details on which will be provided in future updates in 2020.

1. RECOMMENDATION

It is recommended that Members of the Integration Joint Board note the following updates and commit the Chief Officer to provide further reports, in due course, in relation to the matters covered.

2. FRANK' LAW – Free Personal Care for People Under 65 years

In 2017 the Scottish Government carried out a feasibility study on extending its free personal care policy to people under the age of 65 years. The findings from this study highlighted that some people under the age of 65 years, who were assessed as requiring services and support, were declining this because of the charges that this would incur, placing an added burden on these people, their families and carers. The Scottish Government concluded that extending free personal care to people under the age of 65 years would increase uptake in services and improve the fairness of charging arrangements. It determined that the policy should be extended to people aged under 65 years with effect from the 1st April 2019.

This extension has become known as 'Frank's Law' after Frank Kopel, a footballer who was diagnosed and later died from early onset dementia. His wife and family had campaigned for the Scottish Government to extend Free Personal Care to those under the age of 65 years, where they are assessed as needing this service, regardless of age, condition or means.

At the Perth and Kinross IJB on 1st May, the Chief Officer provided a progress report on the work that had been undertaken to support the implementation of Frank's Law. This involved making changes to our Contribution Policy to recognise that free personal care services were now exempt from charging for all age groups, while service users would still be required to make a contribution towards the cost of any non-personal care services that they received.

The IJB were advised that the Scottish Government had provided Perth and Kinross Council with recurring funding of £800k to offset the reduction in income. The IJB recognised that the full impact of this policy would not be able to be determined until later in the year, so requested a further report providing an update on how many people have benefitted from the implementation of Frank's Law and what this has cost.

Having applied the exemption in relation to free personal care to existing services users and those who have sought services since 1st April, there are now £722k recurring commitments against this budget, with £78 currently uncommitted.

At 1 April 2019 there were 608 clients aged under 65years and in receipt of chargeable services. Of these people, 366 were in receipt of *personal care* services and therefore saw a reduction in their chargeable services. However, only 118 people saw a reduction in what they were asked to contribute. This was because the cost of their non-personal care services was still greater than their assessed contribution.

Since implementation, four people have requested an assessment for FPC. These people were previously fully funding their care without any support from Perth and Kinross KHSCP, as they had significant funds following compensation payments being awarded to them to fund their future care needs. As these four people are now eligible for free personal care they have requested the HSCP provide their services.

In summary, 122 people have seen a financial reduction in what they are asked to pay towards their care;

- 118 people saw a reduction in their contribution as at 1 April 2019, costing £130k
- 4 people will no longer have to pay towards the FPC elements of their care, costing £592k

3. The Care Home Market in Perth & Kinross

At the IJB on 1st May 2019, following some media coverage, the Chief Officer provided an update on Fourseasons Healthcare, a national, corporate care home provider with significant financial challenges that had been put up for sale. This led to a request to bring back information on the care home market in Perth and Kinross, which follows;

- There are 38 Care homes for Older People in Perth and Kinross; 2 in the public sector; 30 in the private sector; 6 in the voluntary sector.

- There are 13 Care Homes in the North Locality, 10 in Perth City and 15 in the South Locality.

- Across Perth and Kinross there are 1234 beds, with an occupancy level consistently around 98%.

- Work is underway to build a new 80 bedded care home in Perth City on the site of the Atrium and it is expected that this will become operational later in 2020.

- Through approaches we have had from developers we are aware of a number of other possible developments across Perth and Kinross, which would potentially bring additional beds into the local market. These are, however, commercially sensitive at this stage and planning applications have not yet been submitted.

- The following table shows that, based on Care Inspectorate grades, most Care Homes in Perth and Kinross are performing well. With 63% of all Care Homes evaluated as good or very good and 18% evaluated as excellent.

C.I data @ 31/10/19	Grade	Unsatisfactory	Weak	Adequate	Good	V.Good	Excellent
Quality of Care, Support and Wellbeing	No of care homes	0	2	5	9	15	7
	%	0%	5%	13%	24%	39%	18%

- However, two homes currently have a grade of 'weak' in relation to the 'Quality of Care and Support'. We have met with the management team in these homes, have requested an action plan and are closely monitoring the situation.

4. DEVELOPING OUR WORKFORCE PLAN

We are currently developing a Workforce Plan for the Health and Social Care Partnership. This will be a key document for the partnership, linking to our Strategic Commissioning Plan. It will aim to;

- ensure that we are making best use of our finite resources
- enable new and innovative ways of working
- support the development of more integrated, accessible and responsive services
- address our recruitment challenges

- promote our ambition to be a learning organisation with a positive, supportive culture
- equip our employees with the skills and knowledge to deliver safe and effective services.

In producing our workforce plan we will also address recent inspection and audit recommendations.

In developing our workforce plan we will link to Perth and Kinross Council and NHS Tayside's workforce plans, we will work closely with our staff side colleagues and also engage with wider stakeholders. Our plan will set out our vision for health and social care services and the workforce required to deliver this.

To progress this, the HSCP has been supported by HR colleagues to deliver a number of workforce development workshops throughout the autumn. This has enabled the current workforce arrangements, challenges and demands to be mapped, to inform robust workforce planning in the context of the new Strategic Commissioning Plan. This has informed the first draft of the workforce plan, which will be further developed and consulted on during the coming weeks. We are committed to working in partnership to plan and deploy our future workforce in the context of the challenging and complex landscape we work in.

We intend to finalise our Workforce Plan by March 31st 2020 and will share a draft of this with IJB Members early in the New Year.

Author(s)

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

PERTH AND KINROSS INTEGRATION JOINT BOARD

17 December 2019

PERTH AND KINROSS IJB STRATEGIC COMMISSIONING PLAN

Report by the Chief Officer / Director of Integrated Health and Social Care
(Report No. G/19/205)

PURPOSE OF REPORT

This report presents the 'Final Draft' Perth and Kinross Integration Joint Board Strategic Commissioning Plan 2020-2025.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board (IJB):

(i) Consider and agree the attached (Final Draft) Strategic Commissioning Plan.
(ii) Agree that the Strategic Commissioning Plan be a 5 year plan.
(iii) Request that, in addition to producing a printed version, the final version of the Strategic Plan be developed onto a digital dashboard for ease of access.
(iv) Note the proposals to revise the Health and Social Care Partnership's arrangements for strategic planning and for stakeholder engagement.
(v) Instruct the Chief Officer to provide annual reports to the IJB on progress in implementating the Strategic Commissioning Plan.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 A development session in June 2019 provided the opportunity for IJB Members to review the previous Strategic Commissioning Plan and consider early proposals for the focus and content of the new plan. This highlighted members' views that the plan should be different, that it should affirm clear strategic priorities, should link to the public health agenda and should be concise, focussed and easily understood.

2.2 IJB Members also conveyed their expectation that the new Strategic Commissioning Plan should be informed by consultation and engagement with people using services, their carers and the wider community. In order to achieve this a programme of community engagement events took place across Perth and Kinross through June and July 2019. The feedback that this generated supplemented our earlier consultation and built on the existing stakeholder engagement that takes place through our Programme Boards, Strategy Groups and Strategic Planning Group.

2.3 In September, there was further engagement on Perth and Kinross' draft Strategic Commissioning Plan when all three HSCPs were asked to present their plans at a NHS Tayside Board development event. Comments received at that event were incorporated into the next iteration of the draft plan.

2.4 In October 2019, a further IJB development session provided the opportunity members to consider the draft Strategic Commissioning Plan. This led to requests that the plan be shortened and re-ordered, so that contextual and background information was provided later in the plan, giving greater focus to the intended strategic actions. IJB Members were also keen that the focus in this plan should be on high-level strategic actions, recognising that delivery plans would sit behind this but need not be incorporated into such a strategic document. Finally, there was a request that we articulate what difference we would expect to make and how this would be measured, evidenced and reported during the period covered by the plan.

2.5 During November further work was undertaken to address these comments and develop the final draft version of the Perth and Kinross Strategic Commissioning Plan, which members are asked to comment on and approve. Following approval of this final draft, in line with the national guidance, we will undertake a short period of consultation with relevant stakeholders.

2.6 It is further proposed that the Strategic Commissioning Plan will be designed in a more innovative way, as a digital dashboard for those who can use technology, in addition to the traditional printed version.

3. STRATEGIC PLANNING PROCESSES

3.1 The challenges of developing this Strategic Commissioning Plan have led officers in the Health and Social Care Partnership to reflect on the strategic planning processes that support this work. We currently have in place four Programme Boards of Care, below which sit a number of strategy groups. This has been found to be a confusing arrangement, with some duplication and, at times, a lack of clarity about where responsibility lies for strategic planning, operational delivery and financial and performance management. This aligns to the findings of the Joint Inspection, which raised concerns about the effectiveness of our approach to strategic commissioning and planning.

3.2 The inspection also highlighted the difficulties the HSCP has had in producing routine performance report and this has also arisen in internal audit reports and has been a matter of concern to the IJB's Audit and Performance Committee. This can, in part, be attributed to the challenges of operating both Programme Boards and Strategy Groups, with a lack of clarity on purpose and role, as outlined above.

3.3 In addition, the Joint Inspection questioned whether the HSCP had adequately resourced the various boards and groups and was realistic about what they could reasonably achieve. The need for more effective stakeholder involvement was also highlighted.

3.4 In response to these challenges, the HSCP proposes moving away from the Programme Boards of Care and instead progressing strategic planning through a number of Strategy Groups. It is proposed that these will;

- reflect our different care groups (older people, mental health, substance misuse learning disability, carers, etc.) and take into account national strategies
- be supported by colleagues with responsibilities for planning and performance
- comprise a broad range of stakeholders including service users and carers as well as third and independent sector representatives
- each develop their own strategy, aligned to the strategic priorities in the new Strategic Commissioning Plan and recognising locality perspectives
- develop a range of relevant performance measures
- include financial plans

3.5 This proposed approach to strategic planning will give greater emphasis to the views and experiences of people accessing services, will focus less on formal, statutory services and will consider, for each care group, the realisation of the partnership's strategic ambition to support early intervention, develop preventative approaches, build individual and community resilience, promote public health and improve outcomes. This revised approach to strategic planning will be supplemented by work of our Transformation Board, which is now overseeing the delivery of a number of high level transformation programmes and services reviews.

3.6 In addition, and in order to address a further concern that was raised through the Joint Inspection, the HSCP is undertaking a review of our Community and Engagment Strategy. We also intend to review the support being provided to the Third Sector Forum and its membership, to ensure it is revitalised and enabled to inform our strategic planning and delivery activity.

4. CONCLUSION

4.1 This revised Strategic Commissioning Plan, which has been developed following review, engagement and consultations, sets out the high level strategic intentions of the Perth and Kinrosss HSCP for the next five year period. This seeks to balance the need for transformation, with our priorities and objectives, while recognising the significant challenges that we will face in respect of finance and demography.

4.2 Sitting below this plan, through the work of existing and new Strategy Groups, the HSCP will develop a range of care group strategies, as well as the delivery plans to support the attainment of our strategic priorities.

4.3 It is intended that the Chief Officer will bring annual reports on progress in the delivery of our Strategic Commissioning Plan to future IJB meetings.

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

Perth and Kinross Integration Joint Board

Strategic Commissioning Plan 2020/2025

Final Draft – 28 November 2019

Content

Foreword

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

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

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

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

Gordon Paterson
Chief Officer
Perth and Kinross HSCP
December 2019

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Our Health & Social Care Partnership

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

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

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

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

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

The services assigned to Perth and Kinross HSCP are:

Delegated Partnership Services			**Services Hosted by Perth and Kinross HSCP**
Community Care	**Health**	**Hospital**	
• 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

Our Vision

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

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

Our Principles

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

Health and Social Care Standards:

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

Our Strategic Aims and Key Actions

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

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

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

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

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

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

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

Our Action Plan

1. Working together with our communities

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

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

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

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

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

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

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

			ensure that they feel valued, listened to and empowered – HSCP Survey
We will involve a range of organisations to inform people about the different types of support available to carers	5,6,8	Carers from all backgrounds and all communities will feel recognised, valued and supported in their caring role, while being able to enjoy a quality of life outwith caring.	Reduction in complaints in respect lack of access to support
We will continue to support, promote and develop Carers Voice for adult carers and establishment of Young Carer Forum	1,2,3,4,5,6,7	Young carers will feel fully supported in their role and able to balance caring with their own wellbeing, interests and life choices.	Increased engagement with Young Carers to ensure that they feel valued, listened to and empowered (HSCP Engagement Survey questions)
4. Reducing inequalities and unequal health outcomes and promoting healthy living **Strategic Aim:** Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality.			
Key Actions	**National Health & Wellbeing Outcomes Success - (page 4)**	**Our Ambition - what will be different in 2025?**	**Measures & targets to gauge success (yearly)**
We will identify a range of actions to mitigate the effects of the most prevalent long-term health conditions	1,2,4,5,9	There will be an increase in the ability for people to self manage long- term conditions and a reduction in a person's health suddenly deteriorating leading to a crisis intervention such as emergency admission to hospital.	Reductions in all ages unscheduled care admissions
We will consult with stakeholders to finalise and deliver our Mental Health and Wellbeing Strategy	3,4,5,7,9	Evaluation of the effectiveness of the range of services under Action 15 of the Scottish Government National Mental Health Strategy will evidence better outcomes for people with a mental health illness.	Self Evaluation results indicate better outcomes for people with a mental health illness
We will implement multi-agency	1,5,7	People will be more easily able to have equal access to local	Strategy in place and

assessment clinics across Perth and Kinross		services provided by a range of partners	relevant to current need Increased service user/carer satisfaction
We will review access to psychology support	4,5,7	Access, workforce and service challenges will have been addressed to improve service users' experience and satisfaction.	Increased service user/carer satisfaction
We will take action to address health inequalities experienced by people living in Perth and Kinross	4,5	People will experience improved health equalities and outcomes.	Self Evaluation results indicate better outcomes for people
We will work in Partnership with employers in Perth and Kinross to recognise carers in the workplace	8,9	We will have been awarded 'Carer Positive' accreditation	Carer Positive accreditation in place
We will work with Partners such as Department for Work and Pensions and Welfare Rights	5	Service Users and Carers will be accessing benefits, services and entitlements to mitigate the financial impact of illness or their caring role.	Service Users and Carers will have timely access to funds which will negate financial burden
5. Making best use of available facilities, people and other resources **Strategic Aim:** We will use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.			
Key Actions	**National Health & Wellbeing Outcomes Success**	**Our Ambition - what will be different in 2025?**	**Measures & targets to gauge success (yearly)**
We will review our current care pathway for those people living with a diagnosis of a complex health issues.	3,5,7	With enhanced support and improved service provision in place, there will be an increase in service user satisfaction.	Increased service user/carer satisfaction
We will ensure that information is more easily accessed in relation to available local services, agencies and supporting organisations	1,2,3,4,5,6,9	People will have timely and appropriate access to services and support.	Strategy in place and relevant to current need Reduction in complaints in respect of poor service, waiting times and communication

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

Our Delivery Plans

Locality Delivery Plans and Tactical Objectives

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

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

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

Performance Reporting

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

Appendix - Context

Our Partners

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

NHS Tayside – "Transforming Tayside" Programme Hyperlink

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

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

Perth & Kinross Council – "The Perth and Kinross Offer" Hyperlink

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

Tayside Public Health Team – "Health Equities" Programme

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

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

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

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

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

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

Dundee and Angus Integration Joint Boards (Hosted Services)

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

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

Perth and Kinross Council - Housing Hyperlink Housing Contribution Statement

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

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

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

Strategic Commissioning with Our Partners

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

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

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

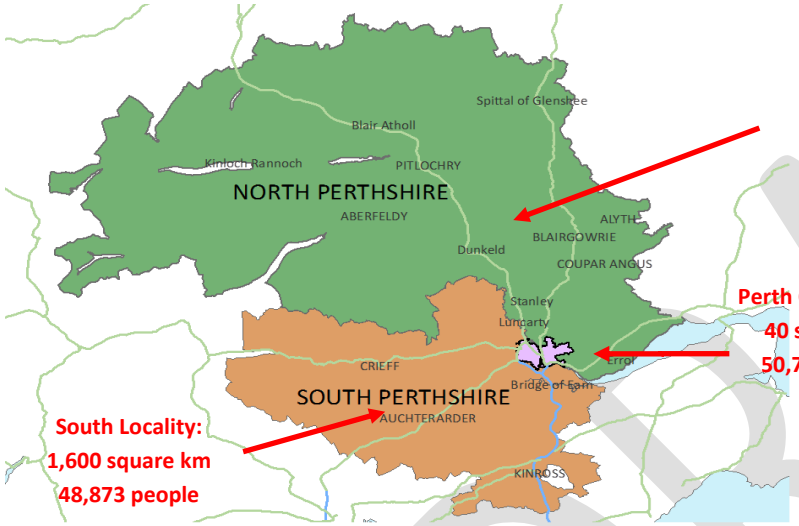
Our People

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

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

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

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



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

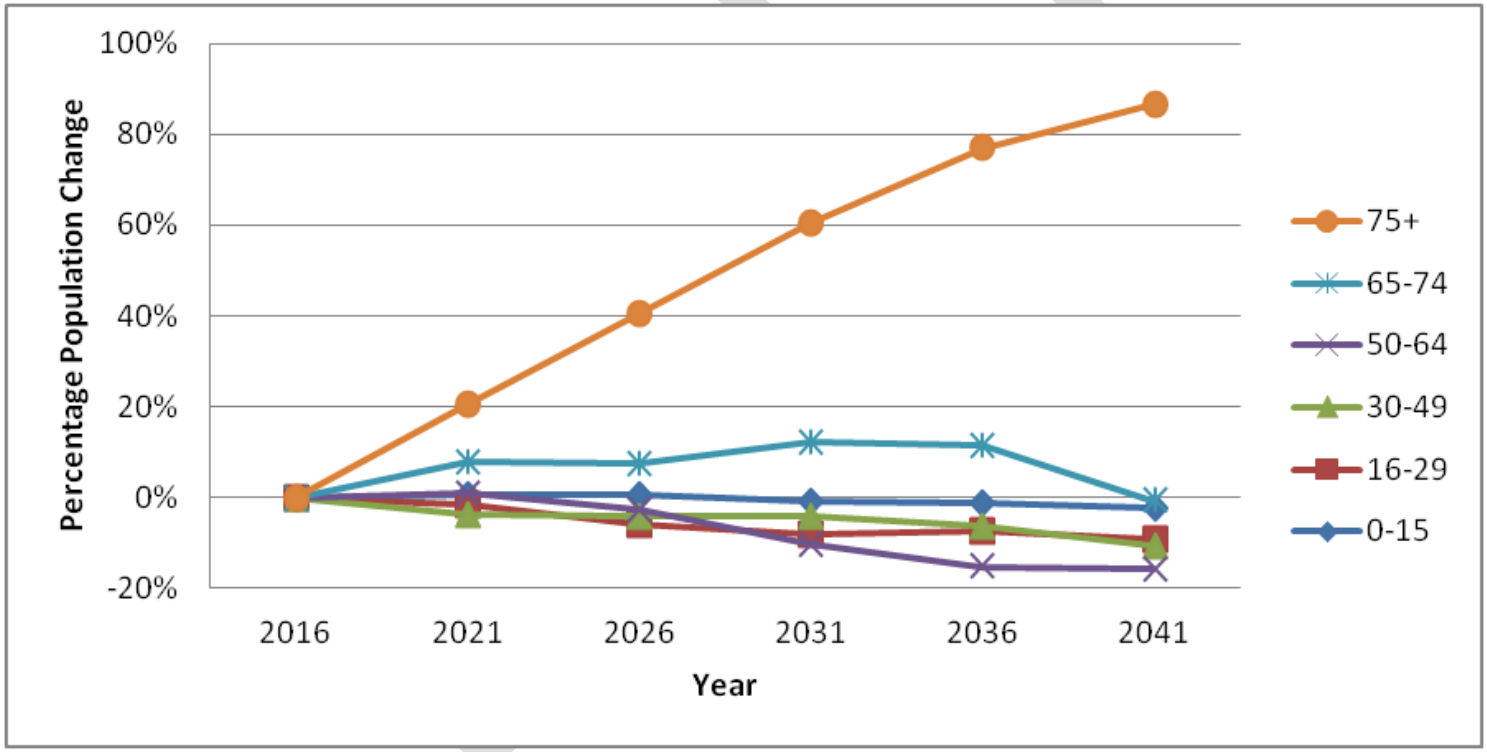
Locality Action Plans are being developed that seek to ensure that people have access to the services and supports they need in their local communities.

The Case for Change

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

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

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



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

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

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

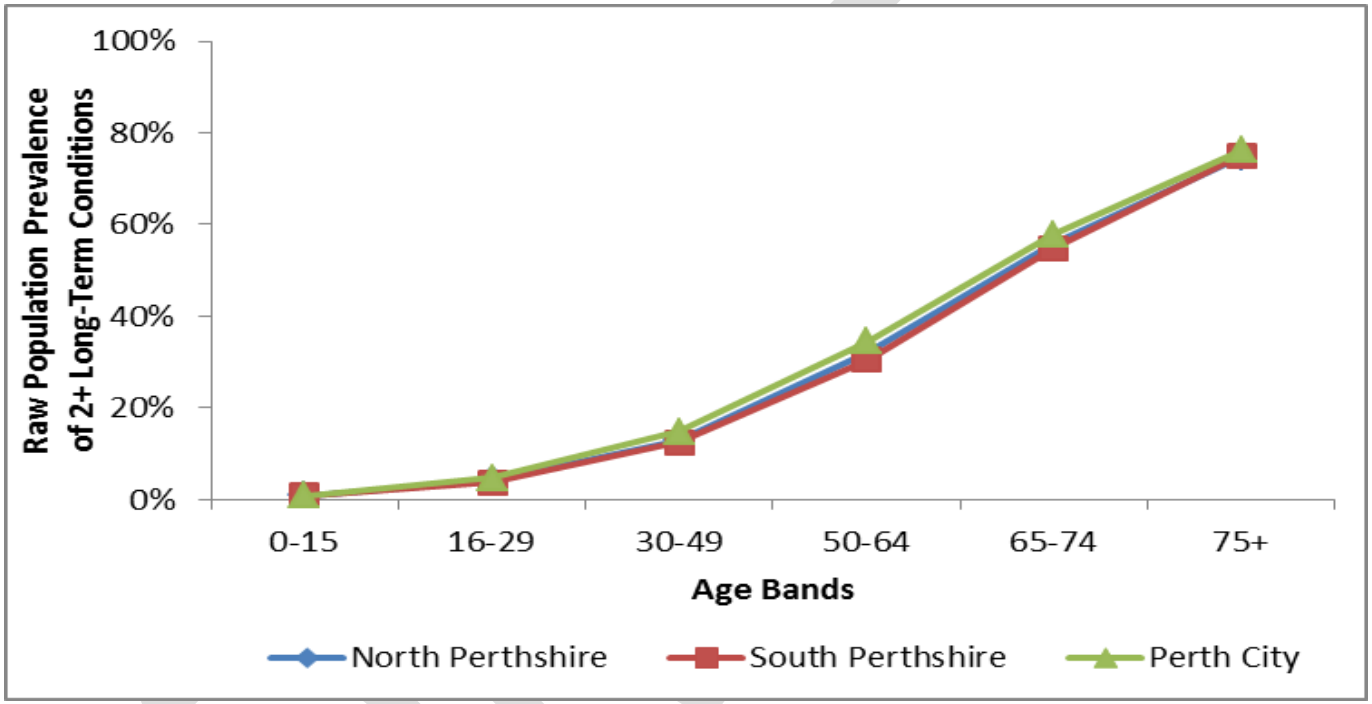
GP practices registers indicate that a number of specific long-term conditions are more prevalent in Perth and Kinross than in Scotland as a whole.

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

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

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

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



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

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

Our Engagement

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

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

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

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

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

Some examples of the responses that we received follow:

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

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

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

Our Offer

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

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

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

Our Resources

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

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

Our Pressures:

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

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

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

PERTH AND KINROSS INTEGRATION JOINT BOARD

17 December 2019

THE TAYSIDE MENTAL HEALTH ALLIANCE

Report by Chief Officer / Director Integrated Health & Social Care
(Report No. G/19/206)

PURPOSE OF REPORT

This report updates Perth and Kinross IJB on the revision to the Memorandum of Understanding that supports the work of the Tayside Mental Health Alliance and provides an update on the Alliance's work.

1. RECOMMENDATION

It is recommended that the Integration Joint Board;

- approves the revised Memorandum of Understanding
- notes the early progress of the Tayside Mental Health Alliance.

2. INTRODUCTION

2.1 In response to Dr David Strang's input to the September IJB meeting on the progress of his Independent Inquiry and following consideration of a progress report on the Adult Mental Health and Learning Disability Service Redesign Programme, IJB Members requested further updates on the work of the Tayside Mental Health Alliance.

2.2 This was recognised as particularly important in ensuring that the focus of our development work extends beyond our bed-based, inpatient services and takes greater account of our ambition to intervene earlier, to keep people well and to support them at home and in their local communities. On 27th September 2019, Perth and Kinross IJB '*gave its full commitment to ongoing and end to end transformation of mental health services in Tayside.'*

3. GOVERNANCE

3.1 In response to representations received from IJB Members, the Chief Officer and Monitoring Officer have proposed some revision to the Memorandum Of Understanding that had been drafted to support the work of the Tayside Mental Health Alliance. These revisions seek to ensure that the agreed Memorandum of Understanding and the accompanying Terms of Reference more accurately reflect the respective responsibilities of the three IJBs and NHS Board for the planning and delivery of mental health services across Tayside. In doing so, this ensures that the MOU takes full account of each of these Boards governance and decision-making responsibilities in respect of mental health services across Tayside.

3.2 Members of the IJB are asked to note and approve the attached revised Memorandum of Understanding and Terms of Reference (Appendix One), which are also being considered by partner boards in anticipation of collective agreement.

4. TAYSIDE MENTAL HEALTH ALLIANCE (MHA)

4.1 It is intended that the MHA's work will build on the three HSCP's local Community Mental Health Strategies and support the design and development of effective end-to-end pathways of care. In doing so, key elements of the Scottish Government's National Mental Health Strategy will underpin its work;

- Prevention and early intervention for mental health conditions
- Improving support during pregnancy and after birth
- Reforming children and young people's mental health services
- Improving specialist services for children and young people and adults
- Taking a 21st century approach to adult mental health
- Reducing health inequalities
- Respecting, protecting and fulfilling rights
- Making suicide prevention everybody's business

4.2 The vision for the Tayside Mental Health Alliance is that the people of Tayside will receive the best possible mental health and wellbeing, care and treatment. This includes positive wellbeing and a good quality of life to help prevent mental health problems occurring, and that those with mental ill health will get the respect, support, treatment and care they require to recover without fear of discrimination or stigma.

4.3 NHS Tayside and the three Integration Joint Boards are committed to building a mental health and social care system that aims to:

- Strive for equitable health outcomes across our population
- Support and improve the mental health and wellbeing of people to maximise their independence and health providing the right support at the right time
- Embed multi-disciplinary team working at the heart of 'seamless' care pathways and providing support for people

- Ensure models of care and services are of high quality, safe, person centred, affordable and sustainable
- Ensure services are planned and delivered with people who have lived experience
- Focus on people, their families and communities keeping them at the centre of everything we do.

5. MEMBERSHIP

5.1 The Tayside Mental Health Alliance currently has representation from the following:

- Dundee HSCP
- Angus HSCP
- Perth & Kinross HSCP
- NHS Tayside
- Public Health
- Primary Care
- Staff Side
- Chief Social Work Officers
- Independent Advocacy
- Dundee Voluntary Action
- Child and Adolescent Mental Health

5.2 The collaborative approach being taken acknowledges that each of the HSCPs have strategic plans in place to support the needs of their local population, but sets up the MHA as the vehicle to connect the whole system of mental health and to identify and prioritise the system-wide elements of work that benefit from a 'once for Tayside' approach. The aim is to work collaboratively with partners to understand the full Tayside landscape and the associated challenges and the opportunities to improve services for people who use mental health and learning disability services

5.3 The MHA has affirmed that further engagement with a wide range of third sector organisations, with carers, service users and wider stakeholders will be progressed through the HSCPs local Strategic Planning Groups.

6. INITIAL DELIVERY PRIORITIES

6.1 The initial priorities for the Tayside Mental Health Alliance are closely aligned to the Health and Social Care Alliance Scotland publication 'Hearing the voices of people with lived experience' (2019) which was an integral part of the Independent Inquiry into Mental Health Services in Tayside.

The key themes highlighted in the report include:

1. Focus on prevention
2. Quicker access to support
3. Building a therapeutic environment
4. A long term recovery approach to services

6.2 Consequently, the MHA has identified the following priority workstreams:

- Workforce
- Community Mental Health and Crisis Care & Home Treatment
- Learning Disability
- Rehabilitation Pathway
- Emotionally Unstable Personality Disorder (EUPD) Pathway

6.3 For each of these areas a design group has been set up, comprising relevant stakeholders including service users and carers. These groups will develop their workplan, progress the work and report back to the MHA, with any necessary decision remitted to the appropriate body in line with our governance arrangements.

Appendix 1: Memorandum of Understanding
Appendix 2: Terms of Reference

Author(s)

Name	Designation	Contact Details
Gordon Paterson	Chief Officer/Director Integrated Health & Social Care	tay-uhb.chiefofficerpkhscp@nhs.net

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

MEMORANDUM OF UNDERSTANDING

Between

NHS Tayside ("NHST") having their principle offices at Ninewells Hospital and Medical School DUNDEE DD1 9SY

and

Angus Integration Joint Board ("Angus IJB") having their principle offices at xxxxx

Dundee integration Joint Board("Dundee IJB") having their principle offices at xxxx

Perth and Kinross Integration Joint Board ("Perth & Kinross IJB") having their principle offices at 2 High Street Perth PH1 5PH

WHEREAS

NHST is responsible for the protection and improvement of their population's health and for the delivery of high quality frontline mental health services reflective of Scottish Governments objectives and priorities;

the Public Bodies (Joint Working) (Scotland) Act 2014 delegated certain health and social care functions to the Integration Joint Boards of Angus, Dundee and Perth & Kinross ("the IJBs") as set out in their respective statutory Integration Schemes (2the integrated functions");

in respect of some of those integrated functions, the IJBs have hosting arrangements in place as set out in their respective statutory Integration Schemes;

the Parties recognise that responsibility for the delivery of mental health services in Tayside is spread across various agencies and subsystems of health and social care;

the Parties acknowledge their respective statutory responsibilities in relation to the strategic planning, commissioning, operational management and delivery of mental health and social care services for the population;

the Parties are committed to transforming mental health services to ensure that the people of Tayside will receive the best possible mental health and wellbeing, care and treatment; and

the Parties understand that, in order to transform mental health and care services to deliver better outcomes for the people of Tayside, they need to work together to optimise existing resources, capacity and capability to effect change which will benefit the whole system.

NOW THEREFORE THE PARTIES AGREE TO WORK TOEGTHER AS FOLLOWS:

1. Scope

1.1 The services within the scope of this agreement relate to mental health care and treatment services across Tayside including inpatient, community, outpatient, crisis, mental health and learning disability services (both adult and children transitioning from children to adult).

1.2 Services relating to Psychiatry of Old Age are not within the scope of this agreement

2. Purpose

2.1 To establish the Tayside Mental Health Alliance ("TMHA"), to act as a key enabler for the Parties to enable them to work collaboratively to develop a whole system, 3 year strategy for mental health care and treatment across Tayside

2.2 To agree the terms of reference for the TMHA, which are attached at Appendix 1

3. Conditions

3.1 the work of TMHA will be to identify strategic opportunities for improvement in relation to both integrated and non-integrated functions insofar as they relate to mental health care and treatment;

3.2 the work done by the TMHA shall feed into the strategic planning framework of the 3 Integration Joint Boards insofar as it relates to the relevant integrated functions as set out in their Integration Schemes;

3.3 the IJBs shall take into account the work done by the TMHA in the preparation their respective Strategic Plans for the delivery of the integrated functions;

3.4 the IJBs shall take account of the work done by the TMHA in redesigning or designing any new operational service delivery models for the relevant integrated functions insofar as the relate to the provision of mental health care and treatment across Tayside;

3.5 for those mental health services which are not functions delegated to the IJBs, the TMHA shall have delegated authority from NHST through the Chief Executive of NHS Tayside to redesign and design operational service delivery models for mental health services which are reflective of the agreed strategy;

3.6 progress in relation to the work undertaken by the TMHA in developing the whole system strategy shall be regularly reported to the respective IJBs through the Chief Officers;

3.7 the IJBs may require attendance or input from other members of the TMHA or request presentations as they consider necessary, from time to time; and

3.8 progress in relation to the work undertaken by the TMHA in developing the whole system strategy shall be regularly reported to the respective the Board of NHST through the NHS Transforming Tayside Governance Framework

4. Roles and Responsibilities

4.1 The terms of this Memorandum of Understanding do not alter or diminish in any way, the Parties' existing statutory powers, duties and responsibilities.

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5. Confidentiality

5.1 The Parties acknowledge that by virtue of entering into this Agreement they may, at times, have access to confidential information regarding each other's operations as insofar as these are within scope. All Parties agree that they will not disclose confidential information and/or material without the consent of the other party, unless such disclosure is authorized by this Agreement or required under law.

5.2 Any and all personal information shall be processed in accordance with the requirement of the Data Protection Act 2018.

6. Amendments

This Agreement may be amended only with the mutual consent of the all Parties

7. Certification of authority to sign agreement

The persons signing this Agreement on behalf of Parties)hereto certify by said signatures that they are duly authorized to sign this Agreement.

For the Board of NHS Tayside

Name :

Designation :

Signed: _____ Date: _____

For the Angus Integration Joint Board

Name :

Designation :

Signed: _____ Date: _____

For the Dundee Integatrion Joint Board

Name :

Designation :

Signed: _____ Date: _____

For the Perth and Kinross Integration Joint Board

Name :

Designation :

Signed: _____ Date: _____

Transforming Tayside

DRAFT DOCUMENT FOR APPROVAL- Tayside Mental Health Alliance Members, Chief Executive, Chief Officers IJBs

Tayside Mental Health Alliance Terms of Reference Document

Date Published: November 2019 **Version: 3**

1. Introduction

1.1 This document sets out the terms of reference for the Tayside Mental Health Alliance as referred to in the Memorandum of Understanding between the Board of NHS Tayside (NHST), the Angus Integration Joint Board, the Dundee Integration Joint Board and the Perth and Kinross Integration Joint Board (collectively "the Parties")

1.2 Nothing in this document shall alter or diminish in any way, the Parties' existing statutory powers, duties and responsibilities.The aim is that by working together through the THMA, the Parties can create more efficient, effective and sustainable services which better meet the needs of our citizens.

2 Purpose

2.1 The Tayside Mental Health Alliance (TMHA) will act as a key enabler for NHST and the three Integrations Joint Boards (IJBs) develop a whole system, 3 year strategy for mental health care and treatment across Tayside. The purpose of the strategic whole system approach is to ensure the delivery of consistent, safe, recovery focused, evidence-based models of care and to share best practice across the system that is reflective of local priorities for action.

2.2 Services for mental health care and treatment are delivered by many different agencies. The TMHA will bring together each of the distinct agencies that hold responsibility for the planning, commissioning and delivery of mental health and social care services for the Tayside population to collaborate in the development of the whole system strategy.

2.3 The TMA has been established and tasked with mapping out the end to end clinical pathways for mental health services to ensure that the people of Tayside receive the best possible mental health and wellbeing, care and treatment with a focus on early intervention and reducing stigma.

2.4 This strategic whole system approach will identify strategic opportunities for improvement which in turn will help shape and inform;-

- the strategic plans of the respective IJBs in relation to the integrated functions which are delegated to them under the Public Bodies (Joint Working) (Scotland Act 2014
- the redesign and design of new integrated of operational services

3 Background and Context

3.1 In January 2019, a proposal was submitted to the NHS Tayside Executive Leadership team to establish an overarching system for transforming Mental Health Care and Treatment provision through the formation of a Tayside Mental Health Alliance.

3.2 The primary purpose of the Tayside Mental Health Alliance (TMHA) is to bring together each of the distinct organisations that hold responsibility for the planning, commissioning and delivery of mental health and social care services for the Tayside population. The TMHA aims to bring together the subsystems relevant to mental healthcare across NHS Tayside and the three IJBs to gain an understanding of the full Tayside landscape and its associated challenges for

mental health; to work together to develop a whole system three year strategy for mental health wellbeing, care and treatment

3.3 The responsibility for the delivery of Mental Health Services is spread across the various subsystems of health and social care across Tayside. Whilst these arrangements support strong local strategic and operational planning and integration of services for the local populations within the three integration authorities, there are opportunities to work together across the Tayside region to improve mental health services, using principles of realistic medicine, optimising resources, capacity and capability for the benefit of the whole system.

3.4 The TMHA will aim to focus upon the pieces of work that cut across the whole system and will require to work closely with the IJB Strategic Planning Groups and other Committees.

3.5 The Health and Social Care Standards will be core to the work of the TMHA and will help drive improvement, promote flexibility and encourage innovation in how people are supported and cared for.

3.6 In order to drive forward the transformation of mental health services in Tayside there needs to be a fundamentally different approach that acknowledges the roles and responsibilities across the different parts of the whole system, whilst creating a supporting structure that draws together the health, social care and public health strategic plans.

3.7 Clear strategic direction is required in relation to community resilience and response and specialist treatment services across the domains of prevention, early intervention and delivery of Specialist Mental Health Services for the whole of Tayside.

3.8 To deliver more effective and efficient services which better meet the needs of our communities, requires a strategic approach which identifies and commits delivering they priority actions for change, whilst remaining flexible enough to respond to best evidence in mental health care and treatment.

3.9 To achieve this the THMA has set out clear priorities for the first year as it works to develop the three year strategy which shall reflect local strategic plans across the component parts of mental health service delivery.

3.10 The TMHA will require accurate data and information to support design and redesign of service. There will be dedicated support from NHS Tayside Business Unit and from Tayside Public Health Information Network.

4 Strategic priorities for the first year

4.1 The elements of the National Mental Health Strategy as outlined below are reflected in our local strategic priorities for 2019 – 2020:

- Prevention and early intervention for mental health conditions

- Improving support during pregnancy and after birth;
- Reforming children and young people's mental health services;
- Improving specialist services for children and young people and adults;
- Taking a 21st century approach to adult mental health;
- Reducing health inequalities;
- Respecting, protecting and fulfilling rights; and
- Making suicide prevention everybody's business.

5. Vision, Mission and Values

5.1 Vision :

People from all communities within Tayside receive the best possible mental health and wellbeing, care and treatment. The vision is inclusive of positive wellbeing and a good quality of life to help prevent mental health problems occurring, and that those with mental ill health will get the respect, support, treatment and care they require to recover without fear of discrimination or stigma.

5.2 Mission:

- Strive for equitable health outcomes across our population
- Support and improve the mental health and wellbeing of people to maximise their independence and health providing the right support at the right time
- Embed multi-disciplinary team working at the heart of 'seamless' care pathways and providing support for people
- Ensure models of care and services are of high quality, safe, person centred, affordable and sustainable
- Connect with people with lived experience through existing networks to ensure services are planned and delivered with people who have lived experience
- Focus on people, their families and communities keeping them at the centre of everything we do

5.3 Values

The shared values of the TMHA are adopted from the Trauma Informed Practice for the workforce. They are aimed at to supporting workers to adapt the way they work to make a positive difference to people affected by trauma and adversity and the impact this has upon mental health and wellbeing. The 5 core values underpinning the work of the TMHA are:

Safety

The design and redesign of services sponsored / supported through the TMHA will emphasise the safety of patients, service users and staff to

ensure a collective commitment to the protection of people.

Choice

The provision of choice in healthcare in the context of service design, redesign and delivery is an important value held by the TMHA. Within the context of choice we will adopt an open, honest dialogue, developing and sharing viable options for the design / redesign of services with our stakeholders. This will include support to be involved in the process of informed decision making and transparency in circumstances where choice is limited.

Collaboration

Values based collaboration refers to the organisations involved in the TMHA defining and agreeing the values that will underpin the collaborative nature of the work and the shared goals. This includes honesty, openness, respect, cooperation and equality in agreeing joint action and problem solving and having a clear process to resolve areas of disagreement.

Empowerment

A core value of the TMHA is to undertake the business of the alliance in a responsible way and to take informed and effective action to achieve agreed outcomes. This means a commitment to the design and redesign of services across the four elements of co-production; commissioning, design, delivery and evaluation

Trust

Trust as a core value will require each member of the TMHA to commit to building an interdependent relationship, supporting one another to take measured risks, be open to new learning and to invest in each other in delivering the work of the alliance for the benefit of people accessing mental health care and treatment across Tayside

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6 Roles & responsibilities

6.1 NHS Tayside Board

NHS Tayside Board is responsible for the protection and improvement of their population's health and for the delivery of high quality frontline health services reflective of Scottish Governments objectives and priorities. They are responsible for the operational delivery of hospital and community based health services and the planning and commissioning of these services insofar as not delegated to the IJBs..

In February 2019, the Board of NHS Tayside approved Transforming Tayside 2019-22, which describes the three year change programme that the Board has committed to deliver, redesign and set the foundations for the future.

To deliver Better Health, Better Care, Better Workplace and Better Value, the Board has identified four key priorities:

- Improved access to high quality care and reduce waiting times in a sustainable way;
- Increasing the pace of integration;
- Improving access to, and investing in, mental health services; and
- Improving access to, and investing in, primary care services.

In approving the proposed Transformation Programme, the Board made a number of commitments to strategic design initiatives which is inclusive of mental health services pan Tayside.

6.2 Integration Joint Boards (IJB) (Dundee, Angus, P&K)

The three integration authorities work alongside NHS Boards, Councils and Community Planning Partnerships and are responsible for the strategic planning and oversight of the operational delivery of the integrated functions delegated to them under the Public Bodies (Joint Working)(S) Act 2014delivery of care for individuals in their local community. The IJBs have full power to determine use of resources and how those delegates services will be delivered reflecting this in their strategic plans. Each IJB through their local Health and Social Care Partnership have strategic plans reflecting the needs of their local populations.

6.3 Tayside Mental Health Alliance

The TMHA has delegated authority from NHS Tayside Board via the Chief Executive, to work with the three IJBs in the development and delivery of their strategic plans and mental health retained services to bring plans together into a single 3 year strategy for Tayside.

The TMHA will undertake this role within the overall Transforming Tayside strategy and will commission / sponsor the relevant service design groups required to drive forward service delivery change to improve care, treatment and access for people supporting positive well being and evidence based care and treatment.

In so doing the TMHA will function as a key enabler for NHS Tayside and the three Integration Joint Boards to gain an understanding of the full Tayside landscape and its associated challenges; and to agree areas whereby a ‘Once for Tayside’ approach can enhance and support community planning and to work together to develop a whole system 3 year strategy for mental health care and treatment with a focus upon optimising safe and evidence-based care, learning and development and sharing best practice. The TMHA is the means to connect across the system and lead the Transforming Mental Health care and treatment agenda.

The TMHA

- can make recommendations relating to hosted elements of service whereby proposals increase efficiency whilst providing high quality of care e.g. Crisis Care and Home treatment, Psychological Therapies etc

- will have sight of the Strategic Commissioning Plans for each IJB pertaining to mental health and well being and be sighted on the Public Health Strategic Plan and Health Equity Strategy in context of mental health and will identify common themes across the strategic plans and agree areas for joint working across Tayside taking a whole system approach; the TMHA shall then consolidate these strategies into a Tayside Master plan

- will work with partners to establish mental health and learning disability service inpatient requirements

- standards for mental health care and treatment for implementation across Tayside

- Make recommendations to the Parties as regards investment where this would deliver better outcomes for communities across Tayside

7 Communication & Engagement

7.1 In addition to the core membership of the TMHA, affiliation with a number of other strategic partners will be critical to the success.

7.2 The Parties will seek to ensure that the current arrangements in place in relation to their respective strategic planning functions and for participation and engagement with local communities and third sector organisations are fully connected into the work of the TMHA.

7.3 TMHA will ensure that local community stakeholders are fully engaged and sighted on the planning, design and delivery of services for mental health and any work undertaken via the TMHA.

7.4 The communication, participation and engagement strategy will thus reflect the current arrangements across the three IJBs. This avoids establishing duplicate structures and ensures that Public, Service user, Third Sector and Independent Sector are fully engaged through the respective involvement structures in place in each of the localities.

7.5 The TMHA is committed to engaging participation of staff across the spectrum of mental health services, so that the detailed work required to transform mental health services in Tayside is informed and influenced by ongoing dialogue.

7.6 To understand wider needs and expectations, we are also fully committed to engaging withother stakeholders, in particular engaging directly with local communities across the three Integration Joint Boards through the already established community participation and engagement structure.

7.7 The TMHA will seek to build an ongoing dialogue with service users, staff and other stakeholders to build confidence across the system, and ensure that all voices are heard and that we work with people through realistic discussion on expectations and impacts of health and social care mental health services.

7.8 The approach used to stakeholder participation and engagement will be a two way process in acknowledgement that the MH Alliance will become a key stakeholder for the IJBs and vice versa. All participation and engagement activity will be undertaken through the three HSCP current infrastructures. See the Stakeholder Communications and Engagement Strategy for deta

8Governance

8.1 The Memorandum of Understanding sets out the framework for cooperation between NHS Tayside and the three Integration Joint Boards in the establishment of a Tayside Mental Health Alliance

8.2 Nothing in this document shall alter or diminish in any way, the Parties' existing statutory powers, duties and responsibilities.

8.3 In accordance with the statutory responsibilities of the Parties and the terms of the Memorandum of Understanding, Tayside Mental Health Alliance will act as the strategic lead in the whole system mental health transformation agenda.

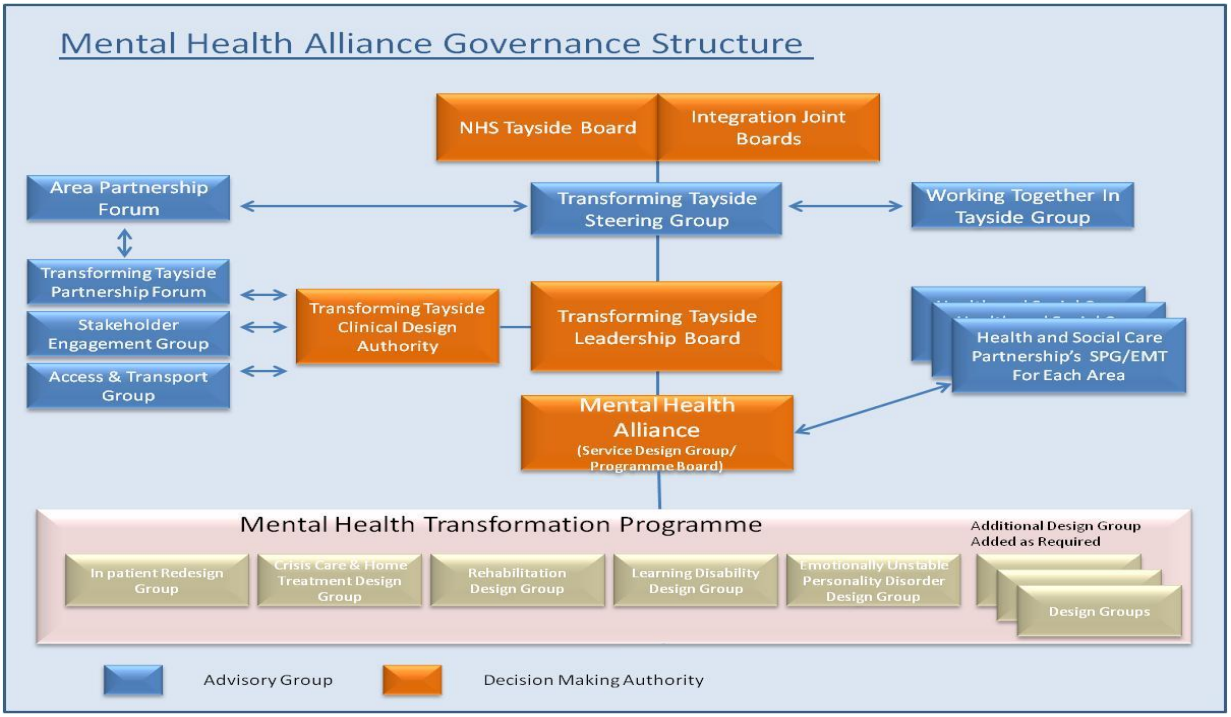
8.4 The Parties delegate to the TMHA the authority to redesign and design services reflective of the whole system strategy and to progress this independently, subject to seeking the necessary approval and sign off by the IJBs in relation to those services related to the integrated functions

8.5 Investment and disinvestment decisions associated with service design / redesign will require to be approved by the Parties in line with their own statutory duties and respective governance arrangements.

8.6 The Parties may make a decision to allocate specific funding to the Tayside Mental Health Alliance for decision making for example Unscheduled Care funding, Winter funding, Action 15 etc

8.7 Progress against these terms of reference shall be reviewed 6 monthly and formally reported to the Parties.

8.8 Subject to the respective statutory duties and responsibilities of the Parties, the Tayside Mental Health Alliance is directly accountable to the Transforming Tayside Executive Group which comprises of the Chief Executive and three Integration Joint Board Chief Officers. The reporting and communications arrangements for Tayside Mental Health Alliance are outlined below:



9 Workplan

9.2 All agencies responsible for delivery of mental health services across Tayside have provided an overview of their priorities for the year to be incorporated into the NHS Tayside Local Delivery Plan (LDP).

9.3 The elements of the LDP have already been agreed by the Health and Social Care Partnerships therefore the components of the LDP to be led through the alliance will be agreed by the group.

9.4 The TMHA will develop a mutually agreeable prioritised 1 year plan reflecting a number of the current priorities and include:

- The agreed elements of the Tayside Local Delivery Plan
- The commonalities across the three Health and Social Care Partnerships strategic plans where a 'once for Tayside' approach can be adopted

9.5 The TMHA will agree their annual work plan and three year strategy providing sponsorship and support to the service design groups established.

9.6 The TMHA portfolio of work programmes will require robust support to ensure programme delivery and robust co-ordination and monitoring of progress. The following resources will be aligned to the TMHA

- Programme Director
- Programme Manager x 2
- Project Manager x 2
- Administrative Support

10 TMHA Meetings

10.2 The 7-Step Meeting Process will be used as the framework to ensure an efficient and effective meeting and to acknowledge the leadership skills and roles of all group members, (NHS Education Scotland).

10.3 Agenda items will be agreed in advance. All papers will be shared with the group members 7 business days in advance of the meeting.

10.4 Meetings will be held monthly.

10.5 Members must attend or send deputy.

11 **Quorate**

The quorum for meetings will be 50% plus 1 of the members of the TMHA.

11 Membership, roles and responsibilities

Tayside Mental Health Alliance	
Project Executive Sponsor	
Grant Archibald	Chief Executive
Executive Leads	
Keith Russell (Chair)	Associate Nurse Director, Mental Health
Dr Mike Winter	Associate Medical Director, Mental Health
Arlene Wood	Associate Director, Mental Health (P&K HSCP)
Integration Joint Board Leads	
Evelyn Devine	Head of Health Perth and Kinross Health and Social Care Partnership
Diane Fraser	Head of Social Care Perth and Kinross Health and Social Care Partnership
Arlene Mitchell	Locality Manager, Dundee Health & Social Care Partnership
Bill Troup	Head of Mental Health, Angus Health and Social Care Partnership
Tayside Mental Health Alliance Group Members/Contributors	
Jane Bray	Consultant Public Health, Kings Cross Hospital
Jane Bruce	Associate Medical Director, Primary Care, Kings Cross Hospital
Allan Drummond	Area Partnership Representative (Health)
Claire Gallacher	Chief Executive, Independent Advocacy, Perth & Kinross
Kathryn Lindsay	Chief Social Work Officer, Angus Council
Glyn Lloyd	Acting Head of Service Social Work, Dundee City Council
Johnathan MacLennan	Adult Mental Health Quality Improvement Lead
Jacquie Pepper	Depute Director, Education and Children's Services, Chief Social Work Officer , Perth and Kinross Council
Kevin Power	Director of Psychology, Dudhope House
Wendy Tait	Mental Health Clinical Development Facilitator
Sandy Watts	Third Sector Integration Joint Board Rep, Perth & Kinross
Lorna Wiggin	Director of Acute Services
Tracey Williams	Associate Director – Improvement, Ninewells Hospital
To be confirmed.	Area Partnership Representative (Local Authority)
To be confirmed.	Third Sector Integration Joint Board Rep Dundee. Dundee

	Voluntary Action
Tayside Mental Health Alliance Support Team	
Brian Currie	Programme Director
Phyllis Easton	Health Intelligence Manager
Ashley Farquharson	Adult Mental Health QI Adviser
Sarah Lowry	NHS Tayside Business Unit Service Manager
Lisa Robertson	Personal Assistant AMD and AD Mental Health
Guy Southcott	Programme Manager
Louise Wilson	Communications Lead

PERTH & KINROSS INTEGRATION JOINT BOARD

17 December 2019

REVIEW OF INPATIENT REHABILITATION BEDS

Report by Evelyn Devine, Head of Health (Report No. G/19/207)

PURPOSE OF REPORT

This report provides an update for the IJB on the current position in relation to the Transformation project to Review Inpatient Rehabilitation beds in Perth & Kinross. It provides information on what has been achieved to date and proposed future actions.

1. RECOMMENDATION(S)

The Integrated Joint Board is asked to:

- Note the progress achieved
- Support the proposed future key milestones and timescales
- Support the proposed engagement approach following CEL4 principles
- Commit the Head of Health to return with a completed business case and option appraisal for approval in April 2020.

2. SITUATION/BACKGROUND / MAIN ISSUES

Over the last 3 years, Perth & Kinross Health & Social Care Partnership have taken forward significant transformation to deliver and redesign health and care provision as defined and agreed in the Partnership's Strategic Commissioning Plan 2016-19. Inside of this transformation the Partnership have been focusing on developing and enhancing community based infrastructures to support more people at home or in homely environments. These evolving services will support the Partnership's objective to shift the balance of care by providing earlier intervention and prevention approaches to care.

Within the framework of the wider transformation, the Partnership are reviewing the provision of inpatient rehabilition beds to ensure equity of access to all Perth & Kinross adult residents and to ensure that beds are placed where the most need and demand is.

The objectives of the review are to:

- Ensure best use of our resources
- Ensure equity of access to all Perth & Kinross adult residents
- Provide people with the right care at the right time and by the right person
- Ensure that care is of the highest care, safe and sustainable
- Ensure that inpatient rehabilitation environments are modern, fit for purpose and meet national standards.
- Improve people's experience and satisfaction of health and social care services.

The review of Inpatient Rehabilitation beds commenced in the Summer of 2018, when the Partnership commissioned external consultant Deloitte to support the review. This entailed a detailed clinical modelling exercise to estimate future service requirements for inpatient beds. This review also took into consideration the wider context of system change, particularly the aim to shift care to support more people at home, where appropriate and the significant investment that the Partnership has committed to, to enhance care and support services in the community. This is in line with national and local strategic policies and direction.

Deloitte supported the Partnership and other key stakeholders to review and consider current provision, the need for change, challenges and the development of a long list of proposals.

In June 2019 the Partnership shared and engaged on the outcome of the Deloitte work with a wider set of stakeholders. This was attended by senior clinicians, health and social care staff and Public Partner representatives. The attendees at the workshop supported the proposals prepared by Deloitte but requested additional information to support the development of a business case which will include undertaking an option appraisal process and engaging with the general public and other stakeholders.

Ongoing engagement with GP Clusters and Integrated Locality Teams on the proposed future model of care has continued over this period.

3. PROPOSALS

A dedicated project team is currently refreshing the information to support the completion of the option appraisal process. In addition, an informing and engagement plan is being prepared in line with CEL4 principles.

The engagement approach proposed is to inform and engage on the future delivery of care and support for the adult population of Perth & Kinross. This will focus on the review of inpatient rehabilitation beds, provision of enhanced care in peoples own homes, community resilience and the Primary Care Improvement Plan.

Events will be held in each locality providing the opportunity for open and transparent conversations around the need for change, the developing future model of care, how these changes will affect people living within Perth & Kinross and to gain feedback on the proposals.

The following key milestones are now being taken forward:

	Milestone	**Timescale**
1.	Re-establish Governance Arrangements & Structure	05/11/19-27/11/19
2.	Fully Costed Business Case Development & Option Appraisal	27/11/19-18/03/20
3.	Developing & Implement Consultation and Engagement	12/11/19-03/03/20
4.	Engaging with Key Boards / Groups	Now to March 2020
5.	Approval Process	23/03/19-29/04/19

4. CONCLUSION

The Review of Inpatient Rehabilitation Beds is in line with the wider context of transformation and is included as a key priority within the Strategic Commissioning Plan 2016-19.

The review will scope out and propose how the Partnership can ensure equity of access to inpatient rehabilition beds as well as continue to deliver high quality sustainable care which meets the needs and demands for the population of Perth & Kinross.

The Integrated Joint Board is requested to support the completion of the review and the proposed engagement with the wider stakeholders.

Author(s)

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

PERTH AND KINROSS INTEGRATED JOINT BOARD

17 December 2019

ADULT SUPPORT AND PROTECTION ANNUAL REPORT 2018-19

Report by Jacquie Pepper (Chief Social Work Officer) (Report No. G/19/208)

PURPOSE OF REPORT

This report provides an update of the work of the Perth and Kinross Adult Protection Committee (APC) and activity over the 2018-2019 information to protect adults who may be at risk of harm.

1. BACKGROUND / MAIN ISSUES

1.1 The Adult Support and Protection (Scotland) Act 2007 (The Act) seeks to protect and benefit adults at risk of being harmed who are unable to protect themselves.

The Act defines 'adults at risk' as those who:

- Are unable to safeguard their own well-being, property, rights or other interests;
- Are at risk of harm; and
- Are more vulnerable to being harmed because they are affected by disability, mental disorder, illness or physical or mental infirmity than adults who are not so affected.

Harm means all harm including self-harm and neglect. The definition of an adult at risk includes people aged 16 and over.

1.2 The Act places a duty on Local Authorities to make inquiries about a person's wellbeing, property or financial affairs when there is a concern that they may be at risk and to intervene to protect him or her from being harmed. In order to make inquiries, the Act authorises Officers of the Local Authority (Registered Social Workers) to carry out visits, conduct interviews or require health, financial or other records to be produced in respect of an adult at risk. The Act also allows a health professional (e.g. doctor or nurse) to conduct a

medical examination. Any intervention must provide benefit to the adult and needs to be the least restrictive option with regard to the adult's freedom and choice. This includes the provision of appropriate services, including independent advocacy.

1.3 The Act requires the following public bodies to co-operate with Local Authorities and with each other where harm is known or suspected:

- The Mental Welfare Commission for Scotland;
- The Care Inspectorate;
- The Public Guardian;
- All Councils;
- Chief Constable of Police Scotland;
- Health Boards; and
- Any other public body or office holder that Scottish Ministers specify.

The public bodies and their officers must advise the relevant Local Authority if they know or believe that a person is an adult at risk and that action needs to be taken in order to protect that person from harm.

1.4 The Act creates an obligation on Local Authorities to establish multi-agency Adult Protection Committees. These Committees are responsible for overseeing local adult protection arrangements, providing guidance and information across services and must produce a Biennial report on the exercise of the Committee's functions. The Act requires the Convener of the Adult Protection Committee to be independent of the Local Authority. The individual must be seen to be independent in thought and action as well as someone who has the necessary skills and knowledge. It is good practice to appoint a Convener who is independent of all representative bodies. The Perth and Kinross Adult Protection Committee (APC) is chaired by an Independent Convenor. It has a range of statutory, private and voluntary organisations and carer representatives.

1.5 The Act places a statutory duty on the Convenor of the Adult Protection Committee to submit a Bi-ennial report to the Scottish Government which is due in October every second year. In the interim year the Perth and Kinross Adult Protection Committee produces an annual report to ensure effective monitoring of performance.

1.6 Under the The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014 some provisions of the 2007 Act have been delegated to the Integration Joint Board. In Perth and Kinross, the Integration Joint Board has directed that Perth and Kinross Council should continue to carry out these functions on its behalf.

1.7 Adults at risk in Perth & Kinross

An analysis of the data over the last year highlights some important information which the Adult Protection Committee will use to determine its future focus.

Older people, especially those over the age of 81 account for 38% of all ASP cases and are disproportionately represented in relation to other age groups. People over the age of 65 account for 69% of all cases.

Females account for 64% of ASP cases.

The majority of people 87% are of a white UK / Scottish background compared with 92% last report.

Dementia and frailty are the most prevalent conditions accounting for 65% of cases.

Financial harm is identified in 32% of adults at risk followed by physical harm at 27% and neglect at 20%.

The home address is the main location of harm in 57% of cases with care homes decreasing to 28%

1.8 Impact on Adults at risk

- 83% felt safer
- 4% led to criminal proceeding
- 30 people supported by Independency Advocacy

1.9 **The main achievements over the past year**

- Financial harm work is ongoing with introduction of the banking protocol and new processes implemented for financial harm by paid carers.
- Increased referrals from health
- Improving the management information and performance outcome framework to accurately reflect activity and identify trends based on an accredited self-evaluation model.
- A conference was held in March 2018 on addressing the effects of trauma throughout life. A booklet has been developed, courses have been delivered with staff and more are planned for 2019-10.
- Established contact with inter faith leaders
- Evaluate partnership risk profile
- Implement better arrangements for protecting residents in care settings
- Analysed the ASP national thematic inspection results and the key messages and added identified action to the Improvement plan especially in relation to chronologies, protection plans, outcomes and Independent Advocacy.
- Joint working in Tayside has led to development of learning framework and a regional ASP dataset is in progress

1.10 Main areas for developments 2019-2020

- Increased engagement with adults, families and carers especially college students, learning disability groups and community faith leaders
- Better connections with other protection services
- Improving practice and service improvement by better use of data
- Monitor the improvement of the quality of chronologies by ongoing training, auditing of cases and team leader monitoring.
- Monitor the referrals to Independent advocacy on a quarterly basis and by locality areas.
- Collate questionnaire information in relation to people with learning disabilities to check that current service provision is meeting need

2. PROPOSALS

2.1 The Adult Support and Protection Committee is accountable to the Perth and Kinross Chief Officers Group which includes the Chief Executives of the Council and NHS Tayside and the Area Commander for Police Scotland as they hold joint accountability for public protection and reports to the Integration Joint Board and Community Planning Partnership. Bill Atkinson is the Independent Chair of the Adult and Child Protection Committees. In order to ensure that all elected members are informed about strategic matters relating to public protection the annual reports on both child and adult protection will be presented at the same time in a similar format based on a self-evaluation model.

3. CONCLUSION

3.1 The Perth and Kinross Adult Protection Committee is committed to continuous improvement and protecting adults at risk of harm. This report provides assurance that the Committee has, over the last year, been developing greater oversight of the needs of adults at risk and understanding about areas for improvement. An improvement plan has been developed for 2019 – 2020 and will be closely monitored by the APC to ensure ongoing development. There is also a recognition that the APC now needs to further develop approaches to self-evaluation and opportunities to work more closely with the Perth and Kinross Child Protection Committee.

3.2 It is recommended that:

The IJB scrutinise and approve the contents of the Adult Support and Protection Annual Report.

Author(s)

Name	Designation	Contact Details
Mary Notman	Adult Protection Coordinator	01738 476727

Approved

Name	Designation	Contact Details
Jacquie Pepper	Chief Social Work Officer	2 November 2019

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You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	**Yes / None**
Community Plan / Single Outcome Agreement	**Y**
Corporate Plan	**Y**
Resource Implications	
Financial	**N**
Workforce	**N**
Asset Management (land, property, IST)	**N**
Assessments	
Equality Impact Assessment	**N**
Strategic Environmental Assessment	**N**
Sustainability (community, economic, environmental)	**N**
Legal and Governance	**N**
Risk	**N**
Consultation	
Internal	**N**
External	**N**
Communication	
Communications Plan	**N**

1. Strategic Implications

Community Plan / Single Outcome Agreement

1.1 People in Vulnerable circumstances are protected.

Creating safer communities is a key element in protecting people. The wide range of themes in Community Safety allows a broad approach to community safety issues.

Strategic Plan

1.2 Key theme 5 – making the best use of available facilities, people and resources.

Our priority is to Ensure that vulnerable people remain safe and are protected from harm from others, themselves and the community through the monitoring and implementation of clinical and care governance standards and adult protection measures

2. Resource Implications

Financial

2.1 This report contains no proposals which would have a financial impact.

3. Assessments

3.1 Equality Impact Assessment

Not relevant

Strategic Environmental Assessment

3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

Sustainability

3.3 There are no issues in respect of sustainability from the proposals in this report.

Legal and Governance

3.4 This report contains no proposals which would have a legal or governance impact.

Risk

There are no issues in respect of risk from the proposals in this report.

4. Consultation

Internal - statistics provided

External - multi-agency partners involved in information and statistics

5. Communication

5.1 There are no communication issues in respect of the proposals in this report.

2. BACKGROUND PAPERS

None

3. APPENDICES

Adult Protection Committee Annual Report 2018-19

APPENDIX 1

Perth and Kinross Adult Protection Committee

Annual Report 2018 – 2019

Contents

1. Introduction by the Chair of the Adult Protection Committee

I am pleased to present this Annual Report on the work of the Adult Protection Committee in Perth and Kinross from April 2018 – March 2019, and is in addition to the Biennial Report which is a legal requirement to produce for the Scottish Government and will be due again in 2020.

In last year's Biennial Report it was identified that adult protection cannot be delivered in isolation and therefore a priority this year has been to strengthen collaborative work across different relevant partnerships, locally, regionally and nationally. For example, Adult Protection and Child Protection Committees have continued to strengthen their connections, working together on a whole family approach unless there is a particular reason to

work separately, culminating in the planning of a Joint Development Day in May 2019, and this is an important part of the move in Perth and Kinross towards a coherent public protection strategy. In the last year, also, there has been a strengthening of the adult protection links across Tayside, not only sharing the learning of Dundee's experience as part of a pilot thematic Inspection across six authorities in Scotland in 2017, but also developing joint approaches to operational guidance, a learning and development framework, a common data set, and systems to learn from reviews of significant events. In addition to work across Tayside in the last year the Committee has been forging closer links with North Ayrshire as another authority involved in the Inspection and a very useful visit to North Ayrshire took place by a number of the APC and ongoing work is continuing. Finally, in relation to greater collaborative working I am pleased to report that in the last year the Scottish Government has initiated a National Improvement Programme for Adult Protection providing a renewed and invigorated focus on protecting vulnerable adults in Scotland. This programme includes a number of themes which Perth and Kinross supports and in turn will benefit from, and will include a national Inspection programme for Adult Protection.

Another priority for the APC this year has been the audit, review and improvement work on key processes which are critical in ensuring the protection of vulnerable adults including referral, risk assessment and care planning of those who may be at risk in whatever circumstances in Perth and Kinross. A programme of self evaluation has been established to more systematically assess the areas of strength and the areas requiring improvement across the adult protection system and to drive that improvement across the partnership.

Also identified last year as a focus for improvement has been the greater involvement of users and carers in the delivery of services for them and in the future planning and design of services. Whilst there has been a greater awareness and use of advocacy services in the support plans for users and carers, challenges remain in how the views of those adults who need support and protection can be articulated and contribute meaningfully to the planning of services that best meet their needs. Although progress has been made to establish useful contact and communication with existing groups representing the wide variety of vulnerable adults the pace is slow and this will remain a high priority for the coming year.

I hope this Report highlights the progress that has been made over the last year but not only identifies the areas for improvement but also how these will be addressed over the coming year.

Bill Atkinson
Independent Chair of Perth and Kinross Adult Protection Committee (APC)
Date: 27 August 2019

ASP SUMMARY 2018 - 19

AdultSupport and Protection Perth & Kinross

What we found...

1146 total referrals

186 Adult Support and Protection Cases

- *31% Financial Harm*
- *27% Physical*
- *20% Neglect*

Who is receiving Support?

People with frailty illness

People with dementia

People with a Learning Disability

People with Mental Health concerns

Where does harm happen?

Own Home 34

Care Setting 24

Other Information....

- No Protection Orders
- 20 Case Conferences

Training

153 people have been trained face to face

8411 E-learning health staff Tayside

872 E-Learning for other staff in Perth and Kinross

What age group is most at risk?

81+ 65- 80 40 - 64

What we did in 18/19

- Made progress with the improvement plan
- Increased referrals from health
- Established contact with inter faith leaders
- Implemented better arrangements for protecting residents in care settings

What was the impact on adults at risk?

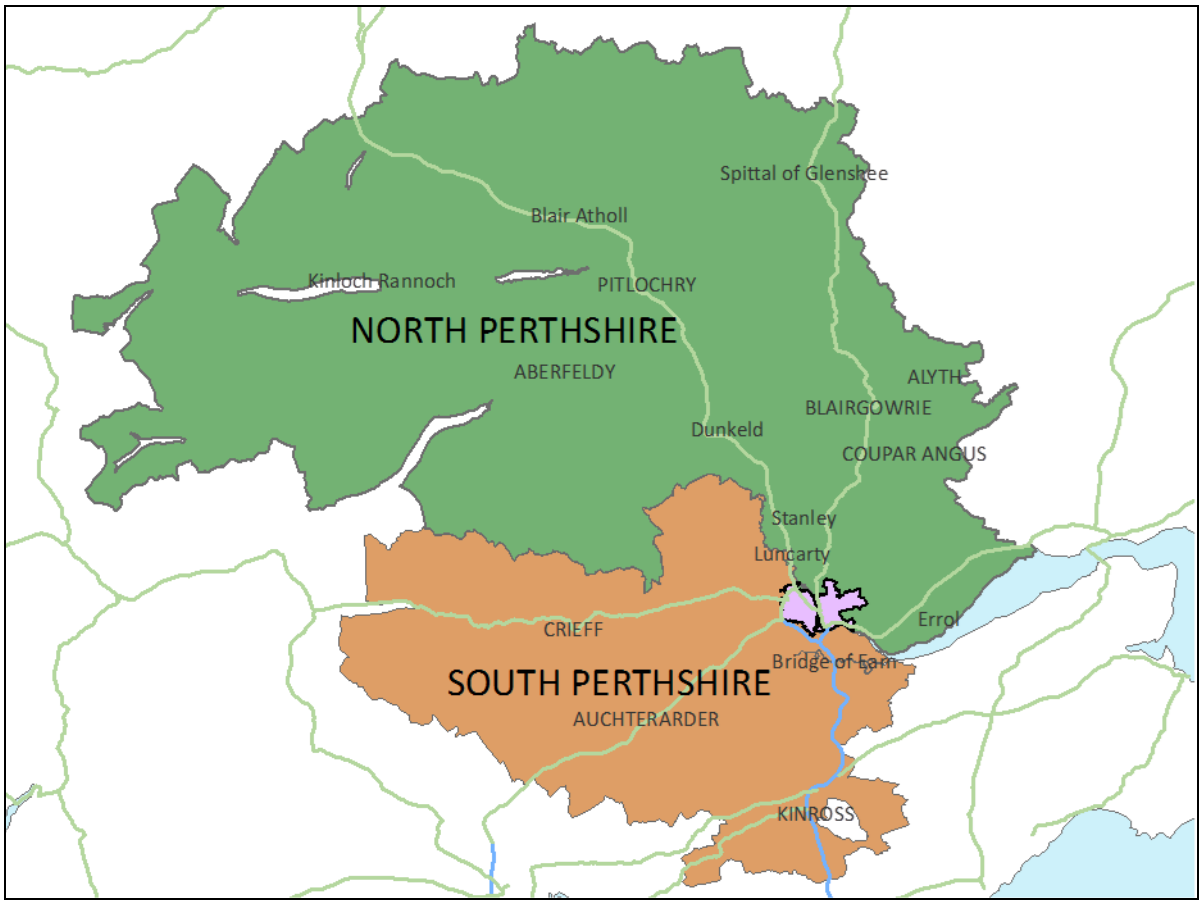
- 83% felt safer
- 4% led to criminal proceedings
- 30 people have been supported by Independent Advocacy

What are our priorities?

- Increased engagement with adults, families and carers especially with college students, learning disability groups and faith leaders
- Better connections with other protection services
- Improving practice and service improvement by better use of data

3. Context

3.1 Perth and Kinross



Perth and Kinross covers an area of 5,286 square kilometers and is the fifth largest area by land mass in Scotland. It is the 6th fastest growing population in Scotland and adults account for 81% of residents. The past decade has seen an increase in the number of people in the older age group (65+) who are resident in Perth & Kinross which is currently 18.1% of the population compared with a national average of 10.6%.

The older age profile is reflected in that the average age of the population in Perth and Kinross is 43 years, slightly higher than the national average age of 40 years.

Perth & Kinross has a population of 151,100 as of 2017. This is made up of 74,187 Males and 76,913 Females.

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

The geographical distribution of the population across urban, rural and remote areas poses challenges for the planning and delivery of services.

In Perth and Kinross, there are five community planning partnerships:

- Perth City
- Kinrossshire, Almond & Earn
- Strathearn
- Highland and Strathtay
- Strathmore

These localities each have a local action partnership made up of elected members, communities, and public services.

Through the local action partnerships, the community planning partnership identifies their particular needs and challenges. Perth & Kinross council has 40 councillors in 12 electoral wards.

NHS Tayside is responsible for commissioning health care services for residents across Tayside and had a combined population of 416,090 based on mid-year 2017 population estimates published by National Records of Scotland. NHS Tayside's Governance includes three major hospitals; a number of community hospitals and also includes over 60 GP surgeries and a variety of health centres staffed by thousands of employees.

The Tayside Division of Police Scotland command area Angus, Dundee and Perth & Kinross.

3.2 Vision

People have the right to live as independently as possible in a safe environment, free from harm, to have their wishes and feelings taken into account and to have the minimal amount of intervention in to their personal lives

3.3 Purpose

To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

3.4 National Context

Adult Support and Protection in Perth & Kinross is set within the wider policy in Scotland and the National Policy Forum.

https://www2.gov.scot/Topics/Health/Support-Social-Care/Adult-Support-Protection

The National Strategic Forum

The National Forum provides a strategic and cross sectoral view of what is needed to improve the delivery of adult support and protection across Scotland. The Forum will assist Scottish Government and delivery partners in identifying the workstreams required to improve the assurance and operation of adult support and protection and its interface with existing and developing legislative and policy areas.

The Scottish Government also supports the role of the National Adult Protection Coordinator – this role involves making connections to build stronger local networks and to improve the co-ordination, development and dissemination of best practice, as well as promoting joint working between Adult Protection Committees

The National Improvement Plan has identified 6 main areas

- Assurance and Inspection
- Governance and Leadership
- Data and outcomes
- Policy
- Practice Improvement
- Prevention

3.5 Tayside collaboration of Independent chairs and Lead officer

The Independent Chairs, Lead Officers, Police Scotland and NHS Tayside meet regularly in Tayside to coordinate work that provides consistency for regional partners and identifies common areas of ASP work.

Work ongoing includes

- Updating of Tayside Multi-agency Operational Guidance which includes joint policies in relation to chronologies and information sharing
- A short life working party led by NHS ASP lead and Police Scotland was convened to look at the overlap of processes in relation to adverse incidents and a paper is being presented to all three Chief Officer Groups.
- Learning and Development Framework has been agreed and new courses have been developed that can be accessed by all staff across Tayside.
- Work has commenced on developing a Tayside reporting template for ASP activities which will allow for benchmarking.

3.6 Local Context

The safeguarding, supporting and promoting the welfare of adults at risk is a shared multi-agency responsibility across the public, private and third sectors.

Adult Protection Committee (APC)

The Adult Protection Committee (APC) is a multi-agency group that meets quarterly. The Committee is chaired by an Independent Convenor and has a range of statutory, private and voluntary organisations, carer and other relevant people which oversee Adult Support and Protection (ASP) processes in Perth and Kinross. Representation on the APC has been widened to represent a more diverse range of agencies.

The agenda consists of standing items and encourages partner agencies to submit papers that pertain to ASP performance and issues. At each meeting there is a presentation on either specific areas of interest such as latest research or case studies given by social workers and other staff who are involved in particular cases. The APC find the case studies particularly helpful in raising complex issues and discussing effective management on a multi-agency basis.

There is one combined sub-Committees that meet quarterly and report back to each APC and are allocated any work identified. An improvement plan is updated following each APC with allocated actions and timescales.

The APC is supported by the ASP co-ordinator.

Governance – The APC is accountable to the Executive Officer Group, the Integration Joint Board and the Community Planning Partnership and needs to reflect national outcomes and standards.

The Adult Protection Committee is responsible for the ongoing improvement of work related to adult support and protection and monitoring of the improvement plan to ensure that actions are being progressed.

4. Management Information and Performance Outcomes

Evaluation: We are committed to the improvement of multi-agency data that will identify areas for improvement to inform practice

This section covers the main findings from multi-agency management information and performance outcome framework. (Appendix 1)

Interpretation and trends

4.1 Adult Support and Protection (ASP) Activity

In the last year we received a total of 1,446 referrals that comprised of 1155 Vulnerable Person Report (VPR) and 291 Adult Protection (AP) concerns. There had been a continuing reduction in the number of VPR over the past few years but this is now rising again. 186 cases progressed to ASP processes.

	2014-15	2015-16	2016-17	2017-18	2018-19
VPR	1523	803	651	838	1155
AP concerns	536	424	553	421	291
Total	2068	1227	1204	1259	1446

Age

Older people, especially those over the age of 81, account for 38% (71) of all ASP cases and are disproportionately represented in relation to other age groups. The other most prevalent age groups are 31% (57) in 65-80 age range and 16% (30) aged 40-64. People over the age of 65 account for 69% of all cases.
In Perth & Kinross we have 37 Care Homes for older people .In 2018-19, care homes were the location for 37% of ASP investigations.

Perth and Kinross is a desirable place to live and has a comparatively higher number of care homes per person than any other local authority in Scotland other than the Shetland Islands and Na h-Eileanan Sir both of which have a significantly lower population than Perth and Kinross. The underlying chart compares numbers of care homes across Tayside.

Care Home Numbers Across Scotland

LocalAuthority	Numbers of Care Homes	Year	Population	19% of pop over 65 years of age	People per Care Home
Perth & Kinross	40	2017	151,100	28,709	718
Dundee City	27	2017	148,270	28,171	1043
Angus	29	2017	116,280	22,093	762

Females slightly more likely to be at risk
Females account for 64% (119) of ASP cases.

Ethnicity

The majority of people 87% (162) are of a white UK / Scottish background compared with 92% last report.

Client Group

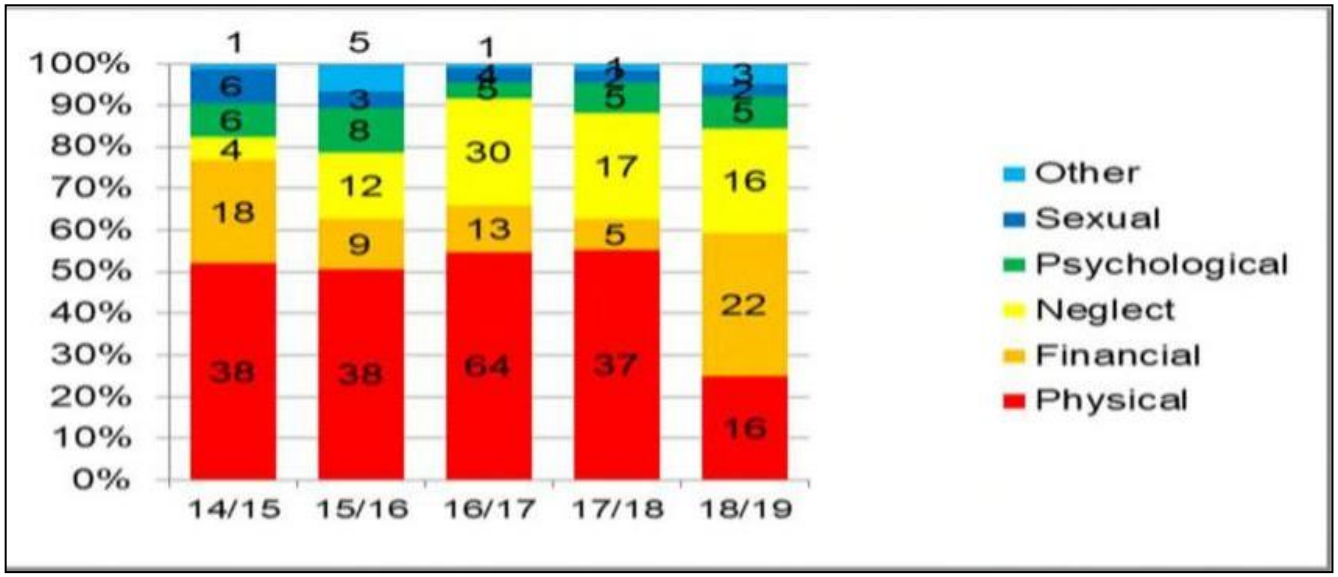
Dementia and frailty are the most prevalent conditions. The proportion of Investigations where the client group was Learning Disabilities decreased to 8% compared to 22% in the previous year. The national average is 15%.

The overall number of ASP referrals for people with a learning disability accounts for 12% of all cases. A high proportion of referrals come from a care setting. Reporting systems were refined in March 2018 to ensure a more appropriate and proportional response.

	2015/16	2016/17	2017/18	2018/19
Public Protection	**0%**	**1%**	**0%**	**0%**
Dementia	**39%**	**36%**	**25%**	**33%**
Education & Children's Services	**0%**	**0%**	**1%**	**0%**
Frailty or Illness	**13%**	**18%**	**28%**	**23%**
Learning Disabilities	**18%**	**27%**	**29%**	**8%**
Mental Health	**4%**	**0%**	**4%**	**6%**
Not Recorded	**0%**	**0%**	**0%**	**3%**
Other	**11%**	**1%**	**4%**	**8%**
Physical Disabilities Including Frailty Due to Old Age	**13%**	**18%**	**9%**	**16%**
Substance Misuse	**1%**	**0%**	**0%**	**3%**

Types of harm

Proportion of investigations by nature of harm

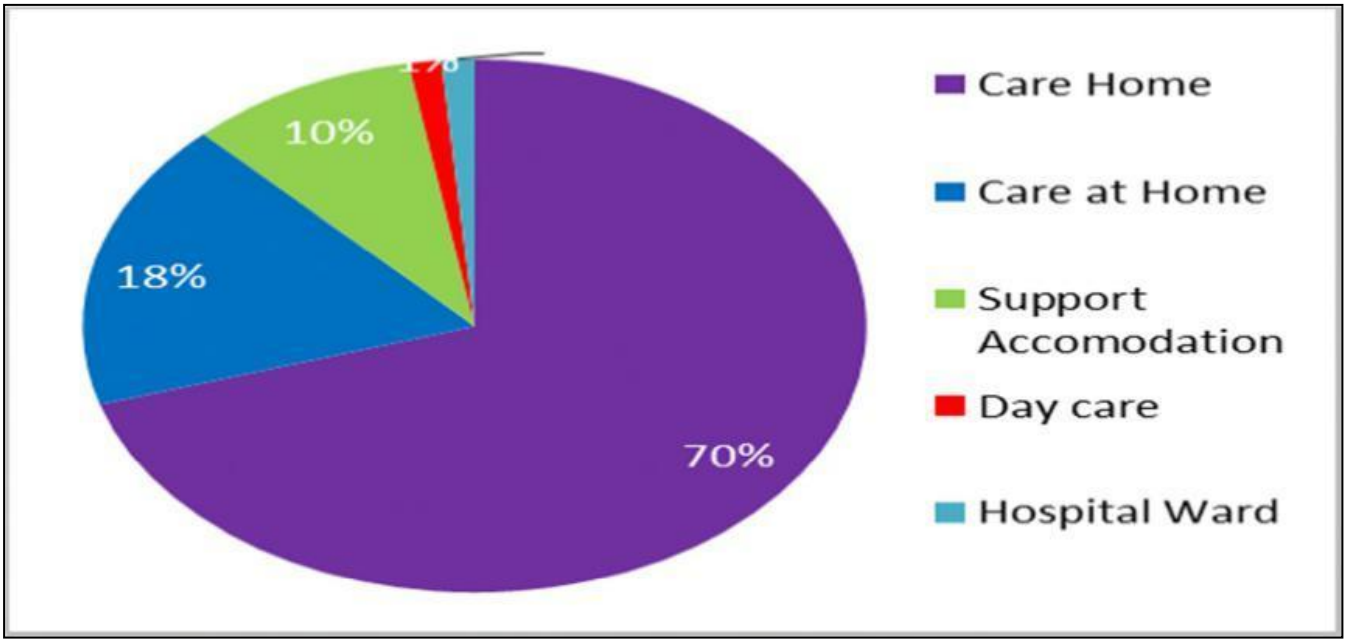


In 2018/19, the total number of Adult Protection Investigations (64 investigations) has fallen from the previous year (68 investigations)

The number of investigations relating to financial harm in 2018/19 (22 investigations) has risen from 2017/18 (5 investigations).

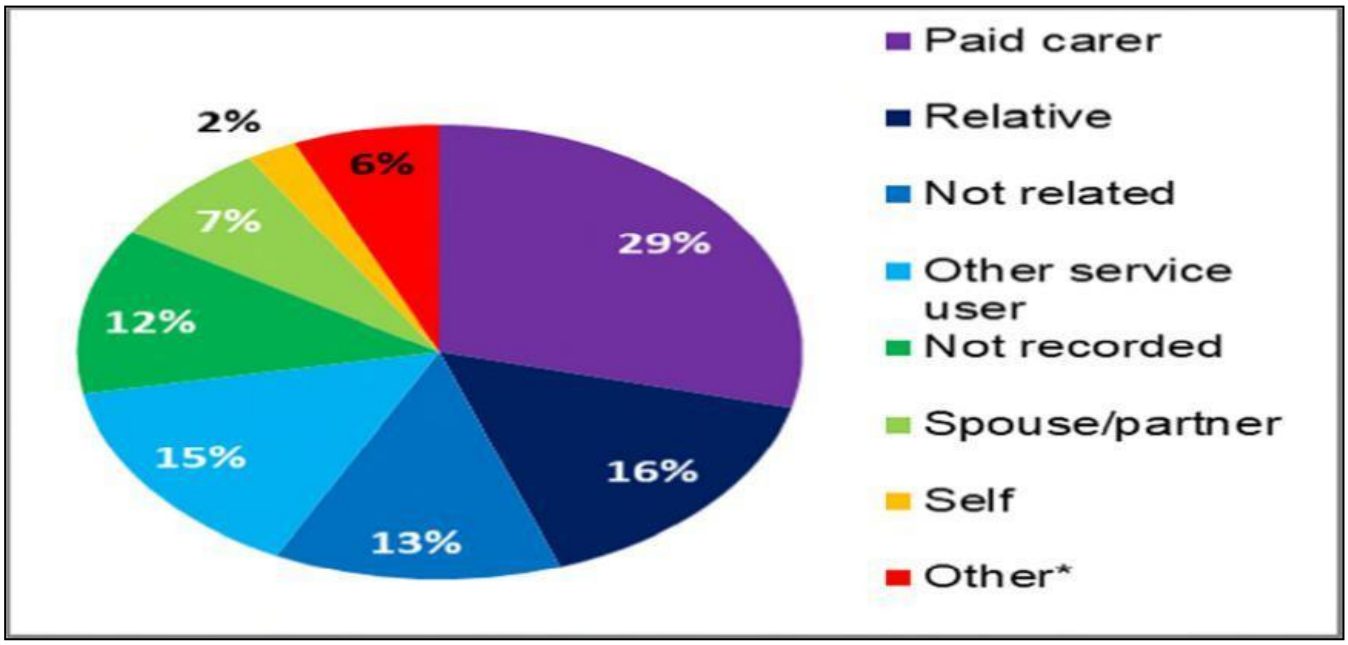
The introduction of the Banking Protocol in March 2018 may have had an impact on the number of financial concerns being reported. The Banking Protocol is an initiative between the police, banking institutions & Trading Standards. Its aim is at the earliest opportunity to identify vulnerable victims who are in the process of being defrauded of funds from their bank accounts.

Location of harm – 2014-2019



Over the 5 year period, the majority of ASP investigations took place in care homes. This has been reducing and in 2018/19, 31% of cases were in care homes compared to 59% at the home address.

Who harms – 2014-2019



Over the last 5 years, a quarter of alleged perpetrators were paid carers/workers. In the 2018/19 this was 23%.

There has been ongoing work in relation to paid carers in both the Care Home and Care at home sectors.

- The Commissioning Team is working well with service providers to identify areas of good practice and support improvement.
- Documentation has been refreshed and updated to provide clearer guidance.
  - All service providers will receive an annual visit or more if required
  - Frequency of visits based on a risk matrix
  - Electronic links for support and guidance e.g regulatory bodies, national policies
- There will be a focus on training including on what providers are doing for staff retention as this is an issue within the sector to ensure appropriately skilled staff.
- Contracts Officers will speak to service users when they are visiting to obtain their views

A new process was introduced in July 2018 when there is suspected financial harm by paid carers which will be monitored and reviewed to ensure it is working effectively.

Relatives were the second most common alleged perpetrator over the 5 years but the highest in 2018/19 at 38%.

4.2 Large Scale Investigations (LSI)

	Total	Care Homes	Care at Home	Supported Acc	Daycare
2014/15	22	18	1	3	0
2015/16	18	12	4	1	1
2016/17	18	12	3	3	0
2017/18	12	8	4	0	0
2018/19	4	2	1	1 hospital	0

Over the five year period there were 70 Large Scale Investigations (LSI), 22 in 2014/15 and 18 in 2015/16, 18 in 2016/17, 12 in 2017/18 and 4 in 2018/19.

During this time we have worked closely with partner agencies which included:

- regular audits,
- nominated mental health staff for each care setting to help re-assess people who behavior is causing concern.
- Introduced a new reporting system with clearly defined thresholds
- early identification of areas of concerns and early input and support from the Care Inspectorate and Commissioning team to negate the need for Large Scale Investigations.

4.3 Protection orders

There have been no protection orders in 2018-19. There were 2 Case Conferences that have discussed if a protection order should be considered. Protection orders are only to be used if no other action could be taken that would result in the same outcome. In both cases other actions were taken under the Adults with Incapacity Act that safeguarded the adult at risk.

5. How well do we meet the needs of our stakeholders

This section describes the impact on adults at risk, their families, staff and the wider community.

5.1 Impact on Adult at risk and their families

Evaluation: We are confident that we listen to, understand and respect the rights of adults at risk and their families and that we are helping them to keep themselves safe.

- Independent advocacy is an important consideration in ASP cases to ensure that the client views is represented. The support adults receive is well evaluated and audits evidence that independent advocacy is offered to the majority of adults at risk. In 2018-19, there was 31 people supported which consisted of 1 open case from the previous year and 30 new referrals. This is an substantial increase from 12 in 2017/18 which was low but similar to 16/17 figures. In relation to Adult Protection Case Conferences, independent advocates attended 100% of APCC they were invited to. Independent Advocacy manager is an active member of the Adult Protection Committee (APC), teams receive regular updates on use of advocacy and there is an advocate that co presents on ASP courses.
- Feedback from service users and carers.

There are different ways in which the APC gains feedback from service users and Carers:

- Questionnaires are completed at Adult Protection Case Conferences (APCC). Of the results recorded for initial APCC, 83% of people felt safer.
- Participation in audits to give their views
- The committee has a carer representative
- Analysis of outcomes on all ASP forms. In order to capture impact of intervention for those cases which did not proceed to APCC, an outcome question was developed to be completed at end of the ASP case. The staff member completes the form with the input of client to check if the intervention has been helpful.

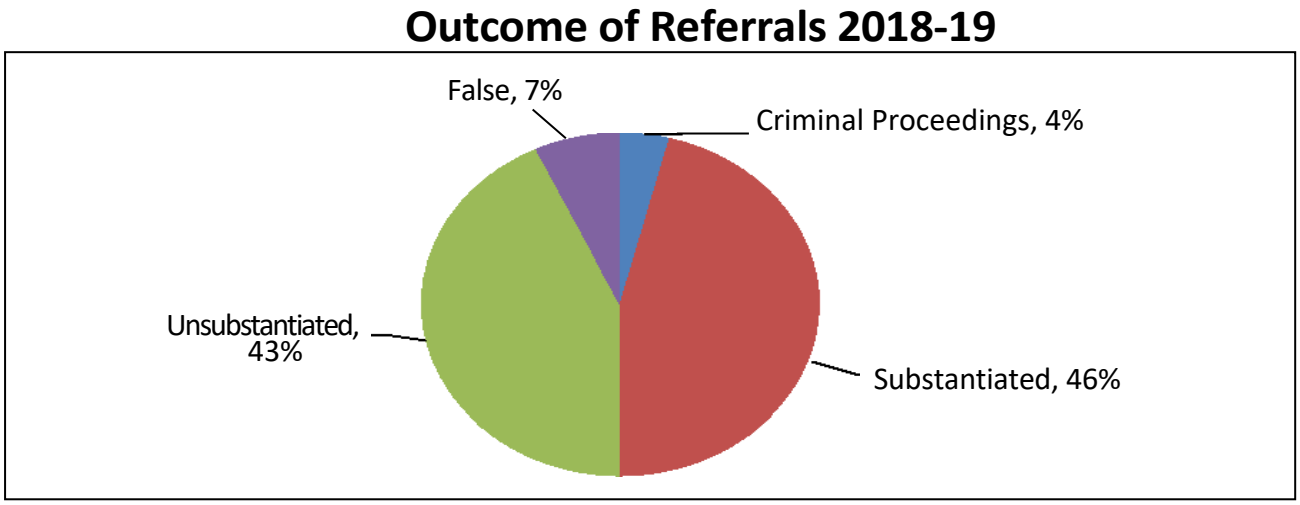
Service user and carer's views are at the centre of the work we do and it remains a priority for the APC. The APC has taken a variety of steps to address this. However this can be complicated because of

- Levels of understanding
- Communication issues
- Conflict within families

Investigations - Has intervention has been helpful?

	2015/16	2016/17	2017/18	2018/19
Lacks capacity	55%	54%	48%	39%
No	0%	1%	0%	2%
Not recorded	12%	5%	0%	0%
Yes	33%	45%	52%	59%

Over the past 4 years we have seen an increase from 33% to 59% of adults who have found the intervention to be helpful. Only 2% found it was not helpful while a further 39% lacked the capacity to be able to give information.



In relation to outcomes of referrals and actions taken there are low numbers that progress to criminal charged or investigations. There are almost half of referrals where the allegation cannot be substantiated which can limit the effectiveness of actions taken although safeguards and supports (e.g. independent advocacy) can be put in place. Allegations not substantiated are usually because of lack of evidence or reliability of information coming from the adult.

Of those cases that were substantiated actions taken were:

- 49% resulted in changes to the care plan
- 15% extra carer support was provided
- 13% resulted in new procedures being implemented
- In relation to staff issues, 2% were dismissed, 6% were disciplined and 10% received additional training
- Legal powers were either removed or applied for in 3% of cases

In the unsubstantiated cases the issues related to:

- Financial concerns in 41% of cases
- Neglect in 10%
- Care concerns in 32%
- Paid carer harm in 4%
- In 13% of cases the client had no capacity to recall the event

In relation to criminal proceedings 7 cases were investigated and the outcomes are:

Reported to the Procurator Fiscal	4
Not reported to the Procurator Fiscal	1
Ongoing investigation	3

5.2 Adult Protection Case Conferences

There was a **total of 24 Adult Protection Case Conferences**, 10 initial, 10 review, 2 network meeting and 2 Large Scale Investigation meetings

A protection plan is developed following all case conferences that is monitored by the adult social work team. The outcomes have included:

- Legal powers removed/changed or new application submitted
- Change of accommodation for adult at risk
- Changes to financial management
- Provision or increase of care packages
- Changes to care plans
- Re assessment of adult at risk including capacity assessment
- Staff training in specific areas such as restraint techniques

Attendance at Case Conferences varied according to reason and location of residence and type of harm.

Person/Agency	No invited	%	Nos attended
Adult at risk	4	40%	2
Families / One Power of Attorney	9	90%	8
Carers	5	50%	4
Friend / Power of Attorney	1	10%	1
Police	7	70%	6
Health	8	80%	7
Independent Advocate	6	60%	6
Legal	8	80%	7
Mental Health Officer	7	70%	6

Others who attended included manager of organisations, Housing, Staff from other local authorities (funding authority), Care Inspectorate, Children's Services, Mental Health Services – voluntary agency, Contracts and Commissioning team and alleged perpetrators.

In relation to the adult at risk

- Females accounted for 60% of cases (6/10),
- Financial and neglect accounted for 60% of harm (30% each)
- The majority of harm occurred at the home address (60%)
- The most prevalent client group were people with dementia (40%)
- 60% were in the 81+ age group followed by 30% in the 40-64 age
- 80% of alleged perpetrators were family members and 20% were paid carers
- 63% of adults at risk had some impairment of capacity

5.3 Qualitative audits

The APC continues to conduct 2 audits per year as a way of quality assurance and identifying strengths and areas for improvements

a) ***Multi-agency case file & Large Scale Investigation audit*** was combined for the first time and consisted of 6 individual cases and 3 large Scale Investigations and focused on risk assessment and management, decision making, effective inter-agency working and information sharing.

   The audit was held on January 30 2019

   Out of the 6 individual cases, 4 cases involved family members as the alleged perpetrators, 1 was self-harm and 1 involved a friend/partner.

   In relation to individual cases, all areas rated over 67% with 9 out of the 15 areas scoring 100% which included initial response, risk assessment and management, human rights, information sharing and involvement of adult and family.

   Some individual issues were raised in specific cases which was reported back to case holders and managers

   The Large Scale Investigations (LSI) were all for Care at Home organisations Most areas were rated highly at 100% in areas of strategic discussions, involvement of appropriate agencies including manager of organisation and adherence to process.

   The issues raised were

   a) Neglect/lack of care/hygiene issues
   b) Missed visits/key safes

c) Staff training and induction, moving and handling

d) Staff shortages/lack of experience & knowledge

e) Poor communication/record keeping/support plans/incident reporting

Improvement plans were developed following LSI and were monitored and reviewed by the social work team, Care Inspectorate and the Commissioning team.

b) ***Vulnerable person reports(VPR) /adult protection concerns (AP)*** audit covered 32 cases consisting of 16 VPR and 16 AP concerns. All of the AP concerns progressed to ASP Inquiry compared to 80% last year. None of the VPD progressed to ASP processes.

The results evidenced that the screening process appears to be working well and within timescales. A number of referrals (50%) were open cases compared to 60% last year. In general most areas were well evaluated above 70% with 1 exception.

- Chronologies had been completed in 87% of cases but only 25% were of an acceptable standard.

The action recommended was for chronology training for all staff which was delivered in September and October in 2018 and more is planned for 2019.

NHS Tayside Audit

With the appointment of a dedicated Lead for Adult Protection within NHS Tayside and the introduction of an Adult Concern Referral Form and inclusion within Datix, a single agency audit was identified as good practice as well as providing a baseline by which future performance can be measured.

The audit took place on 30th August 2018 in Ninewells Hospital, Dundee which aimed to facilitate access to both paper based and electronic files.

The audit team consisted of 3 multi-agency staff (2 NHS Tayside staff and 1 Adult Protection Lead Officer from Perth and Kinross Council).

There were 9 cases identified and 8 cases audited that covered referrals across all 3 local authority areas and cases were identified at random via the NHS Tayside Datix system between the period March 2018-August 2018.

The audit focused on key areas such as how recording was completed, involvement of others and communication. As this was the first audit of adult protection within NHS Tayside, it was also an opportunity to test the audit tool which had been developed and identify any amendments to this.

A number of key issues such as chronologies, lack of communication, record keeping and were highlighted during the audit which has formed the basis for an improvement plan.

Other areas of work

- The Independent Chair and ASP Coordinator attended a meeting with learning disability “Keys to Life” group to ascertain if current services and supports are effective in safeguarding adults and if there are any gaps. It was suggested we formulate 2-4 questions that could be raised at meeting with adults and their families and carers to gain their views. Questions were agreed and an easy to read version of the questionnaires was disseminated to the group.
- During the 16 days of action for Violence against Women in November 2018, an issue was raised in relation to expectations and attitudes within community and faith groups in relation to protection issues and respect within families. This led to PKAVS convening meetings with community and faith groups and the wider public protection groups to work jointly and communicate a shared vision. This work is ongoing.
- The APC has a wide membership including a representative from University of the Highlands and Islands (Perth College campus). The campus has students with range of physical and learning disabilities including eye, hearing and speech impairments, mental health issues, learning difficulties and disabilities and physical and mobility issues. It has been agree to explore this is more detail with support staff at the college.

5.4 Impact on staff

Evaluation: We are confident that we are developing a competent, confident and skillful workforce. Our staff are highly motivated and committed to their own continuous professional development. We are empowering and supporting our staff with a wide range of evidenced-based multi-agency learning and development opportunities, which are evaluated highly and having a positive impact on practice. The content of these learning and development opportunities take account of changing legislative, policy and practice developments and local challenges.

Staff learning and development

Perth and Kinross continue to deliver awareness and specialist training to all partner agencies to ensure staff can recognise and respond to any identified or suspected harm. This can be online training accessible to all people in Perth and Kinross or face to face training. The online training is an introductory training course in raising awareness for all staff regardless of where they work to recognise and respond to harm.

In relation to on line training offered:

a) NHS E-learning module - 8411 members of staff have completed the module across Tayside which is a significant increase from the previous years.

2012/13	1600

2013/14	3751
2014/15	4964
2015/16	5473
2016/17	5607
2017/18	5521
2018/19	8411 (out of 14, 871 registered users = 56%)

a) E-learning module hosted by the local Authority - 872 council staff members have completed the module.

b) This e-learning module is also available on the PKC webpage for all partner agencies. While we are unable to monitor who has completed the course, the e-learning page has been accessed 440 times in the last year.

Face to face training consists of awareness training for all staff and specialist training for those staff involved in ASP cases.

ASP awareness	65
Chronology training	56
Enhanced practitioner	6
APCC	13
Investigative interviewing	13
3 Act training	38

Evaluation of courses

All courses were positively evaluated with over 95% rated good or excellent There were many comments relating to opportunities to participate in multi-agency discussions and the value of using case studies to consolidate learning and the application of learning to practice. Participants valued group discussions and sharing of case examples which allowed them to reflect on their own practice

We have introduced open badges which are digital certificates recognising learning and achievement. By completing open badges staff recognise and evidence their

learning, skills, attributes and experience. It was introduced in September 2018 and achievements to date are:

Level	Evidence required	Number
Bronze	Attended and participated in ASP awareness course	17
Silver	Written a 200 word essay on how it may be implemented in their work	9
Gold	Written a 200 word essay on how staff have implemented ASP in practice on cases they are currently working with.	3

Trauma Informed Practice

Last year, following a Joint Conference (192 multi-agency delegates) in March 2018, we reported upon our ongoing partnership work with RASAC P&K to develop a trauma informed workforce across P&K.

Throughout 2018 – 2019 this work has continued and we have:

- published and disseminated P&K Trauma Informed Practice Guidance for practitioners working with children, young people and adult survivors of CSA / CSE;
- held two multi-agency Trauma Informed Managers Briefings; two multi-agency Trauma Informed Practice Training Sessions and two multi-agency Trauma Informed Practice Resourcing Workshops.

In total, 85 multi-agency delegates have attended these partnership training events, which they evaluated very highly. Further partnership work is planned to significantly increase these training opportunities in an attempt to establish a critical mass of trauma informed and aware practitioners across P&K.

Harmful Practices

A workshop was organised on Human Trafficking for staff in Tayside that was delivered by Hope for Justice on 18 March 2019 to raise awareness and inform practice and policies. The policy was updates following this event.

Impact on Community

Evaluation:
We have developed the APC webpage which provides public information that is accurate and relevant. We are working with Community groups to address issues identified as areas that could impact on our ability to safeguard people

Public awareness

In recent years we have tried to raise awareness in a variety of different ways and different formats e.g. Facebook, Twitter. It has been difficult to gauge impact of these initiatives as they do not necessarily generate referrals but tend to focus on raising awareness more generally.

APC website usage			
Page title	**No of Unique Users 2016/17**	**No of Unique Users 2017/18**	**No of Unique Users 2018/19**
ASP information page	1476	1617	1367
ASP learning zone	1026	744	440
ASP resource library	106	124	158
Adult Protection Committee	190	124	99
Totals	**2798**	**2609**	**2115**

6. How good is the delivery of services for adults at risk, their families and our operational management?

Evaluation: We are confident that our adult protection services are robust, effective and focused on vulnerability, risk and need

This section highlights how we are delivering our services to support adults at risk. In relation to the response to concerns raised performance indicators show:

- 96.54% of referrals are screened within 24 hours.
- 80% of ASP inquiries and investigations are completed within timescales
- 70% (7/10) of initial Adult Protection Case Conferences and 100% (10/10) of review APCC were held within timescales

There has been significant ground-work already undertaken with regard to adult support and protection within NHS Tayside however there is also recognition of the ongoing need to ensure the further development, oversight and implementation of effective adult support and protection arrangements across the organisation.

Current ongoing work includes:

- Updating of the Tayside multi-agency operational guidance
- Developing a minimal learning standards framework
- Developing a performance framework that allows benchmarking across Tayside and identifies areas of improvements.

The appointment of an Interim Lead for Adult Protection in June 2017 has made a positive difference on developing a public protection approach within NHS Tayside and the links with our key partners to continue to establish a safeguarding culture across NHS Tayside which supports all staff to be alert and responsive to the potential risks of harm for our patients.

- The role has seen an increase in both referrals and engagement across NHS services.
- This role provides strategic, professional and clinical leadership across the organisation working in collaboration with locality lead's on all aspects of NHS Tayside's contribution to protecting adults.
- Increase in completion of Learnpro as well as providing a regular programme of face to face briefing sessions along with advice and consultation role.
- Adult Protection discussed at NHST Tayside Board meeting in December with request for follow up paper to facilitate discussion around developing the NHST approach to strengthening its response to Adult Protection.
- First NHST single agency ASP audit undertaken
- This role ensures adverse incident reporting in adult protection at all levels and in all areas across NHS Tayside and works with service leads to ensure appropriate action plans are developed to reduce reoccurrence and inform learning and best practice.
- NHS Tayside Lead for Adult protection identified to lead on MAPPA within NHS Tayside and support the role of the MAPPA Health Liaison Officer.
- Improvement plan has been developed.
- Review of NHS Tayside Missing Patient Policy
- Mrs Ash SCR Learning Opportunity was held on 25 January 2019
- Tayside wide discussions to review ICRs/SCRs and LAER/SCEA processes
- NHS AP Leads group set up across Scotland- the first meeting was held on 29 November 2018.
- Briefing sessions continue within NHS Tayside

7. How good is our leadership?

Evaluation: We are committed to a collective approach to leadership, direction, support, scrutiny and joint partnership working is effective and robust. We want to achieve better outcomes for adults at risk and their families by continuous improvement through self-evaluation.

7.1 Annual development day 2018

The APC holds an annual development day to take time out with the formal committee structure to examine current progress, challenges and planning priorities for the next year. This was held on 21 June 2018.

There was a presentation and comparison of national and local statistics that identified areas that required further explanation and action.

The workshops focused on 3 main areas

- What has been achieved in the previous 2 years?
- What are the current challenges in Perth & Kinross?
- What are the priorities for the next year?

The areas identified were incorporated into the APC Improvement plan

7.2 Learning from Significant Case Reviews (SCR)

As part of continuous improvement the APC receives reports on national SCR and any actions that can be taken locally from recommendations. As part of this ongoing process a workshop was held in Tayside on 25 January from Glasgow Council in relation to Mrs. Ash and the learning that resulted. Workshop held on the day identified local actions.

7.3 Learning from ASP Thematic Inspections

During 2017, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary and Health Improvement Scotland inspected adult support and protection services in a number of partnership areas across Scotland. This was the first time any of the Scottish scrutiny bodies had scrutinised adult support and protection. The scrutiny focused on outcomes for adults at risk of harm, the partnership's actions to make sure adults at risk of harm are safe, protected, supported, involved, and consulted, as well as leadership for adult support and protection. The six adult protection partnerships inspected were selected to reflect the diverse geography and demography of Scotland.

After publication of the results and recommendations in July 2018, Tayside organised a visit to North Ayrshire on 12 December 2018 to discuss process, findings and ascertain the learning that could benefit our partnership. Some of areas identified were

- Number of Initial Case Review (ICR)/Significant Case Reviews (SCR)
- Conversion rate from ASP investigations to Case Conference
- Initial Referral Discussion (IRD) process

7.4 APC Risk Workshop

As part of ongoing evaluation an APC workshop was held on 26 November 2018 to develop a strategic risk register. The 4 areas that were scrutinised were:

- Adult receives a person centre response to concerns about their safety
- Adult receives an effective integrated response to address their needs for support and protection
- Adult Protection Committee provides effective leadership
- Adult Protection Committee works in partnership with service users and wider communities

Actions identified have been progressed and documented within the Improvement plan.

7.5 Information for elected member and members of Integration Joint Board (IJB)

On 30 November 2018 a session was held for members of the IJB on protecting people that allowed for sharing and exchange of information.

7.6 GP engagement

General practitioners are an essential partner in ASP as capacity remains a key issue. There was a meeting on 30 November with the GP forum to discuss referrals and ASP issues. It is recognized that we need to enable GP's to actively participate in ASP work given their key role but there are challenges in their workload, cover needed if they attend meetings and the time of notice needed. The is a GP representative on the APC who disseminates information through the GP information network.

Partner agencies in the private and third sector are an integral part of the safeguarding framework in Perth & Kinross.

There are representatives on the APC from

- Care homes for elderly
- Care Home for people with learning disability
- Care at home organisations
- Citizen Advice Bureau
- Independent Advocacy
- Perth & Kinross Voluntary Services (PKAVS)

The input and joint working with partner agencies have resulted in

- New electronic reporting system for reporting of incidents from care agencies to ensure consistency across all areas
- Focus on referrals to Independent Advocacy
- Ongoing engagement with minority ethnic and religious groups
- Reporting, follow up and information in relation to current SCAMS.
- ASP input into Missing people protocol
- Work with financial institutions

8. What is our capacity for improvement?

Perth & Kinross APC is committed to continuous improvement through quality assurance and self-evaluation ensuring that outcomes for adult at risk is the main priority.

Building on our self-evaluation, lessons from SCRs and ASP thematic inspections we have developed a one year improvement plan 2019-20 which will continue to deliver outcomes.

8.1 Summary of APC priorities for 2019-20

- Continue to develop and widen the quantitative and qualitative data from all agencies to inform practice and improvements and identify areas for improvement
- Monitor the improvement of the quality of chronologies by ongoing training, auditing of cases and team leader monitoring.
- Monitor the referrals to Independent advocacy on a quarterly basis and by locality areas.

- Engage with our partner agencies in higher education to ensure all client groups receive the support they need to safeguard themselves.
- Build on the engagement work with ethnic minority and religious groups to promote respect and equality with communities.
- Collate questionnaire information in relation to people with learning disabilities to check that current service provision is meeting needs.

Perth and Kinross Adult Protection Committee

Annual Report Statistics, covering period:

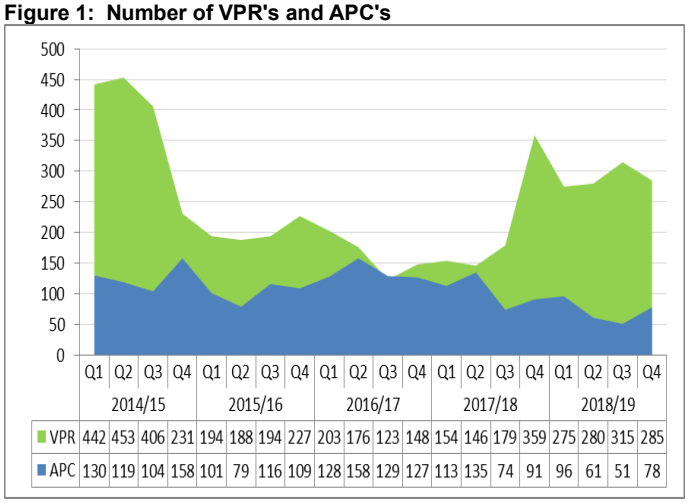
01 April 2014 - 31 March 2019

Housing and Community Care - Adult Support and Protection

Adult Protection Concerns and Vulnerable Person Reports

Over the last five years the number of Adult Protection Concerns (APCs) and Vulnerable Person Reports (VPRs) has fallen by 29%. The number of Adult Protection Inquiries also fell by 62%. Females aged 81 and over account for the largest proportion of APC's received, inquiries and investigations held. Worries about individuals being physically, financially harmed or neglected were the most common reasons for inquiries/investigations taking place.

Figure 1: Number of VPR's and APC's

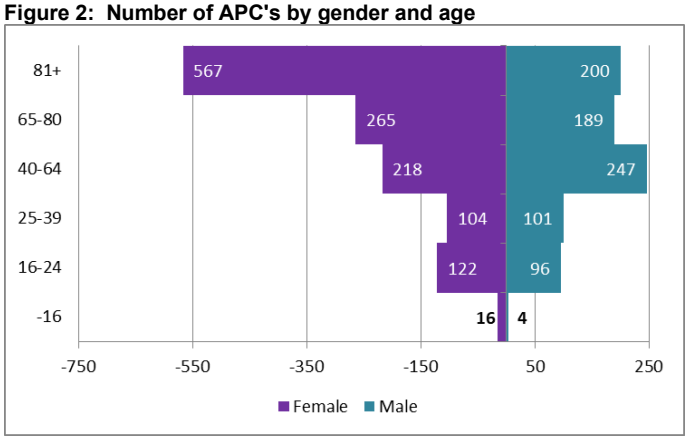


	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2014/15				2015/16				2016/17				2017/18				2018/19			
VPR	442	453	406	231	194	188	194	227	203	176	123	148	154	146	179	359	275	280	315	285
APC	130	119	104	158	101	79	116	109	128	158	129	127	113	135	74	91	96	61	51	78

The total number of VPR's received in 2018/19 (1155 reports) has increased compared to 2017/18 (838 reports) however this is still a reduction of the total number that were received in 2014/15 (1,532 reports). Improved screening processes by Police Scotland has contributed to this reduction.

The total number of APCs received in 2018/19 (286 concerns) fell by 46% compared to the previous year.

Figure 2: Number of APC's by gender and age

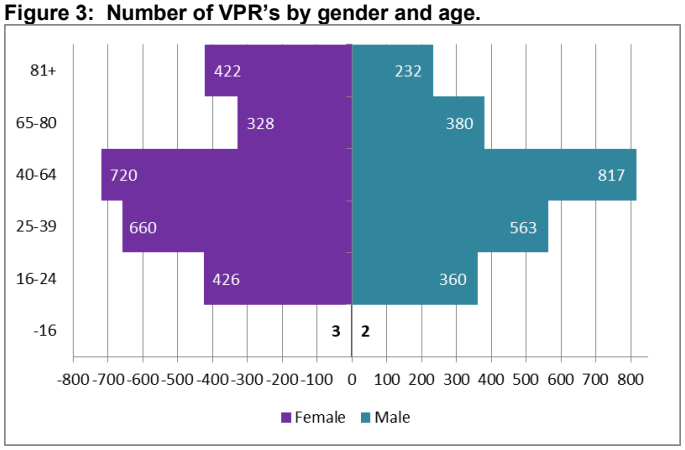


The total proportion of APC's by gender over the five year period was 61% female and 39% male.

Females over the age of 81 accounted for over a quarter, 27% of all APC's received.

In 2018/19 there were 2 APC's where the age and gender of the person was not recorded.

Figure 3: Number of VPR's by gender and age.

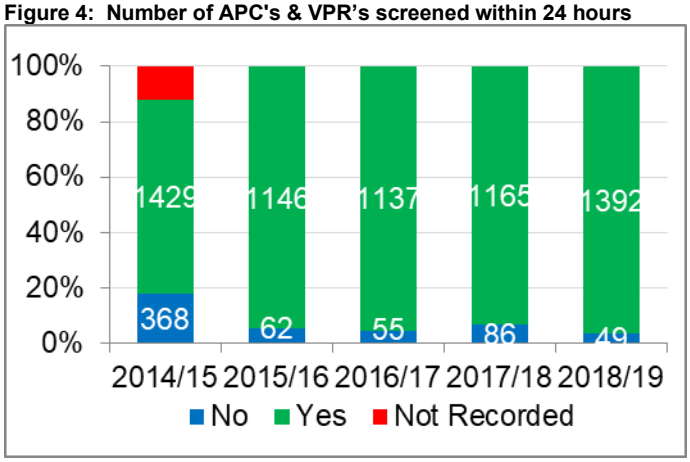


The total proportion of VPR's by gender over the five year period was 52% female, 48% male.

In 2018/19 there were 4 VPR's where the age of the person was not recorded and 34 VPRs with no gender recorded.

Males aged 40-64 accounted for 17% of the total VPR's received.

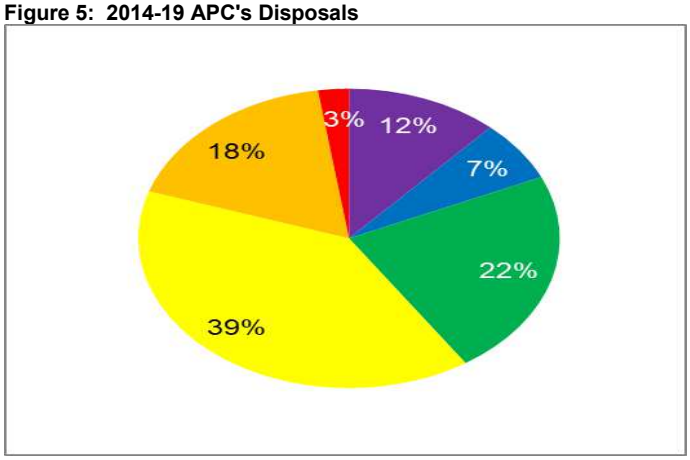
Figure 4: Number of APC's & VPR's screened within 24 hours



In 2018/19 100% of APC's and VPR's had a recorded outcome for screening, again this is an improvement on 2014/15 where 12% of APC's and VPR's were missing a recorded outcome.

During the same time period, 97% of all APC's and VPR's were screened within 24 hours, this is an increase of 4% from 2016/17.

Figure 5: 2014-19 APC's Disposals



The proportion of APC's progressed to an inquiry has risen in 2018/19 to 38%, from 31% in 2017/18. In 2014/15 the figure was 47%.

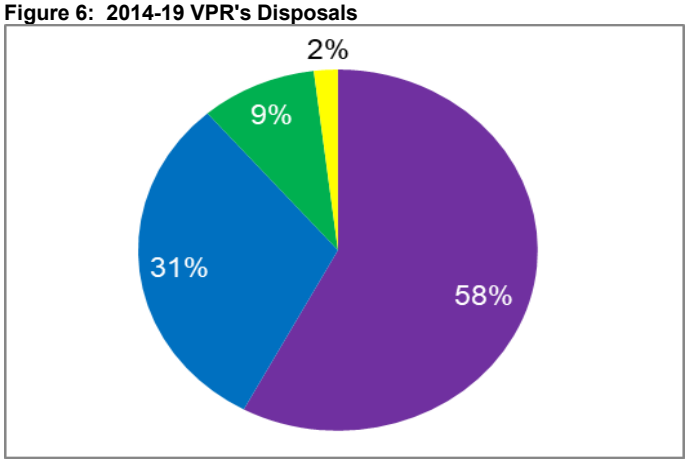
In 2018/19 the proportion of APC's where there was no further social work intervention dropped to 10% from 14% in 2017/18.

The proportion of APC's progressing to a large scale investigation continues fall. (4 in 2018/19).

Legend

- No Further Social Work Intervention
- Passed to Key Worker
- Passed to Team
- Progressed to Ap Inquiry
- Progressed to Ap Investigation
- Progressed to Large Scale

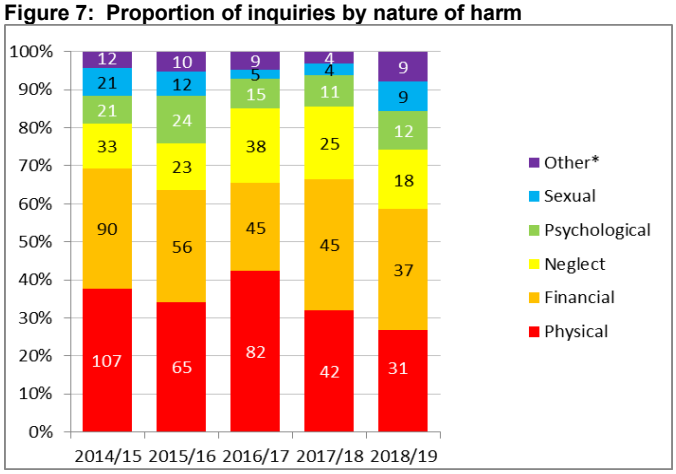
Figure 6: 2014-19 VPR's Disposals



In 2018/19 the proportion of VPR's with no further social work intervention was 63% a rise from the previous year 54%.

Over the five year period there were fewer than twenty VPR's progressed to an investigation or large scale investigation.

Figure 7: Proportion of inquiries by nature of harm



In 2014/15 there were 284 adult protection inquiries, in 2018/19 this figure fell by 62% to 116. The most common nature of harm is financial.

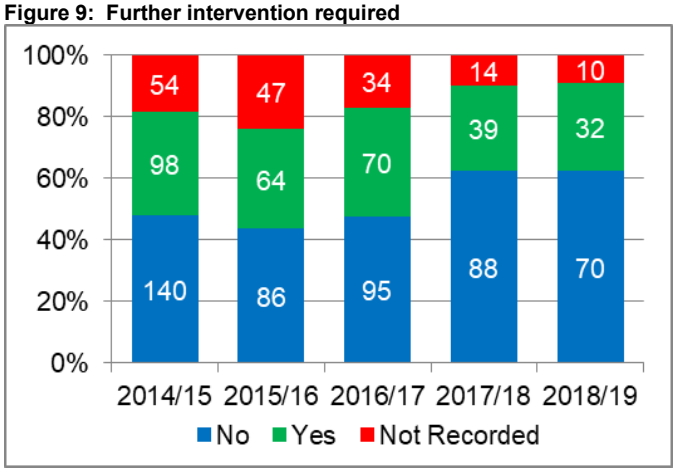
In 2018/19 there were two types of harm which increased by proportion of total inquiries, these were inquiries relating to sexual harm and Domestic Abuse[1].

Figure 8: Proportion of inquiries by client group

Nature of Harm	2015/16	2016/17	2017/18	2018/19
Public Protection	0.5%	1%	1%	0%
Dementia	17%	22%	16%	20%
Education & Children's Services	1%	3%	3%	2%
Frailty or Illness	16%	19%	29%	32%
Learning Disabilities	28%	24%	16%	15%
Mental Health	6%	5%	3%	11%
Not recorded	2%	1%	3%	3%
Other (not further described)	5%	6%	6%	3%
Physical Disabilities Including Frailty Due to Old Age	24%	18%	21%	12%
Substance Misuse	2%	3%	1%	2%

Over the last five years the most commonly reported client groups were individuals with learning disabilities, Frailty/Illness, people with physical disabilities including frailty due to old age, and Dementia

Figure 9: Further intervention required



In 2018/19 there were 10 inquiries without a recorded outcome as to whether further intervention was required.

In 2018/19 29% of inquiries required further intervention. This is similar to the previous year.

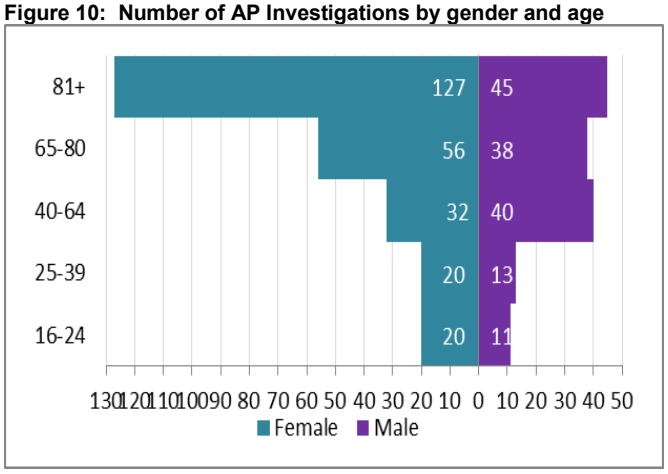
Of those individuals who engaged with services and had the capacity to understand or perceive the impact of intervention, 64% found the intervention had been helpful.

A further 14% of inquiries did not have response recorded to this question which is a continued improvement.

*Other category includes; domestic abuse, attempted suicide, family violence and self-harm.

[1] Family violence and domestic abuse are contained within the 'Other' category due to the very small numbers involved.

Figure 10: Number of AP Investigations by gender and age



Over five years there were a total of 402 Adult Protection Investigations.

In 2018/19 there were 64 Investigations.

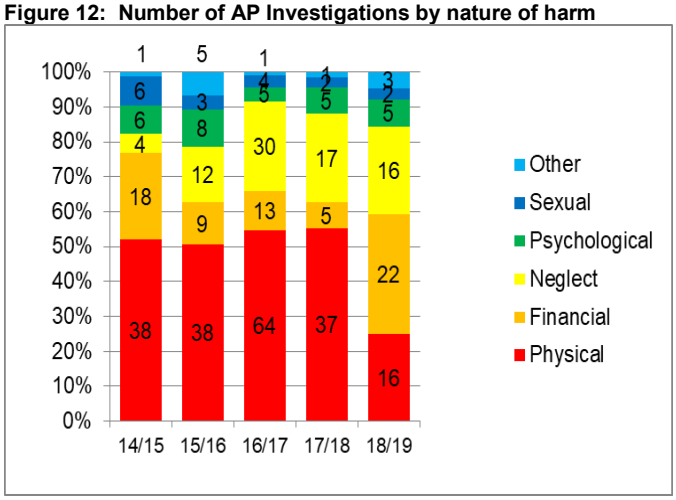
Just under a third of all investigations were for females aged 81 and over.

Figure 11: % of AP Investigations by client group

	2015/16	2016/17	2017/18	2018/19
Public Protection	0%	1%	0%	0%
Dementia	39%	36%	25%	33%
Education & Children's Services	0%	0%	1%	0%
Frailty or Illness	13%	18%	28%	23%
Learning Disabilities	18%	27%	29%	8%
Mental Health	4%	0%	4%	6%
Not Recorded	0%	0%	0%	3%
Other	11%	1%	4%	8%
Physical Disabilities Including Frailty Due to Old Age	13%	18%	9%	16%
Substance Misuse	1%	0%	0%	3%

In 2018/19 all investigations had a recorded client group. In 2018/19 The proportion of investigations where the client was Learning Disabilities decreased compared to previous years.

Figure 12: Number of AP Investigations by nature of harm



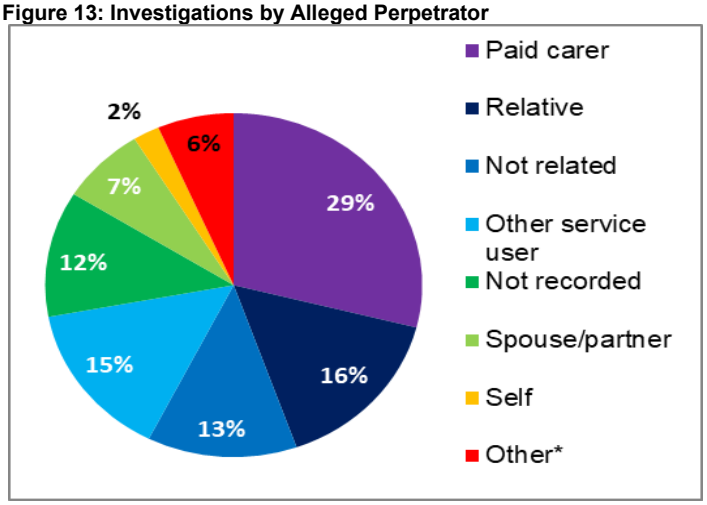
In 2018/19, the total number of Adult Protection Investigations (64 investigations) has fallen from the previous year (68 investigations)

The number of investigations relating to financial harm in 2018/19 (22 investigations) has risen from 2017/18 (5 investigations)

Investigations due to domestic abuse, family violence and self-harm have increased although are aggregated within the 'other[2]' category as the numbers are very small.

[2] Other category includes domestic abuse, family violence and self-harm.

Figure 13: Investigations by Alleged Perpetrator



Over a quarter of alleged perpetrators were paid carers/workers.

Relatives were the second most common alleged perpetrator.

Over the five year period there were 6 investigations where the alleged perpetrator was unknown and 47 investigations where the client's relationship with the alleged perpetrator was not recorded, 7 of these were in 2018/19.

Figure 14: % Investigations disposals

	2015/16	2016/17	2017/18	2018/19
Further SW Intervention (non AP action)	82%	39%	44%	27%
Progress to Case Conference	14%	10%	15%	21%
Not recorded	4%	1%	0%	0%
No Further SW Intervention	0%	50%	41%	52%

In 2014/15, 17 investigations progressed to a case conference, in 2018/19 this figure fell to 13 investigations progressed to a case conference.

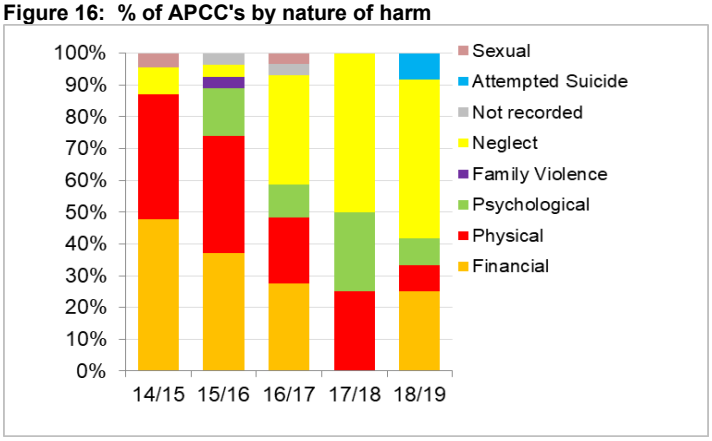
In 2018/19 there were no investigations without a recorded outcome.

Figure 15: % Investigations - Has intervention has been helpful?

	2015/16	2016/17	2017/18	2018/19
Lacks capacity	55%	54%	48%	39%
No	0%	1%	0%	2%
Not recorded	12%	5%	0%	0%
Yes	33%	45%	52%	59%

In 2018/19, 33 clients perceived the intervention to be helpful. 22 people lacked the capacity to understand or perceive the impact that the intervention.

Figure 16: % of APCC's by nature of harm



In 2018/19 there were 20 Adult Protection Case conferences, the largest proportion of these conferences were in relation to alleged neglect.

Over the five years over a third (35%) of conferences were in relation to alleged financial harm.

The majority of case conferences in 2018/19 had a location of harm cited as clients home address.

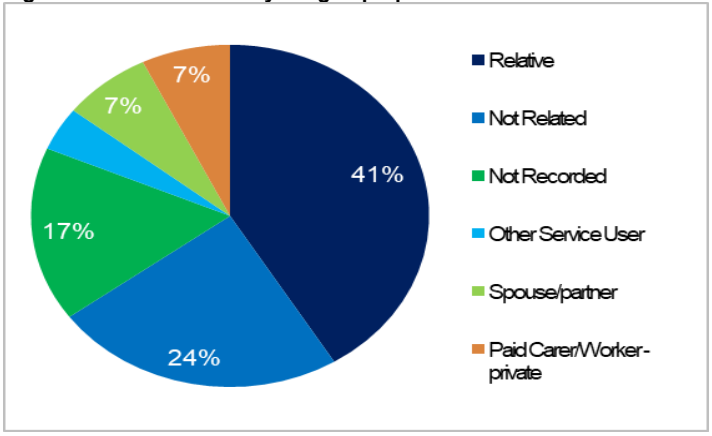
Figure 17: % of APCC's by client group

	2015/16	2016/17	2017/18	2018/19
Dementia	22%	3%	50%	15%
Frailty or Illness	4%	10%	25%	20%
Learning Disabilities	26%	38%	25%	15%
Mental Health	19%	3%	0%	0%
No Disability 16-64	0%	3%	0%	0%
Palliative Care	4%	0%	0%	0%
Physical Disabilities Including Frailty Due to Old Age	26%	14%	0%	45%

In 2018/19 there was a large increase in the number of case conferences where the client group was recorded as Physical Disabilities.

The most commonly cited alleged perpetrator is a relative to the client.

Figure 18: % of APCC's by alleged perpetrator 2014-2019



In 2018/19 there were no case conferences without a recorded alleged perpetrator, compared to 10 records having no recorded alleged perpetrators in 2016/17.

Housing and Community Care - Adult Support and Protection

Adult Protection Case Conferences

Figure 19: % APCCs by disposals

	2015/16	2016/17	2017/18	2018/19
Adult Protection Plan	56%	52%	0%	50%
Ongoing Monitoring Through Mainstream Procedures	19%	48%	50%	50%
No Further Action	19%	0%	50%	0%
Not Recorded	7%	0%	0%	0%

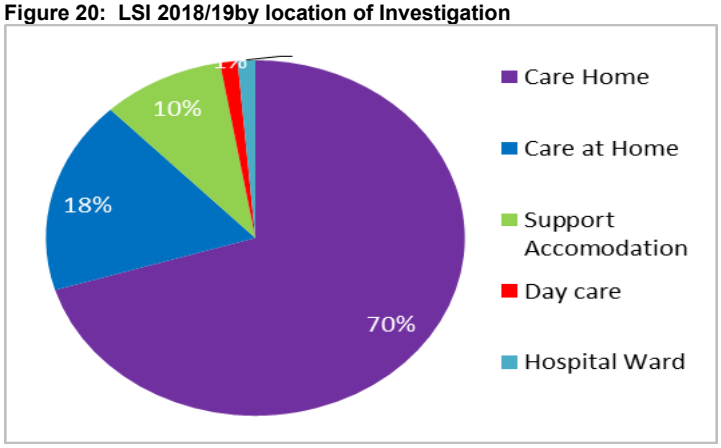
In 2018/19 50% of the AP case conferences resulted in ongoing monitoring through mainstream procedures.

In 2018/19 there were no case conferences without a recorded disposal.

Housing and Community Care - Adult Support and Protection

Large Scale Investigations

Figure 20: LSI 2018/19by location of Investigation



Over the five year period there were 70 Large Scale Investigations (LSI), 22 in 2014/15 and 18 in 2015/16, 18 in 2016/17, 12 in 2017/18 and 4 in 2018/19.

The majority of these investigations took place in care homes.

The issues identified from the 2019 combined multi-agency/Large Scale Investigation audit in relation to LSIs were:

- Medication errors
- Neglect/lack of care/hygiene issues
- Missed Visits/key safes
- Moving and Handlings
- Incident Reporting
- Staff training and induction
- Falls risk assessment
- Staff shortages/lack of experience and knowledge
- Poor communication/record keeping/support plans; and
- Financial Harm

Protection Orders

August 2014 - Removal order applied for and refused.

This order was requested to remove a son with a learning disability from the family home. The removal order was refused on the grounds that the harm was not serious enough.

May 2015 - Banning order applied for and granted.

This order was requested to prevent a son visiting his 85 year old mother who experiences physical and mental health issues. The banning order was to prevent financial exploitation by the son against his mother.

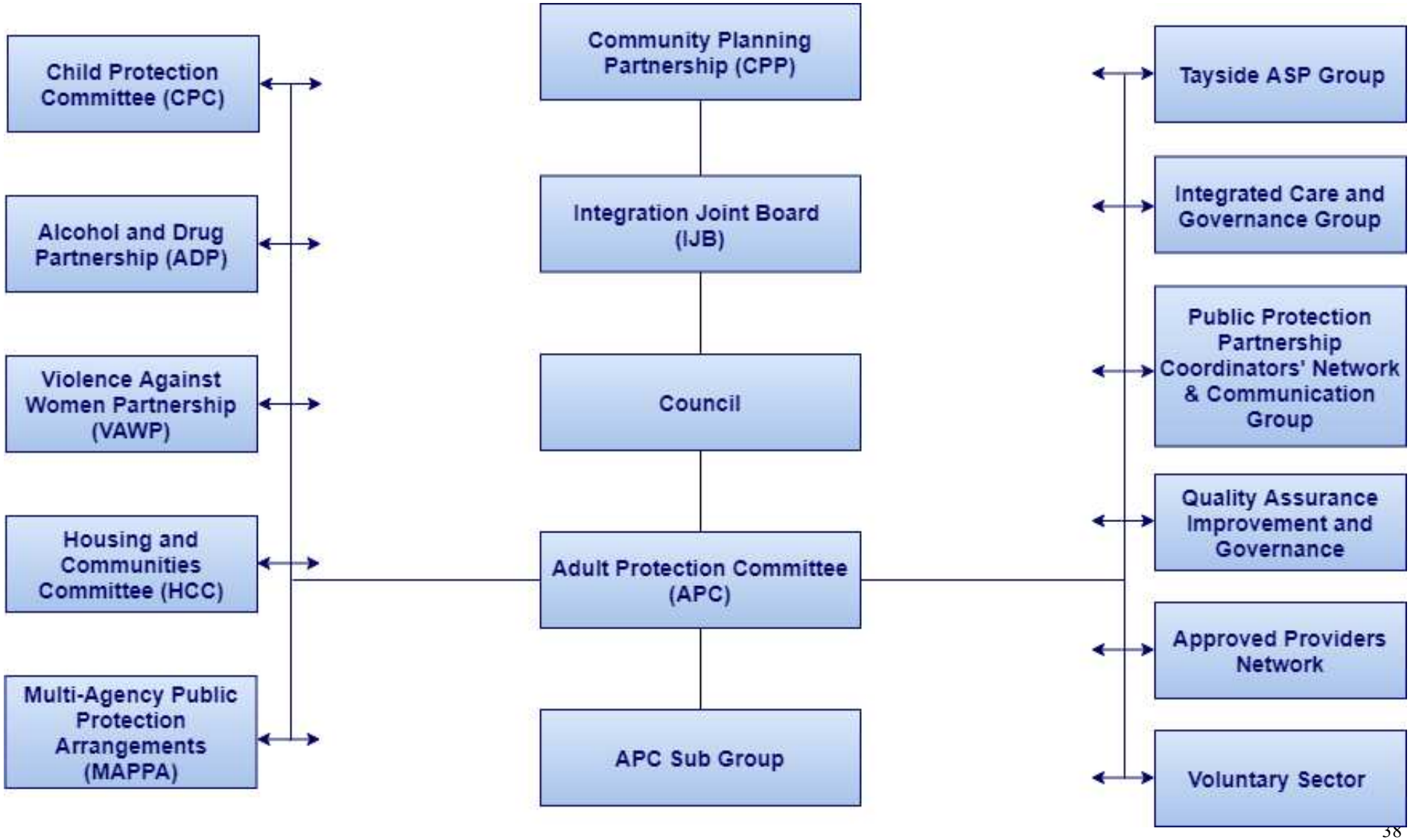
August – September 2016 - Banning order applied for and granted.

A temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who was being financially targeted.

May – July 2017- Banning order applied for and granted.

Another temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who they had previously targeted and were currently exploiting for financial gain.

Perth and Kinross APC Structure 2018



ADULT SUPPORT AND PROTECTION

IMPROVEMENT PLAN 2019-2020

The Perth & Kinross Adult Protection Committee and partners are committed to continuous improvement through self evaluation and the work of the sub committee.

Vision

People have the right to live as independently as possible in a safe environment; to be free from harm; to have their wishes and feelings taken into account; and to have the minimal amount of intervention in their personal lives.

Purpose

To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

Local Context

Under the auspices of the Community Planning Framework, http://www.pkc.gov.uk/communityplanning are the key strategic plans for all services in Perth and Kinross to improve the lives of vulnerable people by ensuring that:

- Resilient, responsible and safe communities
- People in vulnerable circumstances are protected
- Longer healthier lives for all

Our Local Outcomes:
A Whole Life Approach[3]

[3] Source: Perth and Kinross Community Plan / Single Outcome Agreement (SOA) 2013 - 2023
Perth and Kinross Council Corporate Plan 2013 - 2018

The Work of the Adult Protection Committee (APC)

The work of Perth and Kinross Adult Protection Committee is fundamental to ensuring better outcomes for vulnerable people who are at risk of harm, neglect and exploitation.

Underpinning the work of the APC

Continuous Improvement

- Policies, Procedures and Protocols
- Self-Evaluation in Improving Services
- Promoting Good Practice
- Learning and Development

Strategic Planning

- Communication, Collaboration and Co-operation
- Making and Maintaining Links with Other Planning Fora

Public Information and Communication

- Raising Public Awareness
- Involving adults at risk and their Families

Monitoring, Evaluation, Outcomes and Impact

The Adult Protection Inter-Agency Coordinator will be responsible for coordinating the plan on behalf of the APC.

APC Improvement Plan 2019-2020					
No	**Action / Task**	**Strategic Lead**	**Timescale**		**RAG**
Areas based on National ASP Improvement Plan					
Outcome 1: Assurance					

No	Action / Task	Strategic Lead	Timescale		RAG
1	***1.1 Areas for Improvements are informed by good quality ASP statistics and data.*** - ***Compare and contrast data across Scotland***	***APC*** ***APC sub group***	March 2020	• Tayside reporting framework draft developed and awaiting feedback from APC's • Multi-agency data mapped across Perth & Kinross	A
	1.2 Explore issues raised in ASP thematic inspection and local audit processes			• Visit to North Ayrshire 11/12/18 Discussions in Tayside relating to Dundee inspection results	A
Outcome 2: Governance					
2	***2.1 Adult protection is embedded in clinical and care governance framework***	***Independent Chair Chief SWO Head of Service ASP coordinator***	Ongoing	• Currently have indictors for ASP • Part of reporting structure for Annual reports	A
	2.2 Strategic linkage and support for adult protection through Chief Officers programme	***Independent Chair***	Ongoing	• Chair of APC attends COG • Chair of APC meets regularly with Chief SWO and CEO of Perth & Kinross Council • Chair of APC reports to Council & IJB on ASP activity	A
Outcome 3: Data and Information					
3	***3.1 Improvements in ASP services driven by more sophisticated and systemic self evaluation framework in ASP.*** ***Compare and learn from self evaluation work across the CPP and with***	***Independent Chair*** ***APC*** ***APC sub-group***	Ongoing	• Further outcome focused indicators to be identified • Measurement of service user and carer experience	A

No	Action / Task	Strategic Lead	Timescale		RAG
	other authorities				
Outcome 4: Policy and Guidance					
4	***4.1 Effective partnership working*** ***Perth & Kinross Multi-agency operational guidance***	***APC & APC sub- group***	December 2018	• Completed and approved by APC • Disseminated to all agencies • Updated on webpages	G
	4. 2 More effective Tayside partnership working - ***Update Tayside multi-agency operational guidance*** - ***Agree areas of joint working, key processes, learning and development across wider public protection areas*** - ***minimal learning standards framework***	***APC in Dundee, Angus and Perth & Kinross***	December 2019	• Draft document currently being reviewed	A
Outcome 5: Practice Improvement					
5	***5.1 Individuals and groups have stronger voice through increase in Independent Advocacy.***	***APC sub-group***	December 2019	• To be included in reporting framework • Inclusion in ASP training courses • Monitor referrals	A
	5.2 ***Improved service user and carer experience in ASP processes.*** ***Develop a way to capture information to ensure views are heard and changed if required*** ***Positive engagement***	***Independent Chair ASP co-ordinator***	March 2020	• Keys to life group information – collate questionnaires responses • PKAVS - Ethnic minority Hub, meeting with religious leaders • Perth College	A

No	Action / Task	Strategic Lead	Timescale		RAG
	with people with learning disabilities who would have greater influence in and control over ASP services. Establish a rapport with existing user and carer groups. ***Greater awareness of cultural issues and impact on ASP processes*** ***Special focus on people in care settings and care at home clients.***				
	5.3 GPs are engaged effectively in ASP planning..	***Independent Chair ASP co-ordinator***	March 2020	• engage with GP and discuss their role in process, impact of their involvement and capacity issues	A
	5.4 Increase referral rates for health patients especially mental health clients in the 16-65 year old range. - **Analyse existing figures on current referral rates and once validated discuss with stakeholders how they can be increased**	***APC sub-group***	December 2019	• To be included in reporting framework • Inclusion in ASP training courses • Monitor referral rates	A
Outcome 6: Prevention					
6	***6.1 Enhance learning and stream lined processes in health and social care partnerships for reviewing cases.*** - ***Inter agency approach across such areas as SEA, LAER, SCR and SCEA.***	***APC Sub group***	Ongoing	• On improvement plan for sub-group • Reports to APC on local and national SCR and learning • Report to HSCP management teams and updated on adverse event register	A

No	Action / Task	Strategic Lead	Timescale		RAG
	6.2 Effective communication with partners and members of the public resulting in greater awareness across professionals and the public of ASP - ***Review methods of communication with better use of social media and webpage and updated messages to members of the public.***	***APC sub-group ASP leads in Tayside***	Ongoing	• Develop a minimal learning standards framework across Tayside • Agree courses to be developed and delivered jointly • Provide access to more courses on trauma informed practice	A

APC Self Evaluation Audit

No	When (Start Date)	APC Self-Evaluation Activity and Lead Person	Key APC Outputs[i]	Target Date for APC
1	**16 May 2018**	VPR/AP concern audit		
2	**30 August 2018**	NHS Audit – Grace Gilling/Mary Notman	Involvement of key agencies	Tabled at APC December 2018
3	**30 July 2018**	Bi-ennial report completed /Mary Notman	Evaluation Report	Tabled at APC meeting on 30 August 2019
4	**26 November 2018**	APC Risk workshop	Risk profile	Tabled at APC March 2019
5	**30 November 2018**	Attended P&K GP Forum to discuss to involvement with ASP National meetings 26/9/18 & 26/3/19	Updated draft guidance on GP involvement	In progress nationally

Appendix 3

No	When (Start Date)	APC Self-Evaluation Activity and Lead Person	Key APC Outputs[i]	Target Date for APC
	11 December 2018	Visit to North Ayrshire to discuss ASP thematic inspection	Paper produced on learning points	Tabled at APC March 2019
7	**25 January 2019**	Mrs Ellen Ash SCR presentation	Paper produced on learning points	Tabled at APC on 8 March 2019
8	**30 January 2019**	Multi-agency audit at Highland House /Mary Notman	Audit on processes, outcomes and involvement of key people and agencies	Tabled at APC meeting on 8 March 2019
9	**15 May 2019**	VPD/AP concern audit /Mary Notman	Audit to check recording, response, decision making and adherence to processes	To be tabled at September APC 2019

Key ASP Dates

15 February – national ASP day
15 June – Elder Abuse awareness day
1 October – International Older people day