



## **PERTH AND KINROSS INTEGRATION JOINT BOARD**

Council Building  
2 High Street  
Perth  
PH1 5PH

5 February 2020

A meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber, 2 High Street, Perth, PH1 5PH on Wednesday, 12 February 2020 at 13:00.**

If you have any queries please contact Scott Hendry on (01738) 475126 or email [Committee@pkc.gov.uk](mailto: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  
Sarah Dickie, 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**

**Wednesday, 12 February 2020**

**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 INTEGRATION JOINT BOARD OF 7 - 14  
17 DECEMBER 2019**  
(copy herewith)

**4 ACTION POINTS UPDATE 15 - 16**  
(copy herewith G/11/6)

**5 MATTERS ARISING**

(i) Joint Workforce Agreement - Verbal update by Chief Officer/Director - Integrated Health and Social Care

**6 FINANCE AND GOVERNANCE**

**6.1 MEMBERSHIP UPDATE**

Verbal report by Clerk

**6.2 AUDIT AND PERFORMANCE COMMITTEE - TERMS OF REFERENCE**

In relation to the process for the production of the Annual Accounts for the Integration Joint Board, it is the view of both the Chief Finance Officer and the Board's External Auditors that both the Scheme of Delegation for the Board and the Terms of Reference for the Audit and Performance Committee be amended to confirm that both the draft unaudited accounts and the final audited accounts and associated papers be submitted to the Audit and Performance Committee for scrutiny and approval and subsequently to the Integration Joint Board for information.

The Board are asked to endorse these proposals.

**6.3 2019/20 FINANCIAL POSITION 17 - 28**  
Report by the Chief Financial Officer (copy herewith G/20/7)

<b>7</b>	<b>DEVELOPING STRATEGIC OBJECTIVES/UPDATES</b>	
<b>7.1</b>	<b>MENTAL HEALTH - INDEPENDENT INQUIRY FINAL REPORT - UPDATE</b> Report by Chief Officer/Director - Integrated Health and Social Care (copy to follow)	
<b>7.2</b>	<b>PERTH AND KINROSS INTEGRATION JOINT BOARD/HEATH AND SOCIAL CARE PARTNERSHIP STRATEGIC PLANNING ARRANGEMENTS</b> Report by Chief Officer/Director Integrated Health & Social Care (copy herewith G/20/8)	<b>29 - 34</b>
<b>7.3</b>	<b>STRATEGY FOR ADULTS WITH A PHYSICAL DISABILITY</b> Report by Head of Adult Social Work and Social Care (copy herewith G/20/9)	<b>35 - 40</b>
<b>7.4</b>	<b>LOCALITY INTEGRATED CARE SERVICE</b> Report by Head of Health (copy herewith G/20/10)	<b>41 - 46</b>
	<b>Note:</b> There will be a presentation on the above item by Evelyn Devine, Head of Health	
<b>8</b>	<b>PERFORMANCE AND IMPROVEMENTS</b>	
<b>8.1</b>	<b>PARTNERSHIP IMPROVEMENT PLAN 2019/20</b> Report by Chief Officer/Director - Integrated Health & Social Care (copy herewith G/20/11)	<b>47 - 50</b>
	<b>Note:</b> There will be a presentation on the above item by Chris Jolly, Service Manager (Business Planning and Performance)	
<b>8.2</b>	<b>JOINT INSPECTION OF ADULT SERVICES - IMPROVEMENT ACTION PLAN</b> Report by Chief Officer/Director of Integrated Health & Social Care (copy herewith G/20/12)	<b>51 - 68</b>
<b>8.3</b>	<b>CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19</b> Report by Chief Social Work Officer (copy herewith G/20/13)	<b>69 - 122</b>
<b>9</b>	<b>FUTURE IJB MEETINGS</b>	
	<ul style="list-style-type: none"> <li>• 29 April 2020</li> <li>• 24 June 2020</li> <li>• 23 September 2020</li> <li>• 9 December 2020</li> </ul>	

## **FUTURE IJB BRIEFING/DEVELOPMENT SESSION**

- 4 March 2020 (CANCELLED)
- 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 Tuesday 17 December 2019 at 2.00pm.

### **Present:**

#### **Voting Members**

Councillor E Drysdale, Perth and Kinross Council (Chair)  
Councillor X McDade, Perth and Kinross Council (up to Item 11)  
Councillor C Purves, Perth and Kinross Council  
Councillor C Ahern, Perth and Kinross Council (substituting for Councillor J Duff)  
Mr B Benson, Tayside NHS Board (Vice-Chair)  
Ms P Kilpatrick, Tayside NHS Board (up to Item 11)  
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 (up to Item 8)  
Ms J Smith, Chief Financial Officer  
Ms S Gourlay, NHS Tayside

#### **Stakeholder Members**

Ms M Summers, Carer Public Partner (substituting for Ms B Campbell)  
Mr A Drummond, Staff Representative, NHS Tayside  
Mr S Hope, Staff Representative, Perth and Kinross Council (up to Item 10)  
Ms S Watts, Third Sector Representative  
Ms L Blair, Scottish Care

### **In Attendance:**

K Reid, Chief Executive, Perth and Kinross Council (up to Item 11); S Hendry, A Taylor, M Terava and M Notman (all Perth and Kinross Council); D Fraser, E Devine, D Mitchell (up to Item 11), M Rapley (up to Item 10.1), C Jolly and V Aitken (all Perth and Kinross Health and Social Care Partnership); A Radley (NHS Tayside); Dr M Winters, Associate Medical Director (NHS Tayside); D Williams, Scottish Government; and B Atkinson, Independent Chair of Perth and Kinross Adult Protection Committee.

### **Apologies:**

Councillor J Duff, Perth and Kinross Council  
Ms J Alexander, Tayside NHS Board  
Ms B Campbell, Carer Public Partner  
Ms S Auld, Service User Public Partner

## **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. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 6 NOVEMBER 2019**

The minute of meeting of the Perth and Kinross Integration Joint Board of 6 November 2019 was submitted and approved as a correct record.

## **4. ACTION POINTS UPDATE**

There was submitted and noted the action point update for the Perth and Kinross IJB as at 17 December 2019.

## **5. MATTERS ARISING**

There were no matters arising from the previous minute.

## **6. 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 agreed that Ms S Dickie replace Ms S Gourlay as the nurse representative on the Integration Joint Board.
- (ii) The decision of the Perth and Kinross Carers Voice Group that the current representative Ms B Campbell and substitute member Ms M Summers be re-appointed to their respective roles for a further two-year period with an option of a third year be endorsed.
- (ii) Following discussion at the Third Sector Health and Social Care Strategic Forum, it be agreed that Ms S Watts, with Ms C Gallagher as the substitute member continue in their respective roles until May 2020 with the outcome of a further election process to be reported at that point.

## **7. FINANCE AND GOVERNANCE**

### **7.1 2019/20 FINANCIAL UPDATE**

There was submitted a report by the Chief Financial Officer (G/19/202) (1) providing an update on the year-end financial forecast based on actual expenditure for the 7 months to 31 October 2019; and (2) identifying risks which may impact on the financial forecast in future months.

P Kilpatrick referred to the anticipated further carry forward of earmarked reserves in relation to the Primary Care Improvement Fund, Mental Health Action 15 and Alcohol and Drugs Funding and expressed her concern that monies available are not being used to help support these services. In response both K Reid and G



Paterson provided the Board with assurance that in terms of alcohol and drugs, plans are in place to utilise all monies available under the auspices of the Alcohol and Drugs Partnership.

**Resolved:**

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

## **7.2 DEVELOPMENT OF 3-YEAR FINANCIAL RECOVERY PLAN**

There was submitted a report by the Chief Financial Officer (G/19/203) providing an update on the development of a 3-Year Financial Recovery Plan for the period 2020/21 to 2022/23.

Councillor Purves queried what the material difference was between a 3-year Financial Plan that is set each year and a 3-year Financial Recovery Plan. In response, J Smith confirmed that the 3-year financial plan that has come forward over the last 3 years has been focussed on recurring solutions to the underlying financial position meaning non-recurring solutions and in-year financial solutions have not been brought forward at this stage. She further commented that the key difference this year will be bringing both processes together and doing so at a much earlier stage in order that the Integration Joint Board and the two partner organisations have a clear understanding of the target position that the IJB is looking to deliver.

**Resolved:**

- (i) The intention to work with NHS Tayside and Perth & Kinross Council to develop a 3-Year Financial Recovery Plan with the Chief Officer to take forward discussions thereon with both partners, be noted.
- (ii) 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, be noted.
- (iii) The work being done by Perth and Kinross Health and Social Care Partnership to redesign services and identify savings over the 3-year period to offset the significant pressures, be noted.
- (iv) The scrutiny and review that has been undertaken to date by the IJB Budget Review Group be noted.
- (v) A further update be brought forward to the next IJB meeting in February 2020.

## **7.3 STANDING ORDERS ANNUAL REVIEW**

S Hendry advised that usually at this time of year the Board would carry out a review of its Standing Orders but following discussions with the Chair and the Chief Officer it was suggested that the review be incorporated into the planned development session organised on 24 January 2020 which will serve as an induction session for any

new members of the Board and will also look at the roles and responsibilities of members and meeting protocols.

In response to a query from Councillor McDade about the potential of finding an alternative date for the development session, it was agreed that following the session on 24 January 2020 a further date for a workshop on Standing Orders / Meeting Protocols would be arranged.

The Board noted the position.

J PEPPER LEFT THE MEETING DURING THE FOLLOWING ITEM.

## **8. CHIEF OFFICER STRATEGIC UPDATE**

There was submitted a report by the Chief Officer/Director – Integrated Health and Social Care (G/19/204) updating Board members on progress with key developments.

K Reid referred to the two care homes which have received the grading of 'weak' and queried whether the Health and Social Care Partnership are continuing to place people in these care homes. In response D Fraser confirmed that a meeting with the senior executives had been held, she also confirmed there was a voluntary moratorium on both the care homes and work will continue with both in regards to improvement plans.

K Reid expressed her strong disappointment that the Joint Working Agreement continues to remain unsigned by NHS Tayside following sign off by Perth and Kinross Council in March 2019. Both Councillors Purves and McDade echoed these comments. A Drummond commented that the view of NHS Tayside was that no formal agreement was required and that there were no formal working time agreements in both Dundee City and Angus IJB areas.

### **Resolved:**

- The contents of Report G/19/204 and the following strategic updates be noted:
- (i) The implementation of Franks' Law – Free Personal Care for People Under 65 years;
  - (ii) The current position of the Care Home Market in Perth and Kinross;
  - (iii) The current position with the development of the Workforce Plan.
  - (iv) The Chief Officer be instructed to take forward as a matter of urgency the issues surrounding the unsigned Joint Working Agreement with the Chief Executive of NHS Tayside.

## **9. PERTH AND KINROSS IJB STRATEGIC COMMISSIONING PLAN 2020-2025**

There was submitted a report by the Chief Officer / Director Integrated Health and Social Care (G/19/205) presenting the 'Final Draft' of the Perth and Kinross Integration Joint Board Strategic Commissioning Plan 2020-2025.

G Paterson stated he would welcome any feedback / comments from members in relation to the proposals to revise the approach to strategic planning.

Councillor Purves made reference to the proposal to move away from the Programme Boards of Care and replace these with Strategy Groups and queried whether the Terms of Reference for the groups will come to the IJB for approval. In response G Paterson stated that any Terms of Reference developed show commonality across the Strategy Groups and that it was important that the new Strategy Groups connect clearly with the Strategic Planning Group and be informed of the work of the Third Sector Forum with a paper being brought to a future meeting of the IJB.

Councillor McDade also stressed the importance that any Terms of Reference developed are presented to the IJB for approval. He further queried why the foreword to the Strategic Commissioning Plan 2020-2025 was provided by the Chief Officer and not the Chair of the Board. In response, G Paterson confirmed that it was always his intention that this document would be presented jointly by himself and the Chair and would look to resolve this.

B Benson commented that a key area that may need more emphasis applied to it in the document is the role of staff and the contribution they provide, he further stressed the importance that staff are available to provide feedback as this process of implementing the plan continues. In response G Paterson confirmed that this is indeed a very important issue and something that he will consider further.

**Resolved:**

- (i) The 'Final Draft' of the Strategic Commissioning Plan 2020-2025 as detailed in Appendix 1 of Report G/19/205, be approved.
- (ii) It be agreed that the Strategic Commissioning Plan be a 5-year plan.
- (iii) In addition to producing a printed version, the final version of the Strategic Commissioning Plan be developed onto a digital dashboard for ease of access.
- (iv) The proposals to revise the Health and Social Care Partnership's arrangements for strategic planning and for stakeholder engagement, be noted.
- (v) The Chief Officer be instructed to provide annual reports to the IJB on progress in implementing the Strategic Commissioning Plan.
- (vi) The Chief Officer be instructed to bring to a future meeting of the IJB the Terms of Reference for the Strategy Groups for approval.

FOLLOWING A SHORT ADJOURNMENT, THE COMMITTEE RECONVENED AT 3.50PM.

S HOPE LEFT THE MEETING AT THIS POINT.

## **10. MENTAL HEALTH**

### **10.1 THE TAYSIDE MENTAL HEALTH ALLIANCE**

There was submitted a report by Chief Officer / Director Integrated Health and Social Care (G/19/206) providing (1) an update on the revision to the Memorandum of Understanding that supports the work of the Tayside Mental Health Alliance; and (2) the ongoing work of the Alliance.

During consideration of this item of business, Councillor C Ahern declared a non-financial interest in terms of the Perth and Kinross Integration Joint Board Code of Conduct.

G Paterson advised the Board that it was expected that Dr Strang's Independent Inquiry report would be published at the beginning of February.

Councillor Purves commented that in his opinion this version of the Terms of Reference presented was a significant improvement on the previous version and thanked officers for taking on board comments that were made at previous meetings.

Councillor Purves referred to Section 8.4, the Governance Section of the Terms of Reference and requested whether an explicit section could be added on reporting mechanisms. In response, G Paterson agreed to take Councillor Purves's comments on board and would look to revise the Terms of Reference accordingly.

K Reid made reference to Paragraphs 4.1 and 4.3 of Report G/19/206 and queried what the role of the Local Authority has within this, she further commented that there appeared to be no recognition or mention in the document of the role of Local Authority Community Mental Health staff and sought some assurance around accountability that recognition of Local Authorities and the responsibilities they have as an equal partner along with NHS Tayside and the three Health and Social Care Partnership be included. She further queried what engagement had been carried out with Local Authority Chief Executives. In response Dr M Winter stated that in terms of the three organisations, the delivery role of the Health and Social Care Partnerships, and the delivery role of NHS Tayside had become conflated versus the governance role of the Local Authorities in Tayside and confirmed that the points made by K Reid would be taken forward. G Paterson noted the requirement for further engagement with the relevant local authority Chief Executive's.

Councillor McDade made reference to the lack of a unilateral withdrawal clause in the document and commented that the three Local Authorities should all be required to be signatories of the document as they are all providing services. He further stated that the document in its current form does not provide him with the relevant assurance to enable him to support sign off by the IJB.

**Resolved:**

- (i) The early progress of the Tayside Mental Health Alliance be noted.
- (ii) A revised version of the Memorandum of Understanding to be circulated to Members of the Board as soon as possible, taking account of the changes discussed, before being re-submitted to a future meeting of the IJB for approval.

## **10.2 ADULT MENTAL HEALTH AND LEARNING DISABILITIES SERVICE REDESIGN**

G Paterson updated the Board that current progress on implementing the service redesign programme had been slow partly due to significant workforce challenges, particularly in relation to staffing engagement and moves.

Councillor C Ahern voiced concern at the lack of progress in this area since the initial decision of the IJB on the redesign programme approximately two years ago. G Paterson referred again to the workforce challenges and also issues of clinical risk over the previous 12-18 months, however work was taking place with a new NHS

Tayside Associate Medical Director and further discussions with relevant staff side representatives.

Members of the Board, including A Drummond, M Summers as well as Councillors X McDade and C Purves voiced similar concerns about the lack of progress and the risks in this area that were identified at the time of the initial decision in January 2018 and the discussions that had taken place at recent meetings of the IJB. Dr M Winter acknowledged these points and reiterated the current position in relation to issues of clinical risk and workforce challenges and that work was continuing to address these issues.

The Board noted the current position.

M RAPLEY LEFT THE MEETING DURING THE ABOVE ITEM

K REID AND P KILPATRICK LEFT THE MEETING AT THIS POINT.

## **11. REVIEW OF INPATIENT REHABILITATION BEDS**

There was submitted a report by Head of Health (G/19/207) providing (1) an update on the current position in relation to the Transformation project to Review Inpatient Rehabilitation beds in Perth and Kinross; and (2) information on what has been achieved to date and the proposed future actions.

Councillor Purves made reference to the approval process being concluded by the end of April and queried whether or not it would be possible for this to be done any quicker. He further queried how long will it be before any Option that is approved can then be fully implemented. In response E Devine confirmed that there is a consultation and engagement plan attached to the review which involves all major stakeholders, key partners and communities all of which takes time.

S Watts queried whether it would be possible for the Third Sector Forum to be involved with the engagement process for the options appraisal. In response E Devine confirmed that she would make sure this happened.

### **Resolved:**

- (i) The progress achieved to date be noted.
- (ii) The proposed future key milestones and timescales be supported.
- (iii) The proposed engagement approach following CEL4 principles be supported.
- (iv) The Head of Health to bring a completed business case and option appraisal for approval to the IJB in April 2020.

COUNCILLOR McDADE AND D MITCHELL LEFT THE MEETING DURING THE ABOVE ITEM.

## **12. ADULT SUPPORT AND PROTECTION ANNUAL REPORT 2018-19**

There was submitted a report by Chief Social Work Officer (G/19/208) providing an update on the work of the Perth and Kinross Adult Protection Committee (APC) and the activity over the 2018-2019 information to protect adults who may be at risk of harm.

B Atkinson, Independent Chair of the Committee, was in attendance to provide a summary of the report and answer questions from board members.

**Resolved:**

The contents of Report G/19/208 be approved.

**13. FOR INFORMATION**

The following report was submitted and noted for information:

Perth and Kinross Child Protection Committee Standards and Quality Report 2018/19.

**14. REVISED FUTURE IJB MEETING DATES 2020**

12 February 2020 at 1.00pm  
29 April 2020 at 1.00pm  
24 June 2020 at 1.00pm  
23 September 2020 at 2.00pm  
9 December 2020 at 1.00pm

**FUTURE IJB BRIEFING / DEVELOPMENT SESSION DATES 2020**

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

**Resolved:**

The above revised meeting dates be approved.



## ACTION POINTS UPDATE

### Perth & Kinross Integration Joint Board

12 February 2020

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
104 b	28 Sept 2018	6.2	Perth & Kinross Joint Strategy for Adults With A Physical Disability	Progress report to be submitted	D Fraser	Feb 2020	Agenda Item
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	
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 K Ogilivie	April 2020	
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
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 provide progress report on improvement plan to address recommendations in the Joint Inspection Report.	G Paterson	Feb 2020	Agenda Item
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 C Lamont	June 2020	

## ACTION POINTS UPDATE

### Perth & Kinross Integration Joint Board

12 February 2020

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
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	
128	17 Dec 2019	8	Chief Officer Update – Developing our Workforce Plan	Chief Officer directed to progress Joint Working Agreement with Chief Executive NHST.	G Paterson	Feb 2020	Matters Arising – Verbal Update
129	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer instructed to provide annual report to IJB on progress in implementing the Strategic Commissioning Plan	G Paterson	Dec 2020	
130	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer to submit the Terms of Reference for Strategy Groups at future IJB Meeting.	G Paterson	April 2020	
131	17 Dec 2019	10.1	Mental Health Alliance	Chief Officer to revise TOR & MOU to reflect P&K IJB feedback.	G Paterson	Feb 2020	
132	17 Dec 2019	10.1	Mental Health Alliance	Associate Medical Director (MH) to review MH Alliance membership to include representation from Carers, Service Users, Third Sector.	Dr M Winters	Feb 2020	
135	17 Dec 2019	11	Review of Inpatient Rehabilitation Beds	Head of Health to submit business case and option appraisal for IJB	Evelyn Devine	April 2020	





## PERTH & KINROSS INTEGRATION JOINT BOARD

12 February 2020

### 2019/20 FINANCIAL POSITION

Report by the Chief Financial Officer  
(Report No. G/20/7)

#### 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 9 months to 31<sup>st</sup> December 2019 and to identify risks which may still impact on the financial out-turn.

#### 1. RECOMMENDATION(S)

It is recommended that the IJB:

- (i) Notes the 2019/20 forecast year-end overspend of £3.3m for the IJB;
- (ii) Notes that this is a reduction of £0.5m from Month 7 and is in line with the anticipated position following implementation of agreed financial recovery actions;
- (iii) Notes the risks which may still impact on the 2019/20 financial out-turn;
- (iv) Notes the update on the development of the 3 Year Financial Recovery plan and expected timescales for budget offers from NHST and PKC and implications for the IJB Budget Setting Timescales.

#### 2. OVERVIEW

##### OVERALL

Based on actual expenditure to 31<sup>st</sup> December 2019, Perth & Kinross IJB is forecasting an overspend of £3.3m. A breakdown of the £3.3m year end forecast is provided in Table 1 below: -

**TABLE 1 YEAR END FORECAST**

	<b>Forecast Over/(Under Spend)</b>	
	£m	
2019/20 Budget Deficit	4.1	2019/20 Financial Plan Budget deficit approved by the IJB
Core Health & Social Care Services	(0.1)	See Table 2 below
Prescribing	(0.8)	Higher than anticipated national rebates.
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)	0.1	PKIJB share of Increased pay uplift and superannuation costs.
Other Hosted Services (PKIJB share)	(0.1)	Delays in recruitment
<b>Total Forecast Overspend</b>	<b>3.3</b>	

**Movement from last report:** The Finance Report to the IJB in December 2019 forecast an overspend of £3.8m. This updated position represents an improvement of £0.5m.

**Financial Recovery Plan:** Following approval of the 2019/20 Financial Recovery plan by the IJB, NHS Tayside and Perth & Kinross Council in November 2019 agreed actions are now being implemented and have been largely achieved. Some slippage has occurred in relation to Inpatient Services and PKHSCP are taking all possible steps to ensure spend is brought back in line with budget by 1 April 2020. A significant improvement in the year end forecast on Prescribing has however brought the forecast in line with the overall recovery plan target.

**Financial Risk Sharing Arrangements:-** based on roll forward of 2018/19 risk sharing arrangements to 2019/20, Perth & Kinross Council's share of the forecast overspend would be £2.1m and NHS Tayside £1.2m.

**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 significantly reduced carry forward of earmarked reserves is anticipated of £0.7m

**3 Year Financial Recovery Plan 2020-23:** A Draft 3 Year Financial Recovery Plan has been developed and the Chief Officer and Chief Finance Officer have engaged fully in the budget setting processes for Perth & Kinross Council and NHS Tayside to support determination of appropriate budget settlement. All non-recurring opportunities have also been considered within the plan. Budget setting timescales for both PKC and NHS Tayside have been impacted due to the decision by UK Government and Scottish Government budget timescales. It is now anticipated that the IJB will be asked to set its budget at its April meeting.

### 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	0.8		0.8
Care Home Placements/Internal Care Home Provision		0.9	0.9
Care at Home /Step Up		(0.2)	(0.2)
Savings plans behind trajectory	0.2		0.2
Learning Disability/Mental Health Complex Care	0.4		0.4
Pay Uplift/Superannuation Costs	0.3		0.3
Income from charging		(0.3)	(0.3)
Underspend on ring fenced investments	(0.8)	(0.3)	(1.1)
Other	(0.7)	(0.4)	(1.1)
<b>Total Forecast Overspend</b>	<b>0.2</b>	<b>(0.3)</b>	<b>(0.1)</b>

The net £0.1m forecast underspend on core services is an improvement on the break-even position forecast in the last IJB report. However, the approved financial recovery actions were anticipated to improve the forecast for core services to £0.2m underspent. Slippage in the introduction of an alternative staffing model in Psychiatry of Old Age Inpatient beds is the key driver of 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 £0.8m is forecast across core health bed based services. This is a deterioration of £0.2m from the last report to the IJB.

Within Tay Ward increased use of supplementary staffing across beds in Medicine for the Elderly (Tay and Stroke wards) to cover increased vacancy levels across funded and unfunded beds has increased the forecast overspend to £0.2m, an increase of £0.1m. PKHSCP have been working with NHST Operational Division Colleagues to determine the appropriate level of beds for 2020/21 to support capacity and flow across the wider system whilst Enhanced Community Support and the Respiratory Service along with wider improvements across the PRI bed base are implemented. A joint business case to NHS Tayside for short term funding is being prepared. This will allow more cost effective staffing solutions to be implemented.

Psychiatry of Old Age (POA) Wards continue to forecast a £0.5m overspend. This forecast overspend was expected to reduce as a result of agreed financial recovery plan actions to redesign the staffing model however this has been delayed. Additional Service Management resources have been identified to ensure that agreed actions are implemented as a matter of urgency. The overspend on POA Inpatient Services is not a recognised pressure within the Financial Plan. The overspend on POA Beds continues to be offset by a significant underspend (£0.3m) within POA Community Mental Health Teams, driven by vacancies. This level of underspend is in line with the previous report to the IJB.

Community Hospitals are forecasting a £0.4m overspend due to incremental drift, supplementary staffing costs driven by sickness, vacancies and over-establishment within the previous Aberfeldy Community Hospital. This is £0.1m higher than the last report to the IJB driven by supplementary staffing to cover an increased level of vacancies.

**Care Home Placements/ Internal Care Home Provision:** an overspend of £0.9m is forecast for care home provision. External Older People Residential and Nursing Care Homes are forecasting a £0.7m overspend, 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 more than previously reported due to the change in the financial profile of the clients.

**Care at Home/Step Up Beds** – Overall an underspend of £0.2m is forecast. For Care at Home provision (internal HART service and external provision) an underspend of £0.3m, an increase of £0.1m from the last forecast and in line with financial recovery actions to review Care at Home. This is offset by a £0.1m forecast overspend on Step Up beds in care homes for which there is no budget. This is £0.1m less than previously reported with the agreed financial recovery plan to redesign the use of step up beds beginning to impact on expenditure.

**Delivery of approved savings:** A shortfall on savings delivery of £0.2m is forecast of which £0.1m relates to 2018/19 and £0.1m to 2019/20. This is in line with the last report. Overall across Health and Social Care Core Services recurring savings of £2.5m will be delivered (97%) against a total target for 2019/20 of £2.6m. Appendix 1 sets out the savings achieved against plan for core services.

**Learning Disability & Mental Health Complex Care Packages:** Overall an overspend of £0.4m is forecast across health and social care. This is due to new service users and current user's costs increasing and an increase in the cost of external transport.

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

**Slippage on ring fenced investments:** Slippage in use of ringfenced investment is forecast at £1.1m, a net increase of £0.3m from the last report. The main areas of slippage relate to the delay in implementation of Enhanced Community Support and the Respiratory Service (£0.4m), less than budgeted expenditure in year for Free Personal Care for under 65's (£0.4m), and the release of ring fenced budget from the over delivery of core health savings within the Financial Plan ( £0.4m) which was

previously categorised as other. This is offset by an overspend on £0.1m in relation to implementation of the Carers Act.

**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 including Intermediate Care and Community Mental health and Learning Disabilities.

### **3.2 Prescribing**

A structural budget deficit for GP Prescribing of £0.8m was set for 2019/20, with budget available not able to cover anticipated growth in items and expected price growth across GP practice prescribing.

No provision was made within the 2019/20 Financial Plan to take account of the impact of nationally negotiated rebates and margin sharing agreement due to high levels of uncertainty around national outcomes. Budgets for these areas are not set at practice level and are included within General Pharmaceutical Other (GPS Other). A Year end underspend of £0.9m is now forecast across GP Prescribing and GPS Other. This includes a forecast underspend of £0.2m on GP Prescribing based on actual GP Practice data to 31 October 2019 with price and item growth are lower than planned. This is in line with the last report to the IJB.

Within GPS Other, an underspend of £0.7m is now projected. This is a £0.4m improvement from the last report to the IJB and is driven by higher than budgeted benefits from Rebates, Discounts and Margin Sharing based on up to date information from the Scottish Government offset in part by higher than anticipated flu vaccine costs.

The unpredictability of benefits from rebates, discounts and margin sharing provide a challenge when setting future year budgets. Work is underway across Tayside to consider what assumptions can be made around future sustained benefits.

### **3.3 General Medical Services and Family Health Services**

A forecast overspend of £0.1m is reported, being Perth & Kinross IJB's share of the net overspend on 2C GP Practices across Dundee and Angus. This is in line with last month. There is no provision in the PKIJB Draft 3 Year Financial Plan for this ongoing pressure and this will require to be managed in 2020/1 as an in year pressure.

### **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 2019/20 Financial Plan set out a £1.7m structural overspend within IP Mental Health Services driven by the sustained overspend on medical locum costs in the face of significant ongoing vacancy levels.

The service is forecasting an overspend of £2.0m, a deterioration of £0.3m from plan. This is driven most significantly by £0.3m unanticipated superannuation costs and pay awards for medical staffing. This pressure is consistent with all other health services. An unplanned £0.1m overspend on Psychiatry Liaison Staff is being offset by underspends in Inpatient Substance Misuse beds within Murray Royal Hospital (£0.1m) and the Crisis and Home Treatment Team (£0.05m). The forecast overspend on Medical Staffing is £1.5m, which is £0.2m better than plan. Approved recurring and non-recurring savings are being delivered in line with the Financial Plan.

Perth & Kinross IJB's share of the £0.3m overspend above budget set is £0.1m. The Mental Health Alliance has established a number of key workstreams including workforce review. This work, supported by all 3 IJB's and NHS Tayside, will be critical in moving the service towards safe, sustainable and affordable workforce models across pathways of care in Tayside.

#### **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. RESERVES**

Appendix 2 provides a breakdown of the earmarked reserves anticipated to be carried forward to 2020/21 to meet specific spending commitments, largely in relation to Scottish Government funds to support specific service improvement.

Based on expenditure to 31 December 2019, ring fenced reserves of £0.7m are expected to be carried forward to 2020/21, a significant reduction from the £2.5m carried forward to 2019/20.

It is anticipated that there will be no unearmarked general reserves carried forward to 2020/21.

#### **6. UPDATE ON 3 YEAR FINANCIAL RECOVERY PLAN AND BUDGET SETTING**

PKHSCP have finalised a 3 Draft Year Financial Recovery Plan that sets out the budget requested from NHS Tayside and Perth & Kinross Council for Year 1 and indicatively for Year 2 and 3 in order to deliver a balanced budget year on year. This is based on detailed projections of pay, price and demand pressures and reflects transformation plans aimed at delivering the objectives of the Strategic

Commissioning Plan including a fundamental shift in the balance of care. This has supported discussions with NHS Tayside and Perth & Kinross Council as part of their respective budget setting processes.

In parallel, the IJB Budget Review Group has met regularly to ensure robust review the pressures and savings identified across the 3 Years.

The budget to be made available to the IJB will be decided by PKC at its Council Budget Setting Meeting on 4 March 2020. For NHS Tayside final dates for budget setting are currently being clarified however it is anticipated to be prior to 31 March 2020. Timescales for both NHS Tayside and Perth & Kinross Council have been significantly affected by the delay in the UK Budget now set for 11 March 2020 and the subsequent implications for the Scottish Government Budget now set for 6 February. 2020.

Given these revised timescales and associated uncertainties, it is proposed that the 3 Year IJB Budget be considered for approval at the IJB meeting at the end of April 2020.

## **7. SUMMARY**

The forecast overspend of £3.3m brings the position in line with the Financial Recovery Plan Target although the improved forecast on GP Prescribing is offsetting slippage in addressing the overspend on Inpatient POA beds. Urgent actions have been taken by PKHSCP to ensure that this slippage is addressed. In parallel PKHSCP continues to identify all possible further actions to reduce costs in year.

The Draft 3 Year Financial Recovery Plan process has provided 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. The Chief Officer and Chief Finance Officer continue to actively support the budget setting processes of both Perth & Kinross Council and NHS Tayside. The proposed budget offers to the IJB are anticipated in March 2020 and the IJB Budget will be brought forward thereon at the next meeting of the IJB in April 2020.

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## APPENDIX 1

CORE HEALTH & SOCIAL CARE SAVINGS UPDATE				
		Savings Plan	Amount Forecast	Variance from Plan
		£000	£000	£000
<b>Core Health and Social Care</b>				
	Redesign of Rehabilitation Beds	487	487	-
	Fairer/Better Futures LD/Autism	350	350	-
	Intermediate Care Review	261	261	-
	Review Care at Home	222	222	-
	Workforce Review for Integration	216	142	74
	Supported Living	208	208	-
	Corporate Digital Services/My account/Mobile Working	169	169	-
	Recommissioning of Accommodation	160	160	-
	General Review of Budgets	152	152	-
	Single Handed Care	100	100	-
	Local Authority Care Home Income	100	100	-
	Management & Administration	75	75	-
	Highland House	67	67	-
	Commissioned Services	63	63	-
	<b>Total Core Health and Social Care</b>	<b>2,630</b>	<b>2,556</b>	<b>74</b>



## APPENDIX 2

## DELIVERY OF SAVINGS CORE HEALTH &amp; SOCIAL CARE

## APPENDIX 2 IJB RESERVES

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

As at March 2019, the IJB's Annual Accounts showed that Perth & Kinross IJB had £2.470m of earmarked reserves predominantly relating to Scottish Government funding to support the new GMS Contract (Primary Care Improvement Fund), Mental Health Funding (Action 15 funding), and Alcohol and Drug Partnership (ADP) Funding. The table below sets out the anticipated 2019/20 year-end position based on expenditure as at 31 December 2019.

<b>Perth &amp; Kinross IJB Earmarked Reserves</b>			
	Opening Balance 1 April 2019	Projected increased or (reduction) in reserve	Projected closing balance 31 March 2020
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Scottish Government - Primary Care Improvement Fund	642	(642)	0
Scottish Government - Mental Health - Action 15 Fund	171	(171)	0
Scottish Government - Primary Care Transformation Fund	359	(62)	297
Scottish Government- ADP Fund	572	(420)	152
Partnership Transformation Fund	554	(299)	255
GP Recruitment and Retention Fund 2017/18	118	(118)	0
Mental Health Bundle 2018/19	54	(54)	0
<b>Total</b>	<b>2,470</b>	<b>(1,766)</b>	<b>704</b>

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





## PERTH AND KINROSS INTEGRATED JOINT BOARD

12 February 2020

### PERTH AND KINROSS INTEGRATION JOINT BOARD/HEALTH & SOCIAL CARE PARTNERSHIP STRATEGIC PLANNING ARRANGEMENTS

Report by Chief Officer/Director Integrated Health & Social Care  
(Report No. G/20/8)

#### PURPOSE OF REPORT

This report advises the Perth and Kinross Integration Joint Board (IJB) of proposed revision to the strategic planning arrangements which will underpin and drive the successful delivery of the 2020-2025 IJB Strategic Commissioning Plan.

#### 1. RECOMMENDATION

Members of the Integration Joint Board are asked to note the revised strategic planning arrangements.

#### 2. SITUATION & BACKGROUND

The Perth and Kinross IJB Strategic Commissioning Plan 2020 – 2025 was agreed by IJB members at the December 17 2019 Integration Joint Board.

At the December Integration Joint Board the HSCP Chief Officer committed to produce a document which would clearly outline refreshed strategic planning arrangements and articulate how these arrangements would underpin and drive forward the delivery of the new IJB Strategic Commissioning Plan.

A schematic outlining how these strategic planning arrangements will be enacted, the relationship with the HSCP Transformation Programme and also showing clear links with required governance requirements is attached as **Appendix 1** to this report.

#### 3. PROPOSALS

##### Strategic Planning Group

In line with the IJB Scheme of Integration there has been a Strategic Planning Group (SPG) in place since 2016. It is proposed to refresh and strengthen membership of this group and to refocus the terms of reference to better

reflect the delivery requirements of the new 2020-2025 Strategic Commissioning Plan.

The new Strategic Commissioning Plan is ambitious and we will have to work very closely 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. To support the HSCP in successfully meeting the ambition and priorities of the Strategic Commissioning Plan, it will be essential that membership of the Strategic Planning Group reflects a broad spectrum of relevant partners and stakeholders.

Executive Managers will support SPG members to gain a greater understanding of the business complexity of the Health & Social Care Partnership, the financial and operating context and the strategic priorities for the coming years. This will support members of the Strategic Planning Group to understand and carry out their role, influencing and seeking assurance about the HSCP's strategic direction and monitoring progress against key priorities.

To achieve this a review of the Strategic Planning Group membership is underway and a development session for the refreshed Strategic Planning Group is being planned for the end of February 2020.

### **Strategy Groups**

To support the effective delivery of the Strategic Commissioning Plan over the next five years the HSCP intends to convene a number of Strategy Groups aligned to care groups. The proposed Strategy Groups are outlined in the attached schematic (Appendix 1).

The creation or consolidation of these Strategy Groups will ensure that the priorities within the Strategic Commissioning Plan are progressed across all service user groups. Each group will develop and implement a strategy and delivery plan, aligning this to the over-arching Strategic Commissioning Plan and to our financial plans and will develop key performance data to demonstrate and report on progress. This approach to performance and reporting is contained within our emerging performance management framework which seeks to align strategic and operational planning and delivery with appropriately detailed performance reporting at each level within the organisation. The proposed Strategy Groups will include membership from the Third Sector, Service Users and Carers, Officers, Professional Leads and other relevant partners.

Having reviewed the current Programme Boards, we have identified their ability to deliver strategic priorities has been limited due to a lack of clarity around role, purpose and scope. A number of the proposed Strategy Groups are already in place, however, they are reporting to the Boards as an additional, somewhat bureaucratic tier. It is intended that Strategy Groups will serve to achieve a more consistent approach underpinned by greater planning

and performance support and uniformity in their terms of reference. This will also enhance the overall Governance, Audit and Performance, Financial Governance and Communication, Consultation and Engagement arrangements for the IJB and the HSCP.

### **Transformation Board & Priorities**

On the attached schematic (Appendix 1) there are similar arrangements outlined as they relate to the HSCP Transformation Programme. By refreshing our current Strategic Planning arrangements we have been better able to determine what activity should be driven forward through our Strategy Groups and what comes under the mantle of Transformation. This also aligns priorities with financial planning.

### **Financial Planning**

The Joint Inspection of Adult Services highlighted good practice in the linking of our Strategic Planning of Older Peoples Services with Medium Term Financial Planning. It is important that the proposed new Strategic Planning arrangements build on this and ensure that the Terms of Reference for each Group reflect the need to ensure that investment and disinvestment implications of delivering against strategic objectives are robustly captured for all developing strategies.

### **Capacity**

A review of current Programme Management/Project Management is underway and recommendations to address any gaps in support will be presented to the Executive Management Team at the end of January 2020. At the first stage of restructuring the HSCP to achieve more effective, integrated working across the partnership, the Chief Officer is reviewing the capacity and roles in the Executive Management Team. In light of the findings of the joint inspection and of earlier audits, the Chief Officer is committed to creating a specific post to lead on strategic planning and performance.

### **Recommendations**

It is recommended that Members of the Integration Joint Board note the proposals to revise the HSCP's approach to strategic planning and delivery.

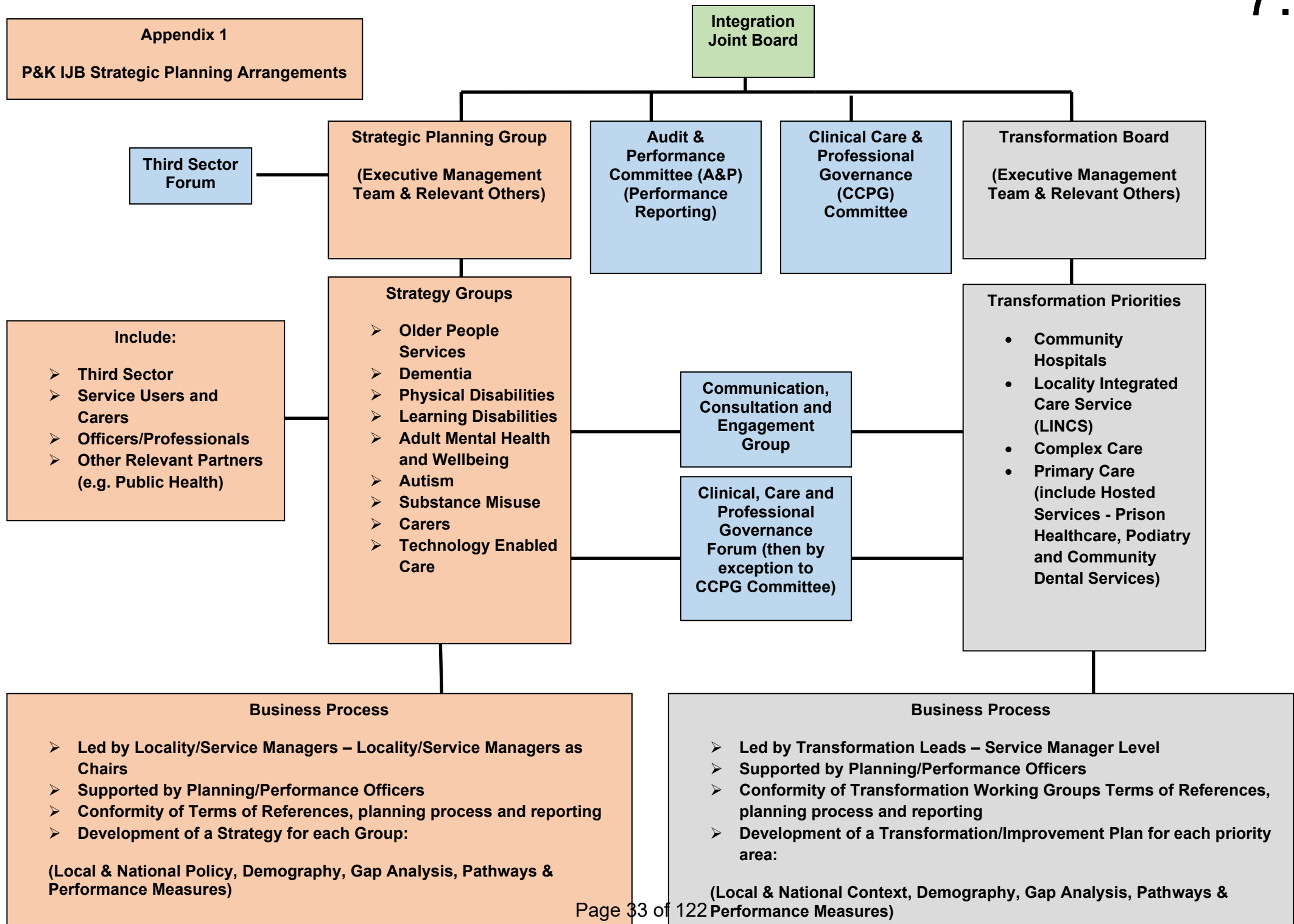
### **Author(s)**

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











## PERTH AND KINROSS INTEGRATION JOINT BOARD

12 February 2020

### STRATEGY FOR ADULTS WITH A PHYSICAL DISABILITY

Report by Diane Fraser, Head of Adult Social Work and Social Care  
(Report No. G/20/9)

#### PURPOSE OF REPORT

This report outlines the progress and intentions of the Strategy Group for People with Physical Disabilities in the development of a Strategy for Perth and Kinross.

#### 1. RECOMMENDATIONS

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

- 1.1 Note the work which is ongoing to develop a strategy for Adults with a Physical Disability.
- 1.2 Instructs the Chief Officer to return with a draft Strategy for People with Physical Disabilities in 6 months

#### 2. BACKGROUND

- 2.1 Perth and Kinross Health and Social Care Partnership's Strategic Commissioning Plan (2020-2025) sets the strategic priorities and direction for the Health and Social Care Partnership, and outlines key strategic areas that will support the delivery of the Strategic Plan. This includes key delivery actions to support people with physical disabilities.
- 2.2 In September 2018, a report ([G/18/142](#)) was submitted to the IJB, outlining the delivery of the [final actions](#) of the previous strategy - *Joint Strategy to Support Independent Living & Quality of Life for Adults with a Physical Disability and/or Sensory Impairment 2014 – 2017*. The IJB agreed that the strategy would form part of the Older People and Unscheduled Care Board. Following a review of Strategic Planning arrangements it has been agreed that the strategy group will now be re-established to develop a new '*Strategy for Adults with a Physical Disability*' in line with the strategic objectives of the new Strategic Commissioning Plan.

### 3. DEVELOPMENT OF NEW STRATEGY FOR PEOPLE WITH A PHYSICAL DISABILITY 2020 - 2025

3.1 The Strategy will reflect the five ambitions set out in 'A Fairer Scotland for Disabled People'<sup>1</sup> which is the Scottish Government's delivery plan for the UN Convention on the Rights of persons with disabilities.

1. Support Services that Meet Disabled People's Needs
2. Decent Incomes and Fairer Working Lives
3. Places that are Accessible to Everyone
4. Protected Rights
5. Active Participation

3.2 In developing the strategy and delivery plan, the Strategy group will take into account our Strategic Needs Assessment as well as national policy including the recommendations made in the progress report 2 '[A Fairer Scotland for Disabled People](#)' published in December 2019.

3.3 The voice of people with lived experience is essential and we wish to ensure that people with a disability are involved in developing the Strategy. We will involve stakeholders through a robust engagement and consultation process. The Centre of Inclusive Living (CILPK) has been working with us to develop our consultation programme which we will commence and complete in the next 4 months.

3.4 The strategy group will support the redesign of different models of support that for people with physical disabilities. New models of care will reference the following;

- Person-centred care and support
- Early Intervention and prevention – increased confidence with self - management and anticipatory care planning
- Improved arrangements for young adults transitioning to adulthood
- The use of technology to improve both health and social care delivery
- Improved access to the need for good quality, affordable and accessible accommodation with support, access to specialist aids and adaptations and timely access to information about a range of housing options.

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<sup>1</sup> [A Fairer Scotland for Disabled People: delivery plan - gov.scot](#)

2. <https://www.gov.scot/publications/fairer-scotland-disabled-people-progress-report-2019/pages/2/>

- Consider the implications and consequences of welfare reform including ILF funding
- Closer working integrated working and the role of primary care in developing integrated and anticipatory care planning
- Specialist services and equipment such as wheelchairs, postural support, orthotics, physiotherapy and specialist sensory equipment to be accessible and available in a timely fashion
- Active participation and Independent living in localities and communities, further develop 'safer' communities, opportunities for getting out and about easily
- Accessible Perth and Kinross- improving physical access and access to information
- Employability support, volunteering opportunities and meaningful activity to be accessible and available

#### 4. FINANCE

- 4.1 The Health and Social Care Partnership currently provide or fund services to the value of £3,219,000 per annum to support people who have a physical disability. The Strategy Group will inform the redesign of models of care through the Transformation Programme 'Improving the Lives of People with Complex Care'.

Physical Disabilities Spend	
Description	£000's
Placements	1,753
Day Care	118
Direct Payments	1,347
Total	3,219

#### 5. CONCLUSION

- 5.1 This report presents an update to the IJB on the process of developing the strategic direction and delivery plan for Adults with a Physical Disability.

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Rhona Pollok	Policy & Commissioning Officer	

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.

## ANNEX

### 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	No
Resource Implications	
Financial	No
Workforce	No
Assessments	
Equality Impact Assessment	Yes
Risk	No
Other assessments (enter here from para 3.3)	No
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	No
Corporate Governance	No
Communication	
Communications Plan	n/a

#### 1. Strategic Implications

##### 1.1 Strategic Commissioning Plan

This report supports the following outcomes of the Perth and Kinross Strategic Commissioning Plan prevention and early intervention, person centred health, care and support work together with communities inequality, inequity and healthy living best use of facilities, people and resources

#### 2. Resource Implications

##### 2.1 Financial

There are no direct financial implications arising from this report

##### 2.2 Workforce

There are no direct workforce issues arising from this report.

#### 3. Assessments

##### 3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations

between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

This report has been considered under the Corporate Equalities Impact Assessment process (EqIA) and assessed as relevant and the following positive outcomes are expected following implementation:

Increased independent living for those people living with physical and/or sensory impairments.

### 3.2 Risk

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

## 4. Consultation – Patient/Service User first priority

### 4.1 External

Members of the Perth and Kinross Physical Disability Strategy Group and the Perth and Kinross See Hear Steering Group and their associated networks have been consulted in the preparation of this report. Development of the Physical Disability Strategy and Action Plan will involve greater consultation and the involvement of people who live with physical disabilities and/or sensory impairment.

### 4.2 Internal

The Older People and Unscheduled Care Programme Board gave early direction on the preparation of this report.

## 5. Legal and Governance

### 5.1 This report contains no issues which would have a legal or governance impact on the Council.

## 6. Communication

### 6.1 Not relevant to this report

## 7. Background Papers/References

### 7.1 No background papers were relied upon during the preparation of this report.

## 8. APPENDICES

No appendices are included with this report.







## PERTH & KINROSS INTEGRATION JOINT BOARD

12 February 2020

### LOCALITY INTEGRATED CARE SERVICE

Report by Evelyn Devine, Head of Health  
(Report No. G/20/10)

#### PURPOSE OF REPORT

A key priority of the Strategic Commissioning Plan is to shift the balance of care to integrated community models in order to provide person-centred, preventative care and support, earlier.

This report outlines the progress achieved to date to deliver on this priority through the investment into enhancing community support by way of Locality Integrated Care Teams (LINCts).

This report also aligns to the progress report provided to the IJB on 17 December 2019 on the Review of Inpatient Rehabilitation Beds.

#### 1. RECOMMENDATION(S)

The Integration Joint Board is asked to:

- Note the progress achieved in developing this model of enhanced community support.
- Support the further development and implementation of the Locality Integrated Care Service model.
- Note the proposed implementation date.
- Support the proposals to engage fully on the future model of care

#### 2. SITUATION/BACKGROUND / MAIN ISSUES

The impact of demographic changes, combined with the financial constraints we are experiencing present serious challenges to and demands on health and social care systems. Unscheduled hospital admissions account for a high proportion of healthcare expenditure and therefore a reduction in these unscheduled admissions could allow a redirection of resources to enable a shift in the balance of care from in-patient to community services.

The Public Bodies (Joint Working) Act (2014) describes the Integration of Health and Social Care in Scotland and is based on three premises; shared responsibility, shared budgets and a focus on making services better for patients. This is especially related to those with long term conditions and disabilities, many of whom are older people, by providing joined-up, seamless health and care social provision closer to people's own home.

Perth and Kinross Health and Social Care Partnerships' refreshed Strategic Commissioning Plan for 2020-2025 has the ambition to develop enhanced community services, which intervene early to support people to remain healthy, active and connected in order to prevent later issues and problems arising.

Since the HSCP formed in 2016, we have been developing more integrated health and social care services across the three Perth and Kinross localities. There has been significant transformation to ensure that care and support is provided in the right place, at the right time by the right person. This evidences that many more people are cared for at home. However, despite this, hospitals and community services continue to experience increased numbers of people presenting for unscheduled care, a demand that outstrips our current resources.

This is partly evidenced through the indicators and measures set by the Ministerial Strategic Group (MSG) for Health & Community Care in 2018, which requires Integration Authorities to establish local performance improvement trajectories in respect of six indicators to enable more care to be shifted towards community. Since the baseline year of 2018, Perth & Kinross has seen an increase in Accident & Emergency attendances: emergency admissions and 7 day readmissions especially in the 65+ age group.

During 2015/16 the HSCP piloted an 'Enhanced Community Support' approach with several GP Practices in Perth City and Strathmore in order to respond urgently to people assessed as being at risk of crisis. Non recurring funding of £477k for health staff was approved to pilot this approach.

An evaluation of the pilot sites evidenced a measurable benefit of this way of working for patients and the multi-disciplinary team. From this, the Partnership approved recurring funding of £460k to continue the approach in Perth City and North Perthshire. There was no additional funding approved for South Locality. The South Locality tested ECS within existing resources from the Integrated Care Team but this was not sustainable due to the increasing demand.

A Project Team was re-established in April 2019 to review the learning from the pilot evaluation and to plan the introduction of a sustainable, comprehensive model of care which provides equitable access to early intervention and prevention approaches across Perth and Kinross. Since then, the Project Team has:

- Further developed the model and preparation of a service specification

- Identified the core staffing complement to ensure the correct skill mix and competency framework
- Agreed a single point of contact and triage process in each locality
- Developed the care pathways for:
  - Delirium
  - Falls / Frailty
  - Community Urinary
  - Complex Care and Rehabilitation
  - Urgent Care
  - Deteriorating Patient
  - Respiratory
- Reviewed the core documentation to reduce duplication and ensuring information sharing.

The proposed development and expansions to the Integrated Community Care Teams will provide a faster and co-ordinated approach to people with unstable, long-term conditions or exacerbated episodes of poor health, to prevent their admission to acute or long term care and to support self-management.

The proposed development will provide a rapid response to referrals in order to assess an individual's needs allowing the provision of appropriate high quality care which is time limited, through earlier intervention / prevention and supporting an individual's rehabilitation at home.

The proposed approach will involve referrals coming through a Single Point of Contact with triage and assessment in the localities. However, General Practitioners will still be able to refer directly to a professional within their local areas.

The service will target people who are;

- At risk of emergency/crisis admission to hospital or care home due to deteriorating health needs.
- Frail and vulnerable
- Presenting with complex health and care needs.
- Having difficulties with day to day living and who would benefit from a rehabilitation approach
- Early identification of delirium

### **3. PROPOSALS**

From learning gained from the initial pilot and from similar developments elsewhere and recognising that our future workforce will involve new roles, expansion of current roles and a different approach to what we currently provide, the Partnership have identified the need to invest in the following staffing:

- Increase in health staffing in South Locality Integrated Care Team to ensure capacity to respond urgently to early intervention/prevention and provide equity of access across all localities in Perth & Kinross.
- Investment into specialist community based clinical practitioners (Advanced Nurse Practitioners) who have high level autonomous decision-making, including assessing, diagnosing and treating (including prescribing for) patients with complex, multi-dimensional problems.
- Increase in Rapid Response Social Care Officers to ensure urgent response for short-term, early intervention care and support at home.

This will ensure we achieve the commitment to develop early intervention/prevention community services in line with national and local strategic direction. In addition, this new model of care will ensure that there is the capacity, competencies, specialist knowledge, and skill mix to build a sustainable model to reduce unscheduled care demand in the medium to long term.

These posts are currently out to recruitment and once in place will be aligned to the Integrated Care Teams working in agreed partnership with local GPs, who will offer specialist primary care treatment planning and clinical case management input with advice and guidance, as required from a Consultant Geriatrician.

The Integrated Care Team will also align with the developing Specialist Community Respiratory Service that will provide earlier intervention/prevention assessment and self-management for people with COPD and asthma living in their own homes. In order to facilitate, support and sustain self-management approaches for people living with respiratory conditions, smart technology in the form of an APP is being explored. This APP will support patient-specific condition education and information links to community services.

An important factor will be to continue to build resilience in our communities to promote health and wellbeing to ensure long term sustainability. This is currently being delivered and developed in Partnership with Third and Independent Sectors, alongside communities. Current examples are:

- Care About Physical Activity in Care Homes and Care at Home
- Live Active
- Social Prescribers
- Dementia Friendly Walking Initiative

This enhanced support within the Integrated Care Teams will provide a common competency framework across a range of pathways. The competency framework will enable the identification and development of a comprehensive education and training plan across all disciplines from Social Care Officers to Advanced Nurse Practitioner level.

These enhancements to community services will be an integral part of the plans being developed as part of the Review of Inpatient Rehabilitation beds. The plan is to go out to the wider public to inform and engage on the future delivery and model of care and the support available for the adult population of Perth and Kinross. Local events will be held to provide an 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 and Kinross and to gain feedback to develop the proposed model.

#### **4. CONCLUSION**

The enhancement to the Locality Integrated Care Service (LINC)s will complement and support the intention of the 2018 GMS Contract for Scotland. The contract introduced significant changes to the way in which Primary Care Services are delivered in our communities. Through closer working with a wider and strengthened multi disciplinary team, General Practitioners are to be supported in becoming expert generalist medical practitioners to more comprehensively support people and enable avoidance of unnecessary admission to hospital or premature entry into residential care.

It is anticipated that this enhancement to our Locality Integrated Care Service will commence in April 2020.

Implementation of this model will deliver improved outcomes for patients, service users and carers and will support the HSCP's key strategic priorities by providing;

- Timely access to community rehabilitation for early intervention/prevention
- Alternative options to hospital admissions/crisis placements in a care home
- Reductions in readmission to hospital
- Improved opportunities for self-management
- Opportunities for people to live at home for longer, safely and independently
- Improved care experience and person centred care
- Enhanced support for unpaid carers

This in turn will support shifts in the balance of care and improved performance in relation to the Ministerial Strategic Group's (MSG) key indicators in relation to;

- Unplanned admissions
- Occupied bed days for unscheduled care
- Emergency Department performance
- Delayed Discharges
- End of Life Care; and
- The balance of spend across institutional and community services.

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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

12 February 2020

### PARTNERSHIP IMPROVEMENT PLAN 2019/20

**Report by Chief Officer/Director – Integrated Health & Social Care  
(Report No. G/20/11)**

#### **PURPOSE OF REPORT**

This report presents the (draft) Health and Social Care Partnership - Partnership Improvement Plan, which draws together recommendations and proposed actions from a range of sources.

#### **1. RECOMMENDATIONS**

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

- (i) Notes the progress of the Partnership Improvement Plan (PIP).
- (ii) Requests that the Chief Officer provides an update on the Partnership Improvement Plan to each Audit & Performance Committee meeting and to provide a regular update on the work being undertaken to implement the necessary actions.

#### **2. BACKGROUND**

- 2.1 The IJB's Annual Governance Statement for 2018/19, as approved at the Audit and Performance Committee in June 2019, included an improvement action for 2019/20 which stated that *"a comprehensive improvement plan will be developed that brings together the findings of the Joint Inspection, the findings of the Annual Governance Self Assessment and as part of that the MSG Review of Integration."*
- 2.2 The work necessary to collate the actions and recommendations from these reports has now been undertaken and has been collated into the Partnership Improvement Plan.

#### **3. PROPOSAL**

##### Partnership Improvement Plan

- 3.1 The Partnership Improvement Plan now contains consolidated actions which cover all of the improvement actions / recommendations from:
  - the IJB's Annual Governance Statement 2018/19;

- the MSG Review of Integration of Health and Social Care;
- the Healthcare Improvement Scotland / Care Inspectorate Joint Inspection (Adults).

Each action has an appointed owner and indicative timescales for completion. At this time progress is being made however, given the size and scale of the challenges, in many instances this work is still at an early stage. Where the work to be undertaken is significant, actionees are seeking to scope out and identify the resources needed to make the necessary progress in their areas of responsibility. As this dynamic process develops each action will be updated with projected completion dates and a RAG'd status to provide an indication of the progress towards completion.

- 3.2 It should be noted that many of the timescales are dependant on identification of corporate support and expertise. This is, in itself, an improvement action and the availability of these resources will influence progress to completion. To assist this further an ongoing prioritisation of actions will be necessary.

#### Risk Register

- 3.3 In addition to the development of the PIP the corporate strategic risk register has been amended to take account of the actions which are now being taken forward. As progress is made against the action plan, the risk register will be updated with risk scores being altered to reflect the changing nature of the identified risks.

#### Assurance

- 3.4 Expert audit assurance, in terms of the content of the PIP and the robustness of the process being undertaken, is being fulfilled via Internal Audit.
- 3.5 Gaining expert support in this way early in the process assists greatly in providing confidence that all actions have been adequately captured and that mechanisms are in place which will ensure progress is made at a pace which is appropriate. The scope of this work covers the following defined objectives:
1. To ensure that arrangements are in place to capture and document improvement actions, including responsible officers, timeframes, and required outcomes;
  2. To ensure that arrangements are in place to ensure that there is appropriate consideration of progress with improvement actions.

## **4. CONCLUSION**

- 4.1 This Partnership Improvement Plan has been prepared to ensure that Perth and Kinross Health and Social Care Partnership's progress towards improvement can be appropriately driven and monitored by the Executive Management Team. This will also allow scrutiny to be undertaken by the Audit & Performance Committee and provide appropriate assurance to the IJB that the organisation will meet its strategic objectives.



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## PERTH AND KINROSS INTEGRATION JOINT BOARD

12 February 2020

### JOINT INSPECTION OF ADULT SERVICES – IMPROVEMENT ACTION PLAN

Report by Chief Officer/Director of Integrated Health & Social Care  
(Report No. G/20/12)

#### PURPOSE OF REPORT

This report introduces to the Integration Joint Board the Joint Inspection of Adult Services Improvement Action Plan. This improvement action plan has been developed following the publication of Joint Inspection findings in September 2019.

#### 1. RECOMMENDATION(S)

The IJB are asked to:

- (i) Note the improvement plan actions;
- (ii) Remit the Chief Officer to provide regular updates on progress.

#### 2. BACKGROUND

Perth and Kinross Health and Social Care Partnership (HSCP) were subject to a joint inspection of Adult Services by Care Inspectorate and Health Improvement Scotland sometime during February and March 2019 which resulted in a published report September 2019.

The main purpose of the inspection was to help the HSCP answer the question *“How well do we plan and commission services to achieve better outcomes for people?”*

The inspection process considered how well the HSCP ensured that there were appropriate building blocks in place around vision, values and culture across the partnership, including leadership of strategy and direction, the operational and strategic planning arrangement (including progress towards effective joint commissioning) and improvements the partnership made in both health and social care.

#### 3. IMPROVEMENT ACTION PLAN

The final report published September 2019 highlighted the following areas for development which we have developed into the attached improvement action plan:

1. The partnership should improve its approaches to performance measurement and management. A performance framework should be developed using appropriate data and information about outcomes. It should be used to benchmark and report to facilitate the identification of service gaps and drive improvement.
2. The partnership should improve its strategic planning and commissioning processes to ensure that:
  - Effective programme and project management supports implementation of all plans and priorities, taking into account the scale of the task, its capacity, finance and the timescale needed to achieve it.
  - Plans demonstrate SMART principles.
  - Existing strategies and planning groups are reviewed to ensure that the partnership's capacity is used effectively to deliver its strategic priorities.
3. The partnership should put in place a systematic approach to monitoring and reviewing the implementation of its strategic commissioning plan and any other plans and strategies which support its implementation. This should include:
  - Robust prioritisation balancing immediate pressures with longer term strategic actions which can avoid or reduce future risks.
  - A systematic approach to reviewing and updating its strategic needs assessment.
  - Periodically considering whether plans and actions need to be re-prioritised to take account of new and emerging challenges and opportunities.
  - Reallocating capacity from lower priority areas where necessary, or securing additional resources.
4. The partnership should ensure that it places greater priority on evaluating the impact of its plans and strategies, including:
  - Putting in place a systematic approach to involve stakeholders.
  - Effectively evaluating specific developments and initiatives to determine their impact on improving outcomes and to inform future strategy.
5. The partnership should ensure that workforce planning is maintained as a key priority in all its activities and encompasses the workforce requirements of the NHS, Perth and Kinross Council and third and independent sector providers.
6. The partnership should build on existing good relationships with care providers and housing services to identify where there is potential to coproduce solutions to strategic challenges. This should include co-producing a market facilitation plan.

7. The partnership should review its participation, engagement and communication strategies and monitor the impact and effectiveness of its communication and engagement activity.
8. The partnership should review its structures and processes for management, strategic planning and governance to ensure the structure is fit for purpose. The purpose and remit of each part of the structure should be clearly set out and communicated to the wider stakeholders.
9. The partnership should invest in the development and support of the IJB members. This will include improved communication, training, consultation and engagement. As well as enhanced information sharing to allow the board to fulfil its governance role.

#### 4. CONCLUSION

This report outlines the identified areas for improvement and the accompanying improvement action plan provides the IJB with an update on the actions being advanced in response and outlines how and when these improvement actions are to be complete.

#### Author(s)

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

**1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION**

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	<b>N</b>
Transformation Programme	<b>N</b>
<b>Resource Implications</b>	
Financial	<b>N</b>
Workforce	<b>N</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>N</b>
Risk	<b>N</b>
Other assessments (enter here from para 3.3)	<b>N</b>
<b>Consultation</b>	
External	<b>Y</b>
Internal	<b>Y</b>
<b>Legal &amp; Governance</b>	
Legal	<b>N</b>
Clinical/Care/Professional Governance	<b>N</b>
Corporate Governance	<b>N</b>
<b>Communication</b>	
Communications Plan	<b>Y</b>

**1. Strategic Implications****1.1 Strategic Commissioning Plan**

*This section should set out how the proposals relate to the delivery of the Perth and Kinross Strategic Commissioning Plan*

- 1 prevention and early intervention,
- 2 best use of facilities, people and resources

**2. Resource Implications****2.1 Financial**

*There are no financial implications*

**2.2 Workforce**

*There are no workforce implications*

### **3. Assessments**

#### **3.1 Equality Impact Assessment**

Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA

#### **3.2 Risk**

*Not relevant*

#### **3.3 Other assessments**

Not relevant

### **4. Consultation – Patient/Service User first priority**

#### **4.1 External**

All *PKHSCP Partners* and stakeholders from both NHST and PKC.

#### **4.2 Internal**

IJB; Executive Management Team; Integrated Management Team; Third Sector Forum and HSCP staff.

### **5. Legal and Governance**

#### **5.1 Not relevant**

#### **5.2 See Background section of report and appendix 2.**

### **6. Communication**

#### **6.1 A communication and engagement plan is in place for this inspection. The Communications & Engagement Plan supports the work of the Inspection Project Team in planning and preparing for the Joint Inspection. Staff will be supported and kept informed throughout the Inspection process through sharing of information at staff / team briefings, briefing notes and discussions with EMT/IMT. Following publication of the final report, we will be required to produce and submit a multi-agency improvement plan to address the findings from the inspection process.**

**7. BACKGROUND PAPERS/REFERENCES**

*Not applicable*

**8. APPENDICES**

*Appendix 1 – Self Evaluation*

*Appendix 2 – Inspection Governance*





**Perth & Kinross Health & Social Care Partnership**  
**Improvement Plan in response to Joint Inspection of Adult Services**

20 January 2020

Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
1. Improve its approaches to performance measurement and management.	<p>1. Develop a Performance Framework using appropriate data and information about outcomes.</p> <p>2. It should be used to benchmark and report to facilitate the identification of service gaps and drive improvement.</p>	IP15, 17 & 35	Chief Officer with Support from Service Manager Business Planning and Performance	January 2020	<ul style="list-style-type: none"> <li>A simplified approach to performance reporting focussing on the 20 National Indicators has been developed. This will provide HSCP and Locality based performance information. An expansion to these indicators will be ongoing.</li> </ul> <p>This work is being taken forward with assistance from LIST and in close contact with PKC Strategic Performance Team and NHS Tayside Business Support Unit. The necessary Performance Framework will then be collated/produced which sets out "How we do performance"</p> <p>This will enable us to routinely consider performance reports and to give assurance at monthly "Performance and Risk Meetings" of the EMT and at Audit and Performance Committee.</p>	<p><b>An ability to identify gaps in service need to meet demand.</b></p> <p><b>Opportunity to prioritise and target resources appropriately to areas of greatest need.</b></p> <p><b>This will allow us to internally and externally report on effectiveness of Partnership Strategies and Operations plans where making a difference.</b></p>	AMBER

Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
2. The partnership should improve its strategic planning and commissioning processes	1. Ensure effective programme and project management supports the implementation of all plans and priorities, considering the scale of the task, its capacity, finance and the timescale needed to achieve it.	IP16, 19,24 &25	Chief Officer with Support from Service Manager Business Planning and Performance	29 <sup>th</sup> February 2020	<ul style="list-style-type: none"> <li>A mapping exercise commenced in October 2019 to gauge the level of capacity available within the Partnership in respect of programme/project management support. (This is phase 1 of a broader mapping exercise in relation to corporate support capacity).</li> <li>Phase 1 identified limited capacity. Where possible capacity identified it is then redeployed which impacts on current programme/project management support. Work is continuing.</li> </ul>	<p><b>Ability to prioritise key deliverables in the SCP and monitor effective progress on such.</b></p> <p><b>The strategic planning group will actively participate and support decision making as well as overseeing/ monitoring the delivery of the SCP objectives.</b></p> <p><b>There will be an overarching delivery plan sitting beneath the SCP and each locality will in turn develop specific operational delivery plans.</b></p>	AMBER
	2. All Plans demonstrate SMART principles.		M Rapley, Service Manager	31 <sup>st</sup> January 2020	<ul style="list-style-type: none"> <li>The wider needs in respect of corporate partnership support will be identified through Phase 2, which is currently underway.</li> <li>The new IJB Strategic Plan has been redrafted to ensure all actions and objectives reflect SMART principles. A draft Annual Delivery Plan presented to EMT in December 2019 with further work now being taken forward through EMT.</li> </ul>		
	3. Existing strategies and planning groups are reviewed to ensure that the partnership's capacity is used effectively to deliver its strategic priorities.		Chief Officer	30 <sup>th</sup> December 2019	<ul style="list-style-type: none"> <li>These plans will require to be completed for presentation to EMT by 31<sup>st</sup> March 2020.</li> <li>Chief Officer's report to IJB on 17 December 2019 in respect of Strategic Commissioning Plan. Strategic Planning arrangements are currently being developed and further details to be presented at IJB February</li> </ul>		

Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
					<p>2020.</p> <ul style="list-style-type: none"><li>The Chief Officer has highlighted to the SPG the need to refocus their work and refresh the membership. This has been agreed as an action that we will take forward collectively into the New Year. The third sector forum will be represented at the SPG and this will be reciprocated with a programme established whereby strategic leads will attend the Third Sector Forum.</li></ul>		
3. The partnership should put in place a systematic approach to monitoring and reviewing the implementation of its strategic commissioning plan and any other plans and strategies which support its implementation	1 Ensure robust prioritisation, balancing immediate pressures with longer term strategic actions which can avoid or reduce future risks.	IP 15,20 ,21	Chief Officer	17th December 2019	<ul style="list-style-type: none"><li>The new IJB Strategic Plan approved 17 December 2019 ensures robust prioritisation whilst balancing immediate pressures with longer term actions through the Delivery Action Plan.</li><li>A Core performance group has been established (LIST, Public, Performance and Policy) to meet quarterly to update and review, led by Business Improvement Manager. An Annual Report will be submitted to Strategic Planning Group</li><li>As part of the review of current leadership and management arrangements, The Chief Officer has given a commitment to develop a post of lead for Strategic Planning, Performance and Commissioning. This role would ensure that rigorous monitoring of current strategic challenges takes place. Through this new role there would be a greater</li></ul>	<p><b>A high-level SCP delivery plan is in place – progress will be monitored against this plan by EMT.</b></p> <p><b>Quarterly report from the Business Improvement Manager to EMT.</b></p> <p><b>End of year profile to be presented within the Annual Performance Report to SPG.</b></p> <p><b>Reorganisation will ensure that there is senior management capacity to ensure that there is a robust structure in place, with a process to report improved outcomes for people in Perth and Kinross.</b></p>	AMBER
	2 A systematic approach to reviewing and updating its strategic needs assessment.		Head of Adult SW/SC	30 <sup>th</sup> April 2020			
	3 Locality Needs Assessment.		Chief Officer	30 <sup>th</sup> March 2020			
	4 Periodically considering whether plans and actions need to be reprioritised to take account of new and emerging challenges and opportunities.						
	5 Reallocating capacity						

Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
	<p>from lower priority areas where necessary or securing additional resources.</p> <p>6 Develop an approach around 'how EMT are engaged' including OD/LD training required</p>				<p>emphasis on identifying opportunities for more effective strategic planning and implementing organisational improvements.</p> <ul style="list-style-type: none"> <li>An approach around 'how EMT are engaged' including OD/LD training is required and will be a priority of restructure.</li> </ul>		
4. The partnership should ensure that it places greater priority on evaluating the impact of its plans and strategies.	<p>1. Put in place a systematic approach to involve stakeholders.</p> <p>2. Effectively evaluate specific developments and initiatives to determine the impact on improving outcomes and to inform future strategy.</p>	IP 07,09,10,11,14,15,16 & 17	Chief Officer	29 February 2020	<ul style="list-style-type: none"> <li>In July 2019, part of a broader engagement and consultation programme, 1400 People living in Perth &amp; Kinross took part in a survey where questions around our Strategic priorities were asked. Feedback from this exercise has informed the new Strategic Plan.</li> <li>There have been 2 IJB Stakeholder events held this year – June &amp; October 2019. The Strategic Plan has been redrafted to clearly reflect IJB members and Partners feedback.</li> <li>The refreshed Strategic Planning Group including the TS Forum will ensure Strategy Groups have stakeholder input built into future work through co-production / co- design.</li> <li>The emerging broader programme will be developed based on priorities and embedded in Strategy Groups and will include consultation and engagement events with public, partners, stakeholders to take forward the priorities within the strategic plan and</li> </ul>	<p><b>Yearly population engagement survey to ensure we are meeting the commitments within the SCP.</b></p> <p><b>Visible leadership within communities and localities with regular public consultation and engagement events services are redesigned and developed. This will ensure we develop “with” our communities and not “for” our communities. Measure through consultation and engagement survey.</b></p> <p><b>The HSCP will have an overarching Communication and Engagement Plan and each</b></p>	AMBER

Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
					<p>improvements identified through the Partnership transformation programme.</p> <ul style="list-style-type: none"> <li>The Communication, Engagement and Participation plan will be endorsed by the refreshed Communication, Engagement and Participation Group and the refreshed Strategic Planning Group.</li> <li>Within the Strategic Plan there is an action plan highlighting key priority and aims. Set against this action plan measures for success will be identified and key milestones for reporting will be set to ensure rigorous monitoring of the success of the plan.</li> </ul>	<b>strategy group/locality providing specific Communication and Engagement plans which are measurable.</b>	
5. The partnership should ensure that workforce planning is maintained as a key priority in all its activities and encompasses the workforce requirements of the NHS, Perth and Kinross Council and third and independent sector providers.	<ol style="list-style-type: none"> <li>Develop workforce plan</li> <li>Develop Organisational Development Plan in support of workforce development</li> </ol>	IP22	Head of Health / Head of Adult SW/SC	<p>31<sup>st</sup> March 2020</p> <p>31<sup>st</sup> March 2020</p>	<ul style="list-style-type: none"> <li>Substantial work has been ongoing since mid-September to map out the current workforce. Chief Officer's Strategic update to IJB 17 December 2019 refers. (The national guidance on Workforce Planning from Scottish Government came out after our workforce plan development, we are now reviewing and adapting where relevant)</li> <li>The principles of the SAW (Safer Affordable Workforce) have been followed through this exercise. This information is currently being collated with a view to an overarching draft workforce plan being developed which will be presented to EMT with a view</li> </ul>	<p><b>Workforce plan in place which will be monitored yearly for progress. The plan reflects the priorities within the SCP.</b></p> <p><b>OD requirements will be integral to the workforce plan.</b></p> <p><b>Through delivery of the plan we will ensure a better integrated workforce and evidence true integrated working. Representatives from the</b></p>	AMBER

Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
					to completion of the Plan by 31 <sup>st</sup> March 2020. <ul style="list-style-type: none"> <li>The current Partnership OD Plan is being developed and will form part of the workforce plan.</li> </ul>	<b>Third and Independent Sector are involved in workforce planning through the strategy groups and sector forums.</b>	
6. The partnership should build on existing good relationships with care providers and housing services to identify where there is potential to coproduce solutions to strategic challenges.	<ol style="list-style-type: none"> <li>Development of market facilitation plan</li> <li>Develop a Commissioning group with providers and partnership membership/looking at collaborative commissioning and decision making</li> <li>Develop a group that gives families and service users the opportunity to contribute to commissioning decisions and future service design.</li> </ol>	IP13	Head of Adult SW/SC with support from Commissioning and Contracts Service Manager to complete	31 <sup>st</sup> March 2020	<ul style="list-style-type: none"> <li>Draft Market Facilitation Statement has been produced.</li> <li>The Service Manager for Policy and Commissioning is currently developing a Market Facilitation Plan to support the implementation of the Strategic Commissioning Plan</li> <li>An initial presentation and meeting with providers held to discuss our Market Shaping and a more collaborative approach, these will continue six weekly.</li> </ul>	<p><b>Market Facilitation plan will be approved by the IJB in June 2020 and will be reviewed annually</b></p> <p><b>Stakeholder events will be held to support the development and review of the Market Facilitation Plan</b></p>	AMBER
7. The partnership should review its participation, engagement and communications strategies and monitor the impact and effectiveness of	<ol style="list-style-type: none"> <li>Review Communication, Consultation and Engagement Group embedded in the work of Strategy Groups with relevant stakeholders.</li> </ol>	IP 15,16,17,18,19	Head of Adult SW/SC & South Perthshire & Kinross Locality Manager	31 <sup>st</sup> March 2020	<ul style="list-style-type: none"> <li>The Communication, Engagement and Participation Group is currently under review.</li> <li>The above group have reviewed the terms of reference, membership and frequency of meetings with three key priorities for planning, resourcing and implementing the necessary activities to support communication,</li> </ul>	<b>See Inspection Priority 4 Above</b>	AMBER

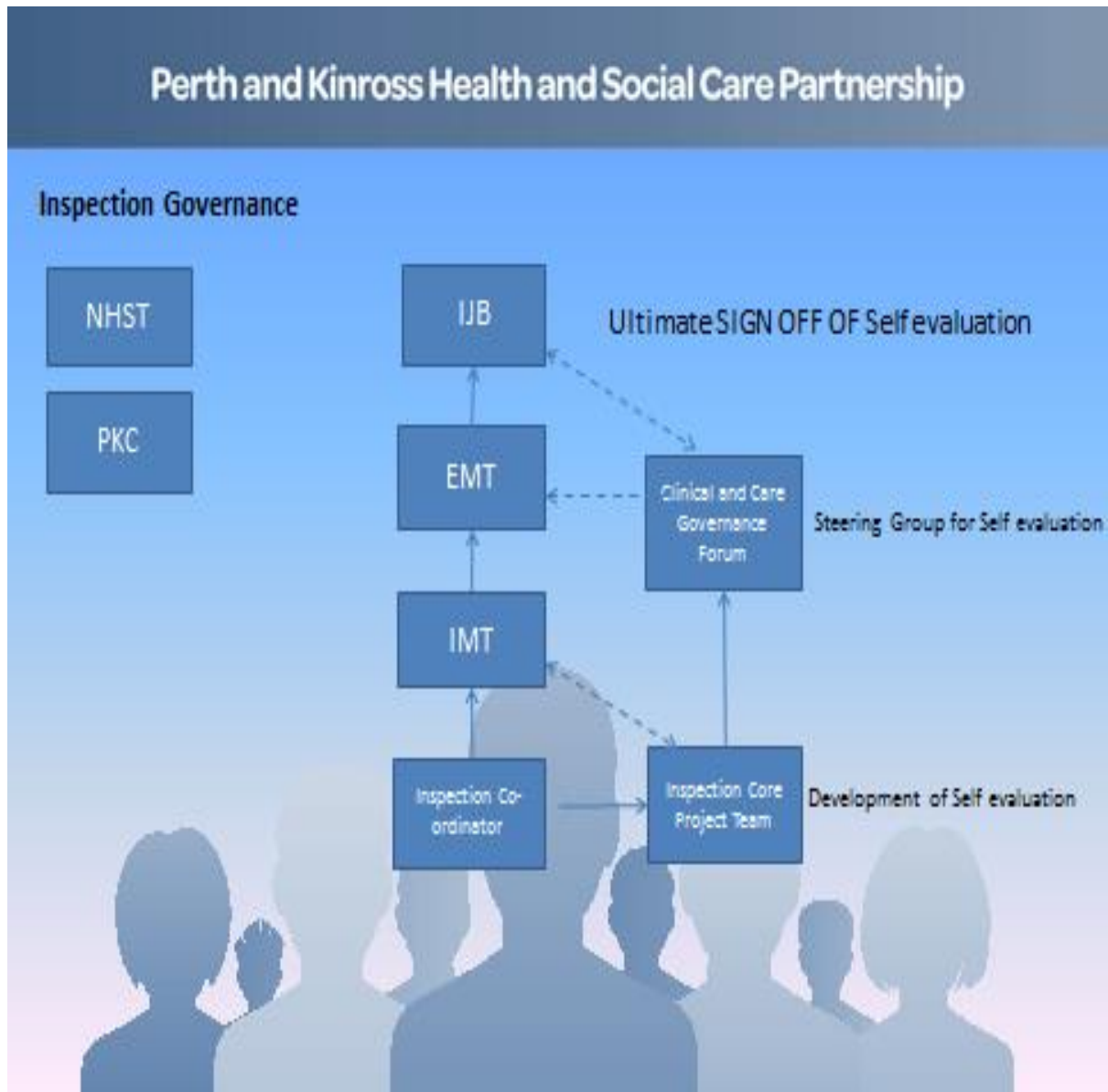
Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
its communication and engagement activity.					<p>engagement and participation.</p> <ul style="list-style-type: none"> <li>Reviewed the Communications, Participation and Engagement Strategy ensuring that the Strategy sets out how the Partnership will engage with all stakeholders with actions to promote and enhance Participation and Engagement.</li> <li>The group will report regularly to the Strategic Planning Group and will provide annual progress reports through the Chief Officer to the IJB.</li> </ul>		
8. The partnership should review its structures and processes for management, strategic planning and governance to ensure the structure is fit for purpose.	1. Review purpose and remit of all strategy groups /committees/ localities groups and communicate with wider stakeholders	IP 02,16 ,36	Chief Officer	31 March 2020	<ul style="list-style-type: none"> <li>Senior Management, Leadership and Strategic Planning arrangements are currently being reviewed – a suggested schematic will be discussed at EMT by the end of January 2020 with a view to discussing with Executive Officers from Parent Bodies. Any changes to current structures will require having HR and Professional/Union input via an agreed transitional and organisational change process.</li> <li>Chief Officer's report to IJB 17 December 2019.</li> <li>Refreshed arrangements for Strategic Planning will create more dynamic strategy groups reporting directly to the refreshed Strategic Planning and Commissioning Group. The strategic business and governance of such will</li> </ul>	<b>New structure in place. There will be evidence of improved leadership and governance allowing for effective delivery of the SCP.</b>	<b>AMBER</b>

Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
					<p>be lead via EMT until all strategic groups are in place.</p> <ul style="list-style-type: none"> <li>We are reviewing Clinical, Care and Professional Governance (CCPG) arrangements. A review of current structures and CCPG arenas will commence by mid November 2019.</li> <li>The Business Planning &amp; Performance Service Manager is currently developing an overarching corporate performance framework.</li> <li>Operational performance will be monitored through performance frameworks developed by the new Strategy Groups and at Locality delivery level. There has already been substantial work completed towards this end via the previous Strategic Programme Boards. This will be a priority area of work for identified Programme and Project Managers to support. Further capacity for programme /project management needs to be identified.</li> </ul>	<p><b>EMT adhering to recommendations from review and appropriate CCPG arrangements in place with monitoring and reporting to CCPG Committee. This will ensure that there is safe and effective Health and Social Care provision.</b></p>	
9. The partnership should invest in the development and support of the IJB members.	<ol style="list-style-type: none"> <li>Improved communication, training, consultation and engagement.</li> <li>Enhanced information sharing to all the board to</li> </ol>	IP04	Chief Officer with support from Business Planning and Performance Service Manager	31 <sup>st</sup> March 2020	<ul style="list-style-type: none"> <li>Director for Integration from Scottish Government is to provide support to Chief Officer and Partnership. And is delivering a session to IJB on roles, responsibilities and governance arrangements in integration authorities.</li> </ul>	<p><b>The IJB is working effectively as a governing body and IJB members feel supported and able to fulfil their roles.</b></p> <p><b>Yearly survey of IJB</b></p>	AMBER



Inspection Priority	Action	PIP ref	Responsibility	Timescale	Update	Measure / Impact	RAG
	fulfil its governance role.				<ul style="list-style-type: none"> <li>The Chief Officer will support the new chair with a development needs analysis to be developed for new IJB members identifying what training / development needs/ induction are required to be supported.</li> </ul>	<p>members of effectiveness of IJB business via self assessment against the scheme of integration – including monitoring the use of Directions.</p> <p>A learning and development plan is in place for IJB members and this is regularly monitored by the IJB Chair.</p>	









## **PERTH AND KINROSS INTEGRATION JOINT BOARD**

**12 February 2020**

### **CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2018/19**

**Report by Chief Social Work Officer, Jacqueline Pepper  
(Report No. G/20/13)**

#### **PURPOSE OF REPORT**

This report provides the Chief Social Work Officer's overview of social work services in Perth and Kinross during the financial year 2018/19. It sets out how social care and social work services are being delivered and the key challenges in planning and delivering statutory social work functions. The report also details the arrangements to enable the Chief Social Work Officer to fulfil the responsibilities outlined in Section 5 (1) of the Social Work (Scotland) Act 1968 (as amended). The report was approved by Perth and Kinross Council at its meeting on 18 December 2019.

#### **1. BACKGROUND / MAIN ISSUES**

- 1.1 The Social Work (Scotland) Act 1968 requires every Local Authority to appoint a single Chief Social Work Officer (CSWO).
- 1.2 In July 2016, Scottish Ministers published statutory guidance on the role of the CSWO. This guidance is for local authorities and partnerships to which local authorities have delegated certain social work functions. It provides an overview of the CSWO role, outlining the responsibility for values and standards, decision making and leadership, accountability and reporting arrangements. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of the full range of the local authority's statutory functions and the updated guidance sets out the importance of the CSWO role in the Integrated Joint Boards.
- 1.3 The CSWO is accountable to elected members of the Council and must be:
  - A qualified social worker, registered with the Scottish Social Services Council;
  - Designated as a 'proper officer' of the local authority;
  - Of sufficient seniority and experience in both the operational and strategic management of social work services; and
  - A non-voting member of the integration authority.

- 1.4 The CSWO is a role and function, rather than a specific job description and is therefore distinct from the postholder's operational management responsibilities and from the role of the Chief Officer of the integration authority. It is for the CSWO to use their authority to challenge and intervene when proposals may have a detrimental impact on vulnerable citizens or to the workforce on whom they depend. In leading the social care and social work profession, the CSWO provides:
- Professional independent advice to the Chief Executive and elected members in relation to the discharge of the local authority's statutory functions as outlined in the Social Work (Scotland) Act 1968;
  - Strategic and professional leadership in the delivery of social work services;
  - Assistance to local authorities and their partners in understanding the complexities and cross-cutting nature of social work services and the key role they play in meeting local and national outcomes; and
  - Support for performance management and the management of corporate risk.
- 1.5 Both CSWOs and elected members have duties to oversee effective, professional and high-quality social work and that social care services are delivered to professional standards. The annual CSWO report, and its consideration by Perth and Kinross Council and the Perth and Kinross Integration Joint Board, is one important way to accomplish this. The CSWO annual report is an opportunity to gauge the quality of performance of social work and social care services and to identify the challenges for continuing to meet the needs of local people and communities into the future.
- 1.6 Over 2018/19 the CSWO role was carried out by Jacqueline Pepper alongside her responsibilities as Depute Director (Education and Children's Services). The Head of Adult Social Work and the Head of Services for Children, Young People and Families deputise and provide cover when required.

## **2. PROPOSALS**

- 2.1 The Office of the Chief Social Work Adviser (CSWA) uses all 32 CSWO Reports to produce a national summary report and this provides an opportunity to set our local social care and social work services in the wider national context.
- 2.2 The report considers how social work and social care services have been delivered over the last financial year (1 April 2018 to 31 March 2019). It identifies challenges which will arise in the following year and how these will be addressed. The Council has a well-developed performance management framework reported via individual Business Management and Improvement Plans and the Council's Annual Performance Report. The Lifelong Learning Executive Sub-Committee receives regular reports on the findings of independent inspections of care services for children and young people. The Integrated Joint Board (IJB) receives annual reports on progress against the Health and Social Care Partnerships Strategic Commissioning Plan and

on the quality of regulated care services for adults. This annual CSWO report draws this together in an appraisal of performance and progress.

2.3 The report illustrates how social care and social work services are responding to new demands and have delivered outcomes for service users over 2018/19 against a backdrop of increasing demand and budget pressures. These include:

- Perth and Kinross is ranked first out of 32 local authorities in achieving a balance of care for children who are looked after in the community at 96% in 2019.
- The successful implementation of REACH as a new intensive service providing support for young people on the edges of care and their families has contributed to a significant drop in the numbers of young people becoming looked after away from home in residential care.
- Continued good practice in promoting and supporting Kinship Care and successful efforts to expand the availability of foster care and family based care.
- The numbers of young people over the age of 16, who are supported to remain in the care placement up to the age of 18 and to take up the option of Continuing Care, continues to increase.
- Sustained strong performance in reconvictions rates for adult offenders against national comparisons.
- Continued upward trend in the numbers of people opting for Self- Directed Support and as a percentage of total social work spending on adults aged 18 or over.
- Care services continue to provide high quality care to local people with the vast majority of quality themes evaluated as good or very good. In 2018/19, 87.8% of care services were rated good or better by the Care Inspectorate which is higher than the national figure of 82%.
- Three social workers successfully completed the Mental Health Officer Award in 2019 adding to our capacity to respond to people who may need compulsory measures of care and treatment.

2.4 The report sets out how key priorities for the last year have been taken forward within a context of integration and multi-agency partnership working. This includes the actions to address demand pressures across a number of key areas. Considerable progress has been made in taking forward transformational change towards earlier intervention and new sustainable models of service delivery which better meet the needs of our communities.

2.5 The Perth and Kinross Community Justice Partnership was established with the aim of preventing and reducing offending and to support those who have committed offences to integrate into their local community. Progress against the Community Justice Outcomes Improvement Plan for 2017 – 2020 demonstrates a strong contribution by criminal justice social work services to improving outcomes for people in the justice system.

2.6 The integration of health and social care continues to take hold. In 2018/19 the Care Inspectorate and Health Improvement Scotland carried out a joint

inspection of strategic planning within the Health and Social Care Partnership. The report of the findings concluded that there was a need to strengthen strategic commissioning, governance and planning structures, workforce planning, and put in place an integrated performance management structure. An updated Strategic Commissioning Plan for 2019-22 has been prepared which is clearly underpinned by the National Care Standards and national outcomes for health and social care.

2.7 Strategic planning for children's services is outlined within the jointly produced Tayside Plan for Children and Young People 2017-2020. There have been significant developments over the last year in relation to the collaborative approach to planning and delivering improvements around five key priorities. The CSWO has led on the Tayside priority for safeguarding and child protection which serves to harness the resources and capacity across three child protection committees to deliver continuous improvement. The potential for joint strategic commissioning in social work and social care continues to be an area for further development.

2.8 The key challenges that face social care and social work services over the next few years are highlighted in the report and include:

- Financial pressures and increasing demands within adult social care;
- Developing new models of support for adults with complex needs and to improve transitions from children to adult services;
- Continued development of technology enabled care;
- Workforce pressures within the social care sector and in particular, care at home services;
- The increased demand in relation to adults with incapacity or mental disorder;
- The increase in the numbers of children and young people for whom there is a concern for their welfare or who need protection;
- The need for a continued focus on supporting children to remain within their extended families in kinship placements for children when they are no longer able to live with their parents; and
- To learn from successful transformation projects in children's services such as REACH and to identify new areas for service redesign.

### **3. CONCLUSION AND RECOMMENDATION**

3.1 The CSWO's assessment of performance over the last year is that overall performance in securing high quality experiences for people who use social work and social care services has remained good despite major challenges. There is evidence over the last year that the robust approaches to performance management and self-evaluation within children's services are being maintained. The continued improvements in outcomes for children and young people in need of care and protection are demonstrated within this report. Within adult services, the strong partnership approach that exists at team and practitioner level is evident. Determined and committed staff are continuing to deliver a high quality of service to our citizens and 95% of



people who responded to the adult social care survey report that they are treated with compassion and understanding.

That is a huge achievement and demonstration of the contribution our social care and social work staff can make to the experience of our most vulnerable citizens.

- 3.2 The CSWO will work with the Health and Social Care Partnership and the Integration Joint Board to take forward the recommendations of external scrutiny to improve approaches to performance management and to drive continuous improvement in social work and social care services.
- 3.3 This report provides examples of social work and social care professionals leading the redesign of services towards prevention, earlier intervention and personalisation. This innovation and investment in new ways of working are now making significant inroads to addressing longstanding pressures in areas such as residential care for young people. Continued investment in a skilled, adaptable and digitally aware workforce which is supported by a more advanced IT system from 2020 will be key over the next few years.
- 3.4 Key strategic priorities for 2019/20 include:
- Procurement and implementation of a new fit for purpose social work and social care IT system and associated staff development;
  - Responding to the areas for improvement highlighted in the Joint Inspection of Services for Adults;
  - Pressing ahead with review and transformation in areas where there are demand pressures to secure earlier intervention and prevention, including new models of support for adults with complex needs and transitions from children to adult services;
  - Continuing to explore areas for collaboration and jointly commissioning services with partners;
  - Examining the demand pressures across sectors and identifying solutions and capacity gaps;
  - Responding to workforce pressures and recruitment challenges in social care services;
  - Implementation of the Joint Carers Strategy 2019-2022 to support carers;
  - Developing and implementing new workforce development programmes in public protection and disseminating learning from case reviews;
  - Preparing for inspection of Adult Support and Protection arrangements and Criminal Justice Social Work services focusing on Community Payback Orders;
  - Building on the positive evaluation of OWLS to develop new models for supporting men in the justice system; and
  - Continuing to meet our corporate parenting responsibilities and responding to the recommendations of the Independent Care Review when it reports in early 2020 which will seek whole-systems change for care experienced children and young people.

3.5 It is recommended that the Integration Joint Board:

- (i) Notes the CSWO Annual Report as set out in Appendix 1.

**Author(s)**

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**Approved**

<b>Name</b>	<b>Designation</b>	<b>Date</b>
Sheena Devlin	<b>Executive Director (Education and Children's Services)</b>	

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### Community Plan/Single Outcome Agreement

- 1.1 This section sets out how the proposals relate to the delivery of the Perth and Kinross Community Plan/Single Outcome Agreement in terms of the following priorities:

- (i) Giving every child the best start in life
- (ii) Developing educated, responsible and informed citizens
- (iii) Promoting a prosperous, inclusive and sustainable economy
- (iv) Supporting people to lead independent, healthy and active lives
- (v) Creating a safe and sustainable place for future generations

This report relates to Objective No (i); (ii); (iv); and (v).

#### Corporate Plan

- 1.2 This section sets out how the proposals relate to the achievement of the Council's Corporate Plan Priorities:

- (i) Giving every child the best start in life;
- (ii) Developing educated, responsible and informed citizens;
- (iii) Promoting a prosperous, inclusive and sustainable economy;
- (iv) Supporting people to lead independent, healthy and active lives; and
- (v) Creating a safe and sustainable place for future generations.

This report relates to Objective No (i); (ii); (iv); and (v).

## 2. Resource Implications

### Financial

- 2.1 None

### Workforce

- 2.2 Any future workforce implications will be reported via individual service reports.

### Asset Management (land, property, IT)

- 2.3 None

## 3. Assessments

### Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

The consultation exercise presented in this report was considered under the Corporate Equalities Impact Assessment process (Eq1A) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of Eq1A

### 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 Not applicable

### Legal and Governance

- 3.4 Not applicable

3.5 Not applicable

Risk

3.6 Not applicable

**4. Consultation**

Internal

4.1 Head of Service Adult Social work and Head of Services for Children, Young People and Families have contributed to this report.

External

4.2 Not applicable

**5. Communication**

5.1 Not applicable

**2. BACKGROUND PAPERS**

2.1 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 the above report.

**3. APPENDICES**

Appendix 1 - Chief Social Work Officer Annual Report 2018/19



## Appendix 1



**Perth & Kinross Council**

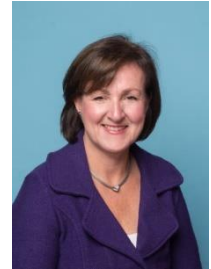
**Chief Social Work Officer  
Annual Report**

**2018/19**



# 1 Introduction

The profile of our communities is changing, and we are experiencing the challenges of an ageing population giving rise to pressures on health and social care services and the need for a sufficient and skilled workforce. Our expectations for children to have the best outcomes are high at a time we are experiencing increasing numbers who are in need of care and protection. Locally, we are also seeing more people experiencing mental ill-health and requiring treatment.



The social work role is complex and spans the protection of the public through the management of risk, managing the restriction of liberty for some, to decision-making about vulnerable people who are not able to protect themselves. The role is also about empowering people to make positive change in their lives and providing care for those who need it.

A strong social work service is therefore pivotal in the promotion of social justice and tackling inequalities. Social work is all about people and at its core is the importance of human worth and relationships. It is my view that the social work profession is fundamental to modelling the values and behaviours which are essential for addressing the inequalities faced by the communities we serve. This report contains many positive examples of placing the thoughts, views and ideas of people who use services at the heart of change and improvement. In January 2019, the CSWO hosted a conference for frontline practitioners on the theme of Transforming Lives with Passion and Compassion. The day gave prominence to hearing about the lived experiences of people in touch with social work services and gave staff an opportunity to explore the National Health and Social Care Standards in every day practice.

Our services have people's experience at the heart, and we are committed to measuring outcomes by evaluating the extent to which each person receives responsive care and support and is treated with dignity, respect and compassion. Social work and social care staff have much to contribute to the development of the Perth and Kinross Offer over the next year or so, both in terms of ensuring that the voice of our most vulnerable voices are central to the offer, and in modelling how strong and trusting relationships and getting alongside people can make a difference.

This Chief Social Work Officer Annual Report provides an overview of social work and social care delivery, statutory social work functions as well as local achievements and challenges. We continue to face significant increased demand and increasing complexity of needs across social work services in Perth and Kinross. The Council has, over the last decade, protected these vital services in a time of reducing resources. This report demonstrates how the workforce continues to respond positively to these challenges and illustrates the ways in which our skilled and highly committed staff go above and beyond every day to improve the quality of people's lives. There are many examples of successful collaboration which demonstrate the willingness of social work staff to work in close co-operation with multi-agency teams to achieve better outcomes for our citizens.

Jacquie Pepper  
Chief Social Work Officer



## 2 Awards and Good Practice



Our social care and social work teams continue to develop innovative practice and this is recognised in the Council's Designing the Future Awards 2019:

- **Expansion of Family Based Care** (Gold: Service Innovation and Improvement)  
This transformational change programme focussed on increasing the number of local foster carers and supported lodgings providers to increase family care options for looked after children and young people. This project achieved the targets set for recruiting foster carers enabling children to be placed locally within our communities and at the same time resulted in significant financial savings.
- **EmployabiliTAY** (Gold: Achieving better outcomes in partnership)  
This is the first regional employability programme in Scotland in collaboration with Dundee City Council and Angus Council and is a new approach to aligning public services (first programme with active input from third sector and local employers). 55 people from Perth and Kinross have completed the programme in 2018/19 with 37 finding employment. This job outcome rate of 67% far exceeds the national standard for employability programmes (55%) highlighting the benefits that a truly person-centred and holistic approach can provide.
- **Woodland Activity Session** (Gold: Tackling inequalities and improving health)  
For People with Early Stage Dementia, this outreach project promotes health and well-being through mentally stimulating and meaningful activity on a premier greenspace site.
- **Care About Walking Resource Pack**  
The project created a walking resource suitable for older frailer people residing in long term care. Vital to its success has been the enormous contribution of the residents in co-creating, designing and producing an interactive resource. Older adults experiencing care may spend 80-90% of their day seated or lying down either by choice, frailty, multiple co-morbidity or lack of opportunity. This project contributed to the national Care About Physical Activity (CAPA) Improvement Programme. The outcomes are being disseminated nationally and Paths for All has secured funding to develop further new ideas with ten care homes in Perth and Kinross over the next 2 years.
- **Changing Lives Care Opportunities – Recruitment Forum**  
This project has been raising the profile of a career in care and focussed on supporting care at home providers with recruitment of students from Perth College UHI. The project provided a spotlight for Care at Home as a career and culminated in 100 students engaging a forum with 8 care at home providers. The recruitment forum will improve perceptions of a career in social care and increase the number of well-trained carers.
- **Big January Get Together.**  
The Big January Get Together project brought together Health and Social Care, a local youth organisation, community organisations and the Communities Team to plan, promote and deliver a series of community “get togethers” to address social isolation, poor mental health and food poverty. A total of 17 community events were organised across the area of the Eastern Perthshire Action Partnership.

## The Provost's Award

The Provost's Award was awarded to the Fun Young Individuals Group (FYI) of care experienced young people for their work on Milestones, a film which was co-produced with a filmmaker, There's Yer Dinner. They wrote, acted, and produced a moving film about the challenges and stigma of growing up in care. Engagement with over 1500 staff has brought about a change in perception and understanding of issues faced by care experienced young people. FYI are now well respected nationally and at the heart of our corporate parenting work.



## Scottish Association of Social Work Awards 2018

The SASW awards ceremony took place on World Social Work Day on 19 March 2019 and the Family Change team won Team of the Year for their work to establish a consultation service. Family Change is a specialist therapeutic social work service to support children and their families who have experienced significant trauma.



### **3 Governance and Delivery of Statutory Social Work Functions**

#### **Discharging the requirements of the Chief Social Work Officer**

The role of Chief Social Work Officer (CSWO) includes providing professional governance, leadership and accountability for the delivery of social work and social care services. The CSWO reports to the Chief Executive, Elected Members and Integration Joint Board. Alongside the role of CSWO, the current CSWO is also the Depute Director of Education and Children's Services.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers and front line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional social work issues. During 2018/19 the CSWO discharged the requirements of the role as follows:

- Reporting to a range of Perth and Kinross Council committees
- Member of the Council's Executive Officer Team and Corporate Management Group
- Access to elected members, Chief Executive and Chief Officers as required
- Member of the Community Planning Partnership delivery groups for Children, Young People and Families and Community Justice
- Member of the Perth and Kinross Chief Officers Group for Public Protection
- Member of the Adult and Child Protection Committees (including chairing the Multi-agency Practice Review Group and providing advice and challenge in relation to case review)
- Close links with key partnerships such as Violence Against Women Partnership and Alcohol and Drug Partnerships and is linked to the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group for Tayside;
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board (IJB)
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board's Audit and Performance Committee
- Co-chair of the Health and Social Care Partnership's Care and Professional Governance Forum
- Member of the NHS Tayside Clinical Quality Forum alongside the CSWO for Angus and Dundee

The CSWO takes part in the budget review process across all relevant services ensuring that the needs of vulnerable and at risk groups leads are highlighted and considered. The CSWO also leads the Council's panel for safe recruitment ensuring proportionate decision-making to protect service-users and the public and at the same time ensuring that the Council is an inclusive employer. The CSWO is the lead signatory for the Scottish Social Services Council as the regulator of the social care workforce ensuring that the codes of practice are adhered to and acting as a point of contact when there are concerns about an employee's fitness to practice.

The Heads of Service for Adult Social Work and Services for Children, Young People and Families as senior social work leaders support the CSWO to have oversight of key local, regional and national developments and considering the most appropriate local response.

The CSWO has continued to provide visible leadership over the last year by meeting with staff teams across Perth & Kinross to learn first-hand of the issues faced by the workforce in social work services and to encourage good practice and innovation. This has included visits to day care centres, care homes, out of hours services, practice teams, the two prisons and opportunities to engage with staff and people who use services.

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

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

## Organisational Governance

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

### Perth and Kinross Community Planning Partnership

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

The joint Tayside Children's Services Plan (CSP) for 2017-20 sets out a shared and compelling vision that ***"Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up"***. Collaboration across local authorities has been promoted and supported by the activity of the Tayside Regional Improvement Collaborative (TRIC). The joint plan for serves to meet our requirements in relation to integrated planning for children's services and to raise attainment through the Tayside Regional Improvement Collaborative (TRIC). A collaborative approach to delivering the aims of the CSP has been developed and over the last 12 months, 5 multi-agency regional Priority Groups have continued to focus on the delivery of action plans which aim to build and make best use of available capacity across the three areas. There have been significant developments over the last year in relation to five key priorities. Progress is reported to the Children, Young People and Families Partnership and Lifelong Learning Committee.

A new model for community justice came in to effect on 1st April 2017. As part of this, a new national agency (Community Justice Scotland) was established to provide assurance to Scottish Ministers on the collective achievement of community justice outcomes across Scotland. At a local level, strategic planning and service delivery became the responsibility of local community justice partners. The statutory partners are required to produce a local plan for community justice, known as a Community Justice Outcomes and Improvement Plan (CJOIP). The statutory partners are required to engage and involve the Third Sector in the planning, delivery and reporting of services and improved outcomes and report on progress against the CJOIP annually.

The Perth and Kinross Community Justice Partnership was established in April 2017 and is working towards the outcomes set in its 3-year CJOIP.

### **Perth and Kinross Council**

Social work services for children, young people and families are managed within the Council's Education and Children's Services and the Head of Services for Children, Young People and Families leads this. Service priorities include keeping children and young people safe and protected; high quality experiences and outcomes for children and young people who are looked after; and keeping children and young people within their own families communities wherever possible. Leadership of criminal justice social work services was integrated into Education and Children's Services in April 2018 and now managed by the Depute Director (Education and Children's Services) who is also the CSWO.

### **Perth and Kinross Integrated Joint Board and the Health and Social Care Partnership**

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

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

## **4 Key Challenges**

In 2018/19 we are seeing a continuing trend of increasing demand for social work services. The numbers of people being referred for a service continue to rise across children and adult services and there are genuine pressures being experienced within the frontline access and duty teams to respond timeously and effectively. These referrals for assistance are leading to the need for additional support and/or statutory intervention. This report shows a rise in the numbers of people with incapacity or mental disorder requiring assessment and increasing numbers of people and children for whom there is a concern for their welfare or in need of protection. This is linked to our drive to intervene early and take a preventative approach to prevent difficulties escalating. There is evidence that staff are responding to this increased volume and managing risk very effectively within existing resources at present. However, there is a need to examine alternative models of service delivery and resourcing in order to maintain current standards of service should this trend continue.

There are examples of very successful approaches to service redesign and in particular to the positive impact of REACH in reducing the need for and reliance on residential care for children and young people. In the year since the Council approved the closure of its residential unit at the cottages and to invest in the creation of a multi-disciplinary intensive support team the numbers of children in residential care has reduced to almost a third of previous levels. The REACH team is working intensively with over 50 young people on the edge of care and retaining them within their own families, schools and communities. There is a challenge to learn from this success and to use this to inform new areas for transformation across the social work and social care landscape.

The Health and Social Care Partnership is experiencing financial pressures in relation to meeting the requirements of an ageing population and increasing numbers of adults with complex health and disabilities. This is mainly as a result of people living longer with increasingly complex needs and some inward migration. A transformation programme board has been established to redesign models of support and for adults with complex



needs and this will include joint work to address transitions from children to adult services for young adults with disabilities.

The integration of health and social care continues to take hold and in 2018/19 the Care Inspectorate and Health Improvement Scotland carried out a joint inspection of strategic planning within the Health and Social Care Partnership. The report of the findings concluded that there was a need to strengthen key areas including strategic commissioning, governance and planning structures, workforce planning, and an integrated performance management structure. The CSWO will work with the Health and Social Care Partnership and the Integrated Joint Board to take forward the recommendations of external scrutiny to improve performance management and drive continuous improvement in social work and social care services. An updated Strategic Commissioning plan for 2019-22 has been prepared which is clearly underpinned by the National Care Standards and national outcomes for health and social care.

## **5 Performance, Service Quality and Improvements**

### **5.1 Public Protection**

The Perth and Kinross Chief Officer's Group (COG) has oversight of all public protection matters including the work of the Child Protection Committee; the Adult Protection Committee; the Violence Against Women Partnership; the Multi-Agency Public Protection Arrangements Strategic Oversight Group (MAPPA SOG), Violence Against Women Partnership and the Alcohol and Drugs Partnership. The CSWO is a key member of these groups with a role to ensure connectivity between the respective agendas of these committees and in the identification of and mitigation of key risks. Over 2019/20 the COG will further strengthen its oversight and strategic direction of public protection with a programme of meetings with themed agendas.

The Adult and Child Protection Committees are chaired independently bringing support and challenge to these strategic arrangements. Both committees now report annually to Perth and Kinross Council and the Integrated Joint Board on standards and quality in child and adult protection. Over the last year the 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 a Joint Development Day in May 2019, which is an important step towards a coherent public protection strategy.

An independent chair for the Tayside MAPPA SOG has also been appointed recently working across the three local authority areas with the assistance of a MAPPA coordinator. An annual report on MAPPA activity is presented to the Community Justice Partnership and Chief Officers Group.

In April 2019, the Chief Executive and the Chief Social Work Officer hosted a joint leadership event which brought together Chief Officers and members of CPCs across Angus, Dundee and Perth and Kinross. The revised national guidance for Chief Officers Groups was examined and a commitment was made to further explore collaborative leadership for public protection and support the implementation of best practice for multi-agency case reviews across Tayside. This has been advanced locally by commissioning a researcher with UK expertise to identify a profile of the children and families subject to case review in Tayside; themes and areas for practice improvement and policy implications. This work will also examine the effectiveness of our work to embed improvement. It is anticipated that this work will be completed by December 2019 and inform a workforce development plan for child and public protection.

The Care Inspectorate is taking forward two key inspection programmes focusing on public protection.

- In 2020, a programme of inspection of adult support and protection arrangements will commence for 27 local authority areas over a 2 year period. The Chief Officers Group and the Perth and Kinross Adult Protection Committee are therefore anticipating that there will be an inspection within 2020 and will take forward the necessary preparations along with the Health and Social Care Partnership.
- A programme of inspection of children in need of care and protection is underway which takes a closer look at services for looked after children and children subject to child protection processes. At this point it is not anticipated that Perth and Kinross will be highlighted as an area with identified risks in these services and unlikely to receive an inspection within the next two years.

### 5.1.1 Adult Protection

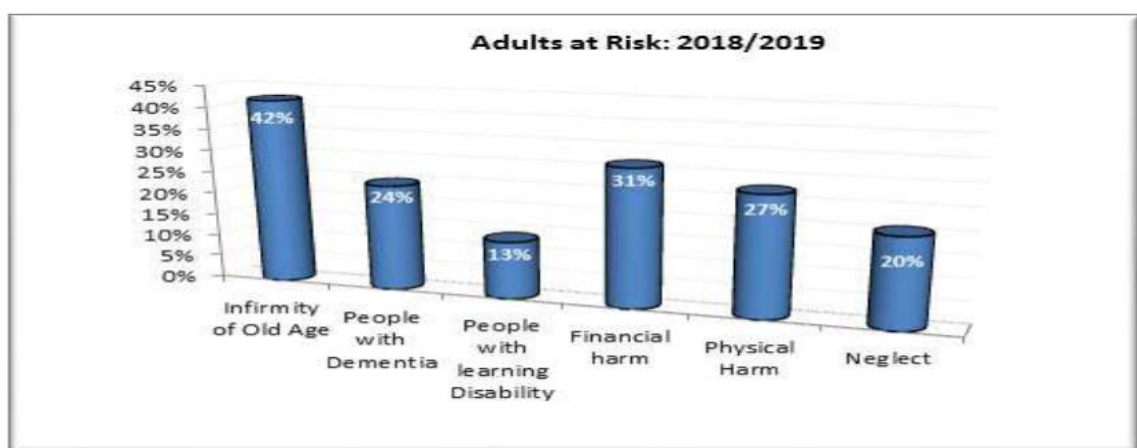
Under section 42 of the Adult Support and Protection (Scotland) Act 2007 each council must establish an Adult Protection Committee. The membership of APCs is multi-agency and includes representatives of the council, the relevant NHS Board, the police and other organisations who have a role to play in adult protection. The Perth and Kinross Adult Protection Committee (APC) is committed to continuous improvement keeping adults at risk of harm safe and oversees the multi-agency work to achieve continuous improvement of services for adults at risk of harm. APCs have a central role to play in taking an overview of adult protection activity in each council area. The Council must make inquiries about a person's well-being, property or financial affairs if it knows or believes that they are at risk and may need to intervene to protect the person's well-being, property or financial affairs.

Over 2018/19, there were 1446 referrals that comprised of 1155 Vulnerable Person Reports (VPR) from Police Scotland and 291 Adult Protection (AP) concerns from other sources. There had been a continuing reduction in the number of VPR over the past few years but although the number has increased by 37% over the last year, it is still below the level experienced in 2014/15.

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

96% of all referrals were screened within 24 hours and 186 proceeded to an adult protection inquiry. In 2018/19, 83% of people who had been at risk of abuse felt safer as a result of intervention.

The profile of adults at risk is showing that 71% of all adults at risk are over the age of 65 with 39% over 80. The majority of people identified who may be at risk of abuse and harm were already receiving a care service indicating their high levels of dependency and vulnerability. The main forms of abuse experienced by vulnerable adults are financial harm (31%), physical harm (27%) and neglect (20%). Dementia and frailty are the key risk factors for people in need of protection from abuse. The proportion of people with a learning disability who were the subject of an adult protection investigation fell from 22% in 2017/18 to 8% in the last year.



Historically, the number of large scale investigations (LSI) where more than one person is identified as being at risk has been high in Perth and Kinross. There have been measures put in place to reduce the number of LSI which has included awareness raising; early identification of concerns; and support from the Care Inspectorate where appropriate. The number of LSI has steadily reduced over the last five years from 22 in 2014/15 to 4 in 2018/19.

The Adult Protection Committee (APC) has continued to develop greater oversight of adult protection and identified a number of key priorities for development over the next year. These include continued development of management information; continued improvement in the quality of chronologies of significant events to assist in the identification of risks; promoting the take-up of independent advocacy; engagement with minority groups and people with learning disabilities. These areas are included within an improvement plan for 2019-20.

### 5.1.2 Child Protection

The Child Protection Committee (CPC) is the key local body for developing, implementing and improving multi-agency child protection arrangements. The CPC membership is expected to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that *"It's everyone's job to make sure I'm alright"*.

Elected Members and Chief Officers of the public, private and third sectors in Perth and Kinross continue to discharge their individual and collective responsibility for children's services, in particular, child protection services, through annual reporting to Council and to quarterly meetings of the Perth and Kinross Children, Young People and Families Partnership (CYPFP).

Over 2018/19, work to Address Neglect and Enhance Wellbeing (ANEW) has continued in partnership with the Centre for Excellence for Looked After Children in Scotland (CELCIS) to improve the effectiveness of support for pregnant women and their partners and in the first year of the child's life. This work entitled Getting it Right in Perth and Kinross; Pre-Birth and into the First Year of Life has led to a transformation zone in Strathearn and a part of Perth City will see NHS Tayside Maternity and Health Visiting services, Parenting and Family Learning Team and child and family social work services work together to achieve sustainable preventative practices using implementation science.

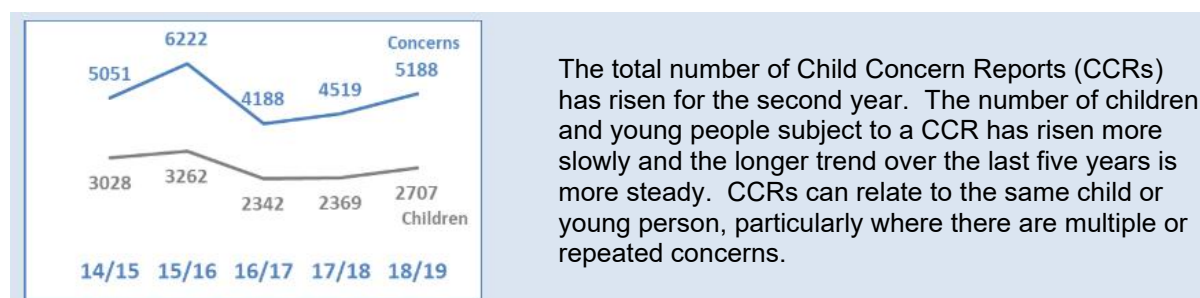


The Tayside-wide group driving improvement and collaboration in safeguarding and child protection is led by the Perth and Kinross CSWO coordinated via the Tayside Plan for Children, Young People and Families 2017 - 2020. The initial focus of PG5 was to ensure incremental improvements to result in consistent high-quality child protection practices across the collaborative and to provide a more solid foundation for larger scale change and integrated models of delivery over the life time of the plan. Very good progress has been made in relation to the original identified actions particularly in relation to the development of shared key processes and guidance for staff in chronologies, IRDs, medical examination protocol and for unborn baby concerns. These are now disseminated across the collaborative.

With the aim of raising practitioner awareness and understanding on tackling neglect and enhancing wellbeing a Tayside Conference *Connect with Neglect* was held in Dundee in November 2018. The conference was introduced by Maree Todd, Minister for Children and Young People and attended by 160 practitioners across health, education and early years, social work, youth services, police and the third sector. Evaluations were very positive with 4 out of 5 attendees agreeing that as a result of the conference they were more confident and assessing the impact of neglect and responding to families in which childhood neglect is a factor.

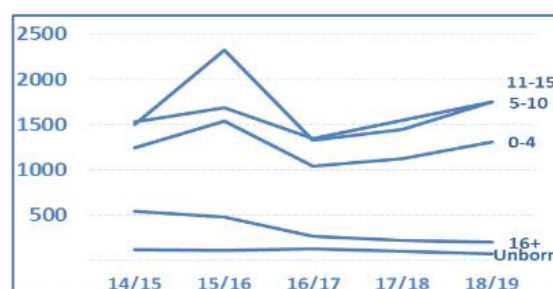
The CPC continues to monitor trends and the effectiveness of practices across Perth and Kinross to keep children and young people safe. The following key highlights demonstrate the level of activity and the contribution of social work services as a core child protection agency.

- **Child Concern Reports**

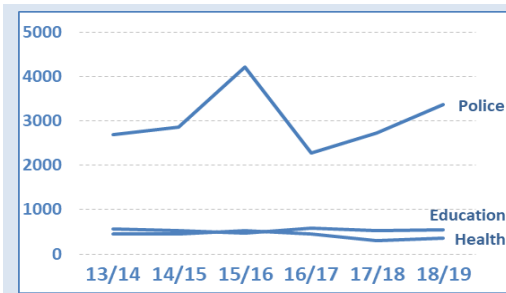


- **Child Concern Reports by age of Child**

The number of children and young people with a CCR in each age group has remained relatively steady; with the number in the 5-10 and 11-15 age groups again being the largest.



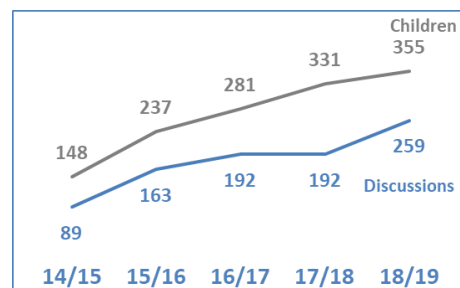
- **Child Concern Reports by Source**



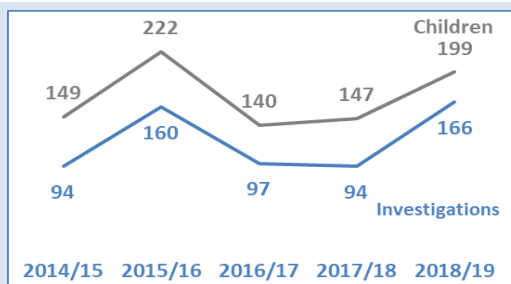
The main source of CCRs continues to be Police Scotland, followed by Education Services and Health Services. Overall, these account for 80% of all CCRs submitted. The number of CCRs submitted by Police Scotland has remained lower than the high level in 2015/16 which is attributed to their improved quality assurance measures.

- **Inter-Agency Referral Discussions (IRDs)**

The number of children and young people subject to Inter-Agency Referral Discussions (IRD) continues to rise. IRDs are recognised as good multi-agency working practice. IRDs can consider more than one child and can also be repeated. This increase reflects our commitment to improved practice consistency and recording practices for IRDs.



- **Child Protection Investigations**

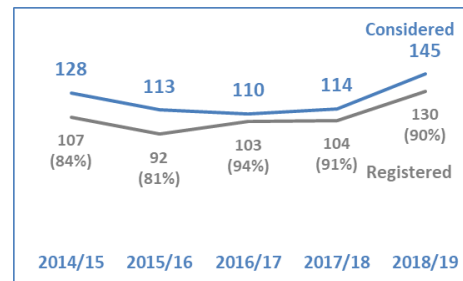


The number of Child Protection Investigations and the number of children and young people subject to an investigation have risen over the last two years; although the longer-term trend is more level. The conversion rate from Child Protection Investigation to Initial Child Protection Case Conference was 73%.

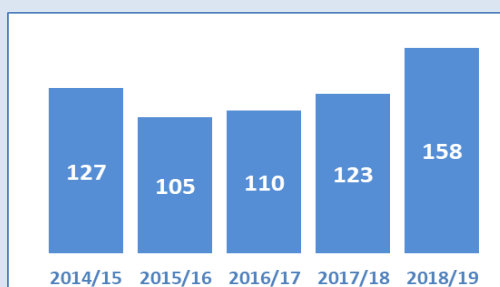
- **Children considered at Initial Child Protection Case Conferences (ICPCC)**

The number of children and young people considered at ICPCC shows a general increase over the last three years.

The proportion of ICPCCs that result in a child or young person's name being placed on the Child Protection Register remains high at 90%, indicating that the right children and young people are being considered at ICPCCs.



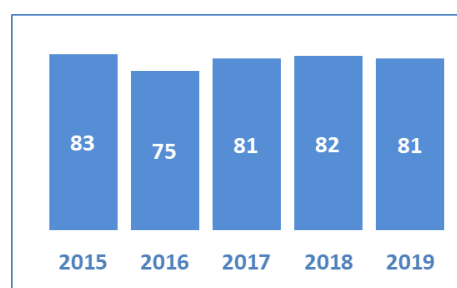
- **New Registrations on the Child Protection Register (CPR)**



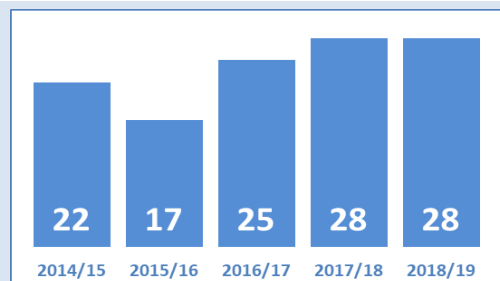
The number of new registrations on the Child Protection Register (CPR) during the last year has risen; and has been generally increasing over the last 4 years. This figure includes a number of large sibling groups and temporary registrations (for children and young people who move into the Perth and Kinross Council area for a limited period). All children and young people whose names are placed on the CPR are subject of a multi-agency child protection plan for which a social worker is the lead professional.

- **Children on the Child Protection Register as at 31 July**

Although the number of registrations continues to increase; the number of children and young people on the CPR at 31 July has remained relatively steady over the last 5 years. These figures include sibling groups.



- **Children placed on Child Protection Orders during the year**

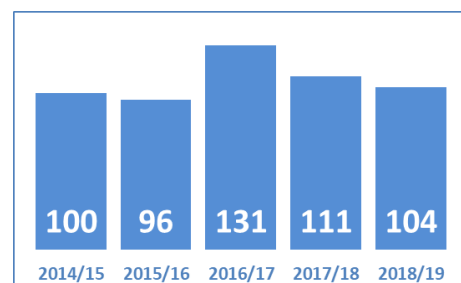


The number of children and young people placed on Child Protection Orders has been generally increasing over the last five years. These figures include a number of large sibling groups.

These figures continue to be above the national average and higher than other comparator local authority areas. These figures are being closely monitored.

- **Unborn Baby Referrals**

The number of Unborn Baby Referrals has reduced to previous levels after a large increase in 2016/2017. The pathway for vulnerable pregnant women entitled Getting it Right in Perth and Kinross Pre-Birth and into the First Year of Life will continue to support prevention and earlier intervention.



The data shows that although the number of children on the register has remained steady, the level of activity required by social work staff within Services for Children, Young People and Families to screen child concerns; lead Inter-Agency Referral Discussions; carry out child protection investigations; complete assessments of risk and provide reports to Initial

Child Protection Case Conferences and to take the lead professional role for children subject to a child protection plan has increased over the last year.

Staffing resources have been realigned to ensure that the Child Protection and Duty Team is equipped to meet the additional demands and this will require continual monitoring in the year ahead.

A key aspect of the CPC's joint self-evaluation of child protection in practice is the annual multi-agency case review. In 2018/19, a review of practice was carried out in relation to 15 children aged between 6 months and 18 months whose name had been added to the CPR between January 2017 and January 2019. Key practice strengths were identified showing:

- strong evidence of staff working hard to build and maintain honest, trusting and supportive relationships with families;
- staff are alert to non-engaging families and disguised compliance and work persistently to secure positive engagement;
- a multi-agency approach and intensive support services are securing change and improvement in lifestyles and enhancing parenting capacity;
- good information sharing and communication;
- robust evidence-based assessments are used effectively to identify and address risks and needs;
- the use of chronologies is improving and being used to identify emerging patterns and escalating risks;
- comprehensive child's plans are helping to keep children safe; and
- effective core groups and case conferences are monitoring improvement and outcomes of plans.

In terms of areas for improvement there was room to:

- improve the identification of vulnerability in pregnancy at an earlier stage;
- achieve greater consistency of recording family views and feedback;
- increase the level of engagement and involvement of fathers; and
- provide clearer definitions of outcomes within child's plans.

In 2016/2017, Services for Children, Young People and Families seconded a fixed term (up to 18 months), Improvement Officer tasked with chairing, quality assuring and improving the overall performance management of Child Protection Case Conferences (CPCC) and improving the experience of children, young people and their families attending CPCCs. This appointment represented a significant investment and the impact was reported in 2017/18. Although the post has now ended, the drive to sustain improvements has continued. This has included the establishment of a Peer Review Group for the Chairs of CPCCs which meets regularly to promote quality and consistency for the role and in decision-making. The group completed a quality assurance exercise early 2019 which included peer observation and shared learning. In addition there have been improvements in the electronic invitation system and the sharing of reports 48 hours in advance of each CPCC. Increasing numbers of staff are taking time to respond to a post-CPCC survey providing useful feedback about the quality and effectiveness of CPCC meetings.

### **5.1.3 Multi-agency Public Protection Arrangements**

The Tayside Strategic Oversight Group meets quarterly to monitor the work of Multi-Agency Public Protection Arrangements (MAPPA) and directs local approaches towards the management of high-risk offenders. The most recent annual report shows that the process for assessing and managing high risk of harm continues to work well across Tayside. This is evidenced by the positive partnership working and high rate of offender compliance. Overall,

the number of offenders managed through MAPPA reduced in 2017/18. A programme of quality assurance audits continues to monitor performance closely.

Crime trends change over time and an increasing part of the management of offenders is the supervision and monitoring of offenders who have committed 'cybercrime' or computer oriented crime. 44% of the offender's subject to statutory supervision have committed cybercrime or computer-oriented crime having been found in possession of indecent imagery of children.

The structures and processes that contribute to the operation of MAPPA have continued throughout the past year with the following notable areas of work.

- The management of over 450 offenders (includes community and custody figures) through all levels of MAPPA arrangements
- The continued development of the MAPPA Operational Group
- Implementation of the Risk Assessment & Risk Management Plans for all
- Level 2 offenders
- The audit of MAPPA meetings across the three local authority areas
- Carry out an agreed programme of quality assurance audits
- Examine and action any recommendations from reviews of practice and self-evaluation
- Continued effort to increase the usage of the ViSOR database by all relevant agencies

The last annual report indicated that there were 364 Registered Sex Offenders managed in the community in Tayside, an increase of 3 offenders on the previous year. Of these, 131 (36%) were subject to a statutory supervision order with Community Justice Social Work and managed jointly with Police Scotland Offender Management officers. The number of offenders managed in Perth and Kinross was 111.

#### 5.1.4 The Alcohol & Drug Partnership

The Alcohol & Drug Partnership is a strategic group which oversees issues focusing on the use of Drugs & Alcohol within Perth & Kinross. Actives of the ADP include the governance around drugs and alcohol, the implementation of Government policies, implementation of local strategies and performance management, engaging with stakeholders and communicating with partners and the public.

The partnerships continues to develop a **Recovery Oriented System of Care (ROSC)**, the recovery pipeline has been produced to help individuals and their families with their recovery journeys, which helps to sign-post to community resources as well as complementary or stand-alone support.

The ADP has developed a workforce development plan to provide guidance regarding the level of skill/knowledge expected for the different roles of the pipeline, this work has been underpinned by the National Trauma Training

Framework and the ADP is working alongside the Scottish Government to support the development of a similar framework for Substance Use and Recovery.



A weekly “multi-agency assessment clinic” was established in 2018, the clinic is staffed by both statutory and third sector workers. The clinic is the first within Perth and Kinross with similar clinics opening in other parts of Perth & Kinross within 2019. The Social Work Drug & Alcohol Team is also working with Scottish prison Service staff to introduce a similar model within HMP Perth and Castle Huntly. These developments aim to improve outcomes for people and families in line with the Quality principles for Care and Support in Drug & Alcohol Services.

## 5.2 Criminal Justice Social Work

Leadership of criminal justice social work was integrated into Education and Children’s Services in April 2018 and now managed by the Depute Director (Education and Children’s Services) who is also the CSWO. The service includes two prison based social work teams contracted under a Service Level Agreement with the Scottish Prison Service (SPS) at HMP Castle Huntly (the national open estate) and HMP Perth; the Public Protection Team managing offenders within the community and the One Stop Women’s Learning Service (OWLS); coordination and support for the local Community Justice Partnership; and close links with community safety and unpaid work teams.

Criminal Justice Social Work continues to perform well against the national for:

- providing assessments and reports to court to assist sentencing decisions;
- supervising people on orders from the court to tackle and reduce offending behaviour and those who are required to perform unpaid, useful work for the benefit of the community;
- prison-based social work services to those serving custodial sentences and their families;
- preparing reports of the Parole Board to assist decisions about release from prison; and
- through care services including parole, supervised release and other prison aftercare orders to ensure public safety; and
- supporting those who have experienced crime and their families.

The overall trend for Perth and Kinross since 2007-08 is one of a decreasing and then stabilising rate of reconviction. The low reconviction rate for adult offenders against national comparators has been sustained in 2018/19. Key performance highlights include a prompt response to people within the justice system. Just under 75% of people who received a new Community Payback Order were seen by a social worker within 24 hours and 80% were seen within 5 working days.

The number of Community Payback Orders has decreased in Perth in Kinross over the last 3 years and this is in line with the national trend.

	1 April 16 to 31 March 17	1 April 17 to 31 March 18	1 April 18 to 31 March 19
Total number of new Community Payback Orders	465	391	346
Total number of individuals with new Community Payback Orders	359	336	301

The Criminal Justice Social Work Service remains focussed on improving outcomes for people in the justice system. Robust performance information is key to understanding how well interventions are managed and to support continuous improvement. The recent extension of the presumption against short term prison sentences from 3 months to 12 months is expected to result in an increased use of community sentences across Scotland. It is therefore anticipated that the recent trend of falling numbers of CPOs is likely to be reversed. A range of workforce planning scenarios have been developed by the Public Protection and Unpaid Work teams to ensure that they have sufficient capacity to manage any increase in CPO numbers. Recent analysis suggests that any rise will not have a significant impact on the overall numbers of CPOs managed in Perth and Kinross.

Perth and Kinross Council bid successfully along with Dundee City Council to obtain national funding to implement the Caledonian System which is a highly evaluated programme to tackle and reduce the incidence and impact of domestic violence. From April 2019 this will be operational and working alongside partners and the local courts, men, women and children will begin to benefit from a structured programme of support. Staff are seconded temporarily to train and provide the programme therefore building capacity across the service to learn from and sustain this good practice.

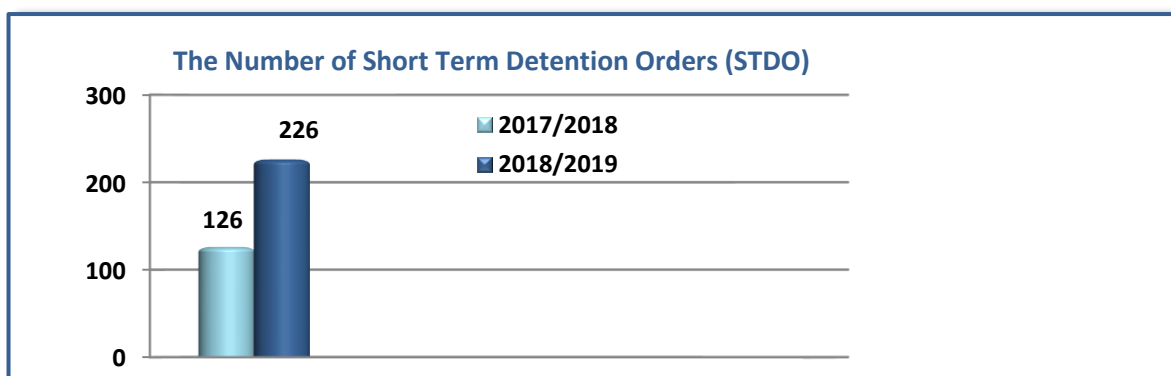
### 5.3 Mental Health

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

There has been a rise in the use of detention for people experiencing mental disorder in Tayside and it is acknowledged that the proportion of people with mental ill-health requiring in-patient treatment in NHS Tayside is higher than in other parts of Scotland. This places pressures on the MHO to meet their statutory responsibilities and fixed, defined timelines. There was a 47% increase from 2017/18 to 2018/19 in the number of assessments where detention was a consideration and a 17% increase in the number of Emergency Detention Certificates.

The number of **Short Term Detention Orders (STDO)** over the period has risen from 126 to 226 (a 79% increase) and this has had a resulting increase in the number of Social Circumstance Reports completed. The MHO team has achieved 100% completion rate for Social Circumstance Reports within the 21-day timeframe, compared to the National average of 36%.

In 2018/2019, 83 people moved to a **Compulsory Treatment Order** which is up 24% from 2017/2018.

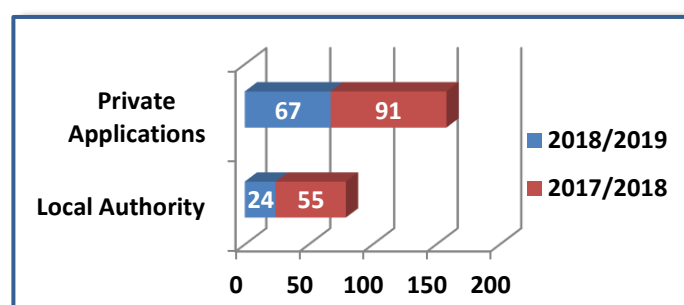




### 5.3.1 Welfare Guardianships (Adults with Incapacity)

In the Adults with Incapacity (Scotland) Act 2000 (the Act), welfare guardianship provides the means to protect people who lack capacity to make particular decisions or take particular actions for themselves. The local authority functions under the Act are through the CSWO to act as the welfare guardian in respect of an adult where necessary to supervise the private welfare guardian in the exercise of their functions; to make an application for welfare (and financial) guardianship where necessary and appropriate; to provide mental health officer reports to accompany application on the general appropriateness of the order and the suitability of the proposed guardian; to visit the adult and guardian within the first 3 months of an order being granted.

There has been a sharp drop 37% in the number of Welfare Guardianship applications in 2018/19 against a general increase of 5% per annum over the last few years.



Section 13 ZA of the Social Work Scotland Act was commenced in 2007 and last year we experienced a 69% increase in its use as the legal framework to provide support and care for someone who has lost the capacity to make informed decisions and when there is no guardianship in place. The reasons for this shift is that services are getting better at identifying incapacity at a much earlier stage and are able to better inform people of the benefits to Welfare Guardianship as a legal means for them to safeguard their relatives.

The increased use of 13Za is evidence of how complex decisions to safeguard adults without capacity within a multi-agency context. The Mental Health Officer team (MHO) is able to respond promptly to all requests for Local Authority applications or Private Welfare Guardianships without any waiting lists.

## 5.4 Health and Social Care Partnership

Social work and Social Care for adults is delegated to the Perth and Kinross Integration Joint Board (IJB) and delivered via the Health and Social care Partnership (HSCP). The HSCP is responsible for co-ordinating delivery of health & social care services and shifting the balance of care from acute and hospital care to community support through more responsive and sustainable models. The aim is to make sure that services and supports are tailored to meet the particular needs of individuals and local communities, to enable people to lead, happy, healthy and independent lives and to deliver on 9 Health and Wellbeing Outcomes (see Appendix 1). On average, each week in Perth and Kinross....

More than 1200 people over 65 are provided with

12000 hours of care to support them living at home.

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

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

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



The 2016/2019 Strategic Commissioning Plan emphasised the HSCP's ambition to design, deliver and arrange services that supported people to live safely and independently at home for as long as possible and to reduce ill health and address health and social inequalities. A new 2020/25 Strategic Commissioning Plan has been prepared to take account of local developments and to take forward areas for improvement identified by the Joint Inspection of Services for Adults in Perth and Kinross which was published in August 2019.

The Ministerial Strategic Group for Health and Community Care (MSG) agreed a suite of indicators to be used by IJBs to measure progress via integration. A table of local performance over the last three years which shows that 4 out of 5 available MSG indicators are moving in the right direction. The exception is A & E attendance which has gone up by just over 1% from 2017/18 to 2018/19 although this is not translated into an increase in emergency hospital admissions. The number of emergency bed days required has gone down by 7% since 2016/17 and performance this year is better than the Scottish average, demonstrating the success of efforts to support people to return home as soon as they are well enough to leave hospital.

MSG Indicator	MSG Description	Perth and Kinross 2016/17	Perth and Kinross 2017/18	Perth and Kinross 2018/19	Movement in our performance last year
1a	Emergency Admissions	15,128	15,021	14,592	↓ 429 (2.9%)
1b	Unscheduled Hospital Bed Days	111,324	102,451	96,867	↓ 5,584 (5.7%)
1c	A&E Attendances	31,825	32,506	32,888	↑ 382 (1.17%)
4.1	Delayed Discharge Bed Days*	19,176	16,785	14,203	↓ 2,582 (18.17%)
5.1	Proportion of last 6 months of life spent at home or in a community setting	88.27%	89.64%	89.68%	↑ 0.04%
6.1	Percentage of population at home unsupported	97.97%	98.00%	Not yet available**	Not yet available

ID	Indicator	2015/16 Perth and Kinross	2016/17 Perth and Kinross	2017/18 Perth and Kinross	2018/19 Perth and Kinross	What is our trend over last four years	Scotland 2018/19	How we compared to Scotland
NI 06	% of people with positive experience of care at their GP practice. (Source: HACE)*	91%	n/a	88%	n/a	↓ 3%	83%	5% better
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. (Source: HACE)*	84%	n/a	81%	n/a	↓ 3%	80%	1% better
NI 08	% of carers who feel supported to continue in their caring role (Source: HACE)*	40%	n/a	41%	n/a	↑ 1%	37%	4% better
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population**	1,005	866	658	598	↓ 407 (40.5%)	793	32% better
ISD	Number of bed days lost to delayed discharge (excluding complex cases)	17,029	15,429	15,078	11,446	↓ 5,583 (32.7%)	n/a	n/a
ISD	Number of people delayed in hospital for more than 14 days	191	198	239	157	↓ 34 (17.8%)	n/a	n/a

**Notes on Performance Indicators:**

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

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


The Perth and Kinross Adult Social Work Survey for 2018/19 was sent out to a sample of 1000 service users across the three localities. The majority of people who replied indicated that the services they received was of a high quality, reliable and supported them effectively. Importantly 95% of people reported that they were being treated with compassion and understanding.


Overall satisfaction with the services provided increased slightly to 89% from a figure of 88.2% the previous year. However, focussed attention is needed in order to improve the extent to which people are able to be part of their local community. The results of this survey will inform the Health and Social Care Partnerships Strategic Plan in order to improve community connectedness.

### Perth and Kinross Adult Social Work Survey 2018/19

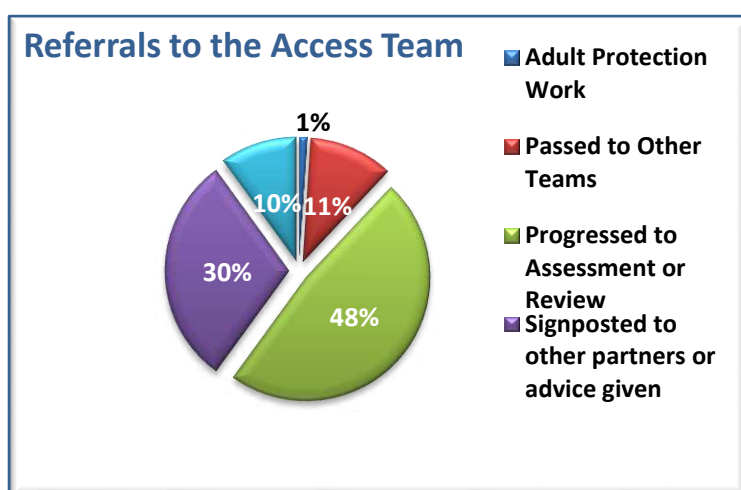
Perth and Kinross Social Care Survey Results	2016/17	2017/18	2018/19	Difference compared to previous year
I received a <b>high-quality</b> service	89.7%	91.1%	89%	↓ 2.1%
I can <b>rely on the services</b> I receive	86.8%	85.7%	88%	↑ 2.3%
I am supported to <b>live as independently</b> as possible	89.9%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

 Performance has remained the same or is better than the previous year.

 Performance has declined compared to the previous year, difference is less than 3%.

 Performance has declined compared to the previous year, difference is more than 3%.

## 5.4.1 Access Team



The Access Team is the first point of contact for all adult social work and social care enquiries. A streamlined duty process has enabled the team to respond to increasing demand more effectively. The team experienced an increase of 10% in new referrals from 2017/18 to 2018/19. Analysis of referrals shows that just under half required assessment. One in ten referrals related to a Vulnerable Person Report from Police Scotland and 1%

of all work required adult protection response. The Access Team has managed to retain an effective, high quality service despite increased demand. They have focused on team development, upskilling staff and maintaining a broad skill level in the team. During 2018/19 a Mental Health Nurse Practitioner was appointed to complement the expertise within the Access team to respond holistically to people with mental health needs in line with the Mental Health and Wellbeing Strategy.

Over 2018/19 Carer Support Workers were part of the Access Team and were key contributors to the rolling out of the duties of the Carers (Scotland) Act 2016 and our local pathway.

#### **Good Practice: Carer Support Plan**

A joint piece of work was undertaken with a Carer Support Worker from PKAVS and Community Care Assistant from the Access Team to complete an Adult Carer Support Plan. The plan needed to address sensitively cultural issues in relation to caring within a minority ethnic community. The carer was in need of respite and staff worked jointly to devise a care package under Self Directed Support (SDS) Option 1 which has provided much needed respite for the carer and met the expectations of the cared for person.

The Access Team is the largest referrer to the Social Prescribing service and now Social Prescribers work closely with the Access Team and are included in the duty rota. This has helped to find creative ideas and solutions to reduce the reliance on statutory services.

### **5.4.2 Home Assessment and Recovery Team and Discharge Hub**

The transformation of the Reablement service to the Home Assessment and Recovery Team (HART) takes a step forward in the aim to support people to retain as much independence as possible. A key outcome is the number of people who are able to live independently and safely at home. The number of people requiring no further support after reablement is down slightly by 4% from last year. 43% of people in receipt of reablement via HART were able to re-establish independence over 2018/19

The number of bed days lost due to patients waiting for a care at home package has dramatically reduced. Over the last 12 months the average time spent as a delay in hospital reduced from 13 days to 7 days.

At a time of great challenge in social care recruitment the team received 114 applications and recruited 38 staff. Induction and training for new staff has helped retain staff and develop confident carers. HART was inspected by the Care Inspectorate over the last year and awarded in Very Good gradings for both Quality of Care and Support and Staffing. People using the service reported that they were respected as individuals and treated with dignity and respect. They were positive about the encouragement they receive to have control over their own support and to be as independent as possible

The introduction of a Community Support Officer has meant that it is possible to have more regular review of progress from hospital to homes and to be more responsive to changing circumstances. A Project Lead is taking forward a Total Mobile solution to improve working practices and efficiency in ways which can also support carer consistency.

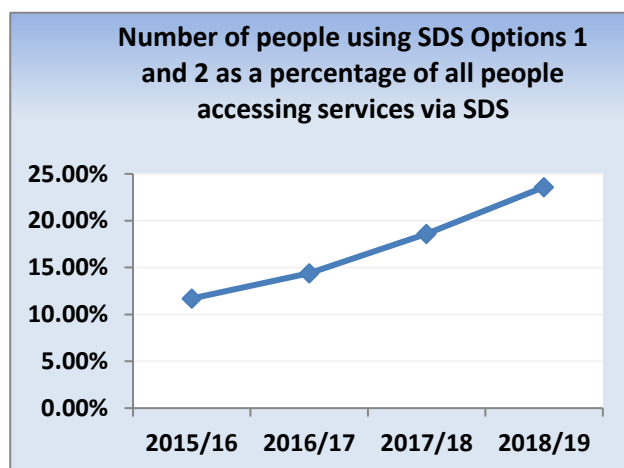
There has been a renewed focus on quality of care delivered by the HART team through a 7-day review and gathering feedback from service users. The survey reflects the key principles within the Health and Social Care Standards and 124 respondents in 2018/19 provided the following feedback:

- **99%** agreed they were treated with dignity and respect (Dignity and Respect)
- **99%** agreed that members of staff ask and care about how you feel (Compassion)
- **95%** of staff agreed that staff ask about how people wanted support delivered (Included)

- **98%** agreed that staff are flexible in their approach and listen to changing needs (Responsive Care and Support)
- **97%** agreed they were encouraged to reach their full potential (Wellbeing)

### 5.4.3 Self Directed Support

There has been a continuous and strong upward trend in the numbers of people accessing SDS Options 1 and 2 as a percent of all people accessing services via Self Directed Support. Over the last four years figures for SDS Options 1 and 2 has doubled from 11.9% in 2015/16 to 23.6% in 2018/19.



Over the next year there will be a greater focus on raising awareness of the opportunities provided by SDS. Outside the Box and the local Care and Wellbeing Co-op received Scottish Government SDS Innovations funding to develop new community based approaches to supporting people with support needs in Highland Perthshire.

Learning Disability Services have embraced the SDS approach to give more choice, flexibility and control over how care is provided, which supports people to live an independent and fulfilling life in their community. This has proven to be of significant benefit to 101 people aged 18 – 68 years in 2018/19 to access day opportunities.

### 5.4.4 Technology Enabled Care

Technology Enabled Care (TEC) aims to increase people's choice and control over the support that is offered and enable individuals to self-manage their own health and wellbeing, allowing them to stay safe and independent for longer.

Over 2018/19 the steady increase in the implementation of TEC products into people's homes has continued and the number of people with Telecare equipment installed increased from 1416 in 2017/18 to 1558 in 2018/19. The number of Community Alarm users has increased by 31% over the last 2 years from 2864 in 2016/17 to 3771 in 2018/19.

Although this is a positive picture, more needs to be done to make TEC the cornerstone of the approach to keeping people at home safely for longer. The HSCOP is currently developing a comprehensive TEC strategy and planning to invest more in our TEC to ensure local citizens can achieve the maximum benefit from it.

During 2018/19 the TEC Team delivered the digital pilot participating in the Scottish Government analogue to digital changeover. The Digital Inclusion project working with LEAD Scotland brought the My Home Reach app to almost 80 people in Perth & Kinross. This project focused on reducing social isolation and teaching skills and confidence with technology through the loan of Samsung tablets.

## COMMUNITY ALARM SURVEY

**Technology Enabled Care aims to increase people's choice and control over the support that is offered and can enable individuals to self-manage their own health and wellbeing, allowing them to stay safe and independent for longer.**

**A Community Alarm Survey was carried out during 2018/19 to assess people's views on the services provided. Key findings included:**

2018/19 Survey	2017/18 Survey
<ul style="list-style-type: none"> <li>• <b>99%</b> said they felt safer with the Community Alarm Installed</li> <li>• <b>100%</b> said the Community Alarm service meets their needs</li> <li>• <b>100%</b> of responders are happy with the service</li> </ul>	<ul style="list-style-type: none"> <li>• <b>92.1%</b> said they felt safer with the Community Alarm installed</li> <li>• <b>100%</b> said the Community Alarms service supports them to live as independently as possible</li> <li>• <b>92%</b> rated the service as Very Good or Good</li> </ul>

### Good Practice: TEC and Dementia

Mrs R was an older woman living with dementia had been found outside her home late at night. An *I-care* assessment was used to gain an accurate picture of her sleep pattern. The family were consulted and given a link to the *I-care* dashboard. The data helped in deciding the best course of action for the Mrs R giving the family peace of mind and the opportunity to use technology to support Mrs R from a distance.

## 5.4.5 Learning & Disabilities Team

The transitions team works with young people and their families to help them negotiate the transition from children's services to adulthood. This work takes as long as necessary to ensure they have the correct support to meet their outcomes. Young people will only move on from the transition team when their support is stable. Young people continue to be supported at home, attend college, day opportunities and community-based resources such as Lost in Transition (Walled Garden).



### Supporting young people through transition, during 2018/19:

**16** young people were supported by the transition team to move on from school into adult life.

**3** young people were supported into the new Ochil Tower young person provision, which has been designed to cater for young people up to the age of 21.

**17** young people were supported with planning to leave school in June 2019. A small number of young people have been identified as requiring tenancy support with the ability to share.

Future transition work for the team include 17 young people due to leave school in 2020 and a further 14 identified as due to leave school in 2021.

During 2019/20 the transitions team will work alongside housing services to identify future housing needs, and the commissioning team around future provision and planning.

#### Good Practice: Transitions

*Y has physical disabilities and uses a manual wheelchair. They need physiotherapy, daily use of a tilt table and blocks of hydrotherapy. The challenge was to support this level of support for Y during transition and into college. A link course during Y's final year at school gave them time to adjust to the new environment and given Y confidence. Y also worked in the school Café; joined a local singing group and attended a 3 day event: 'My Rights: Independent living, activism and participation'. Y has gained confidence focussing on the future with encouragement from school; her parents and input from the transition team.*

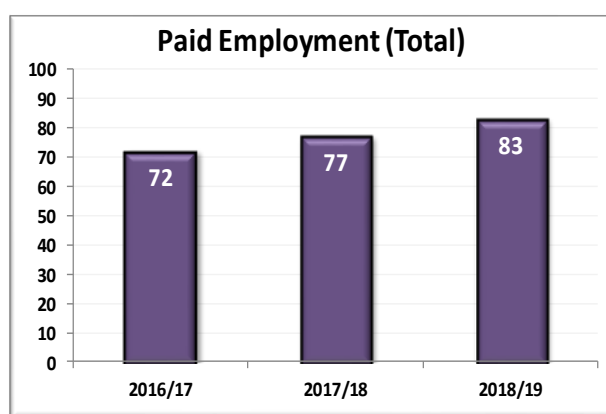
Perth and Kinross is experiencing an increasing number of people living with complex needs. This is in part a result of people living longer with complex needs, an overall increase in complexity that can be managed in the home and some evidence of inward migration. Working closely with housing services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

### 5.4.6 Employee Support

The Employment Support Team (EST) offers employability related support to people facing additional challenges to prepare for, find and maintain employment. People aged 16+ who have additional challenges as a result of mental ill-health, learning disability, autistic spectrum condition or those affected by drugs and alcohol are able to access the service.

The number of individuals supported into and to sustain paid employment has risen steadily. The team is now accredited to deliver sustained supported employment. Learning Disability clients make up just under 50% of people supported into paid employment and 67% of people in Voluntary Employment or Work Experience. EST offers additional support to people with Learning Disabilities to prepare for employment.

Transition from school to employment can be challenging for any student, particularly



so when facing barriers such as illness or disability. Work experience for school students is extremely valuable and provides a sense of what it's like to do a job in a real work setting.

**Good Practice: Work experience for Fairview pupils**

The Employment Support Team worked in collaboration with Fairview School to provide 6 day work experience as recycling operatives on the Green2Go project. The pupils are likely to require support from adult services after leaving school and early support to help them achieve their employability goals before leaving was extremely beneficial. School staff commented *"It was a fantastic chance to provide pupils with life skills experience and transference of skills into new settings but also to offer them the opportunity to try in a safe environment what it would be like to work in a more realistic setting."* Young people also commented positively stating that they would like to work for the Council and be outdoors when they leave school.

### 5.4.7 Employability Network

EST leads and coordinates the Perth and Kinross Employability Network through Network meetings, a website and social media platforms. This is enhancing partnership working and the Network's objective is to seek to improve employability services for young people and adults with additional challenges and barriers to work (disabilities, illness or a history of offending). The Network provides a wide range of supports, opportunities, and volunteering or work experience placements to help people achieve their personal goals/outcomes. New initiatives such as Working Roots and Retails Roots offer a portfolio of opportunities to support people with significant barriers to work to develop skills relating to the horticulture and retail sectors. This is positive collaborative working with local retailers supporting individuals to achieve their employability outcomes and matching the workforce requirements of local businesses.

The total number of people benefiting from the network in 2018/19 was 3,860, an increase on 2,133 last year. The number of employers engaged in the network has increased by 5% over the last year with 593 employers compared to 569 employers in the previous year. Feedback from a 2018/19 performance review highlighted that 100% of members are either Satisfied (38%) or Very Satisfied (62%) with the role and functions of the Employability Network.

### 5.4.8 Social Prescribing

Social Prescribing is a strength-based approach which helps people to build confidence and take control of their own health and wellbeing. The current model of social prescribing (implemented 2018) enables Social Prescribers who are aligned to GP practices to build relationships with other professionals and expand their knowledge base of community supports. Over the year there were over 600 referrals. Social Prescribers signpost to and offer support to people to access and use community activities with the aim of improving their health and wellbeing. This avoids the need for medication or statutory intervention. It is recognised that reporting on outcomes for social prescribing is a challenge. Over the next year current data will be analysed and plans developed to focus more on qualitative information and outcomes.

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

*'I wanted to let you know that thanks to your help my outlook has improved recently. A has been to Parkdale twice and has had three outings with Crossroads. I am hoping that she visits Parkdale again this*



*Friday. I have visited Strathearn Campus three times and I feel lucky that membership was suggested and made available to me. Thank you' (Carer)*

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

*'This is a great example of diversion from statutory services. It will be interesting to see how the case progresses, but clearly your input so far has been of great benefit to C in terms of widening and strengthening her social networks, and this will be the case whether she comes back into statutory or not. Thank you for your support and the feedback'. (Locality Team Leader)*

#### **Good Practice: Social Prescribing**

A Social Prescriber based in Blairgowrie covers the Strathmore area of the North Locality. Co-creating solutions with individual people is helping to meet outcomes and provide a choice of accessible and personalised support networks within the local community. 135 referrals were received from June 2018 to April 2019. Gaps in group provision have been identified and staff, Third Sector providers and the community to are plugging the gaps. The Social Prescriber holds open sessions within three GP Practices enabling them to signpost directly and support people through greater choice of easily accessible, personalised and local supports.

## **Suicide Prevention**

A comprehensive suicide prevention programme is in operation, including introductory level Scotland's Mental Health First Aid, Suicide Intervention and Prevention Programme, safeTALK; and more specialist level Applied Suicide Intervention Skills Training and Safety Plan Training. Partners work together to run awareness raising campaigns training, projects for people affected by suicidal feelings, as well targeting initiatives such as the Tayside Suicide Multi-Agency Review Group and Bereaved by Suicide Support.

Promotion of Suicide Prevention Week helps to raise awareness of suicide and mental health and wellbeing providing access to resources including a website and support services that are available to everyone, and most importantly what they can do to keep people safe from suicide.

We recognise the importance of having informed Communities and that raising awareness of mental health issues is a priority to support early intervention and prevention. 309 people have been trained on Mental Health First Aid (Adults and Young people), courses were open to everyone and targeted widely to public and professionals. People who attended the training varied including staff from NHS and Local Authorities including Housing and Education and Children Services and voluntary organisations. Participants were asked what they thought they had gained from attending SMHFA training. The majority of participants reported an increase in their knowledge, skills and confidence in talking about and supporting people with their mental health, including recognising and responding to suicidal thoughts.

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

#### **Good Practice: Tayside Suicide App**

The Tayside Suicide Help App was used by 4,100 people during 2018/19. The App enables people to look after and improve their own health and wellbeing. There has been considerable positive feedback on the app, with comments such as:

*"...very straight forward and full of useful information for both the supported and the supporter."*

*"acknowledges the seriousness of suicide and helps to manage the risk, but also provides reassurance."*

*"opens up communication and raises awareness to user/supporter/wider community"*

*"The Safety Plan is a "practical tool which can be flexible and updated, and act as a prompt and "gives control back to the individual."*

### **5.4.9 The Carers (Scotland) Act 2016**

The Act was implemented on 1 April 2018 seeking to improve the rights of carers and to reduce the adverse impact on the health and wellbeing of carers as a result of their caring responsibilities.

During 2018/19 key activities focused on meeting new legislative duties and to ensure that the way in which this was implemented met the needs of carers. Key activities included:

- Consultation with Carers and the development of a draft Carers Strategy
- Included Carers in the development of the "Adult Carer Eligibility Criteria Framework" and the "Short Breaks Services Statement"
- Recruited three carer support workers and investment in a telephone support service for Carers
- Invested in technology to support carers

The number of referrals received during 2018/19 across the Health and Social Care Partnership and PKAVS was 1,228. 864 Adult Care Support Plans were completed. The HSCP commissioned a carer telephone service to provide advice and personal support to carers. 3,901 people used the service during the year.

#### **Carers Consultation – Listening to Carers**

The development of the Carers Strategy was undertaken through engagement and consultation with carers and professionals that support them. 324 people across Perth & Kinross were able to provide their views to the first consultation and 35 provided views to the follow-up consultation. These gave us valuable opinions and insight to develop our new strategy and include what matters to them.

Results highlighted that people wanted information about the range of support available and the short breaks they could access and also wanted to receive this information via emails, letters or leaflets. Also highlighted in the results people prefer to find information leaflets about carer support at supermarkets, local convenience stores, GP surgeries/hospital, libraries and local chemists/pharmacies.

Key themes that came out of the consultation from Carers included:



Using the key themes emerging from the consultation including the above mentioned, staff have worked closely to shape commitments that they would like us to undertake and helped to develop our new Carers strategy. A revised carers strategy for carers of all ages will be published in November 2019/20.

## **5.5 Services for Children, Young People & Families**

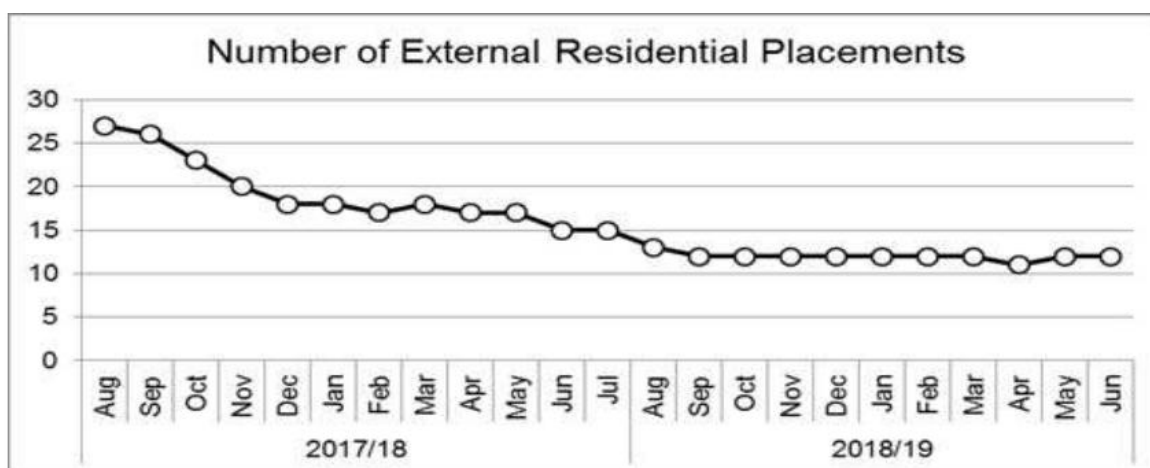
### **5.5.1 Looked After Children**

The Scottish Government looked after statistics are collected on 31 July every year. At 31 July 2019, there were 282 looked after children and young people. 76% were looked after away from home. These figures are very similar to the 2018 figures of 280 and 75% respectively and show that the previous trend of increasing numbers of children becoming looked after away from home has plateaued.

Over the year 369 children and young people were looked after at some point (either at home or accommodated away from home). 92 children and young people ceased to be looked after and 68% remained or returned home to their biological parents.

The balance of care remains high, at 31 July 2019, 96% of children and young people were looked after in the community. In 2017/18 the LGBF noted that Perth and Kinross Council at 94% had the greatest proportion of children looked after in the community across all local authorities. This performance has been achieved as a result of a transformation programme to reduce reliance on residential care and the expansion of family based care options. This included the closure of the Council's only residential unit for children and young people in November 2018. At the same time there has been a clear strategy to reduce the number of children placed in external independent placements.

The number of external residential placements has reduced over the last 2 years from 27 on 31 July 2017 to 11 on 31 July 2019. This is due to a concerted effort to return young people to community placements and improved monitoring of decision-making for young people. The establishment of REACH has ensured a more intensive approach to avoid the need for young people to become accommodated and has been instrumental in keeping young people out of care.

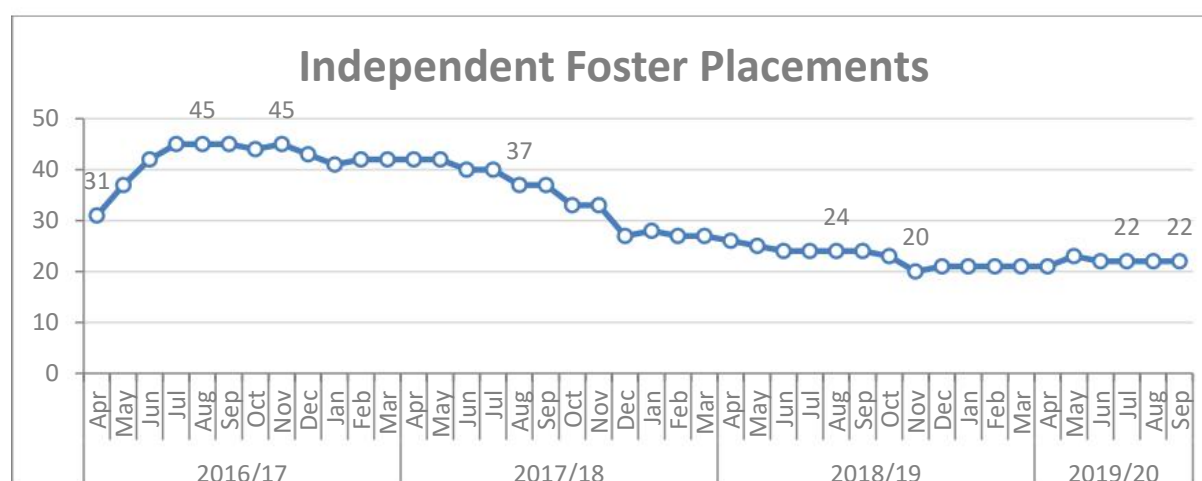


As part of the Review and Remodelling of Residential Care Transformation Project, the REACH team was established in January 2019 to provide a 'one stop', multi-disciplinary response to the needs of young people aged 12-18 years and to their families across Perth and Kinross. The primary focus for REACH is to offer intensive and flexible support and help improve outcomes for young people who are looked after or who are at risk of becoming accommodated and are therefore "on the edge of care". The REACH team has been trained in Whole Systems Approach ethos, values, adversity and solutions focused model. The REACH team is also trained in a range of Risk Assessment and Risk Management approaches (e.g. START:AV, CARM etc.) to support consistent thresholds and containment or mitigation of risk.

The Centre for Youth and Criminal Justice (CYCJ) has recently published a case study focusing on the good practice of speech and language therapy in REACH.

<https://www.cycj.org.uk/wp-content/uploads/2019/05/3-REACH-Case-Study.pdf>

The number of children placed in external independent foster placements has halved over the last 3 years from 45 on 31 July 2016 to 22 on 31 July 2019.



The expansion of Family Based Care Transformation Project has enjoyed continued success, and over the last year an additional six sets of carers were recruited in line with the target set. This means that the capacity to provide looked after children with high quality local foster placements is continuing to increase.

Over the year there were 45 enquiries about fostering within the year and a further 8 are currently undergoing assessment. Our 24% conversion rate (from enquiry to applicant

carer) is better than the national conversion average of 7% (Care Inspectorate, 2019). Where nationally 42% of applications become approved carer households, almost 2/3 (63%) of our applicants become approved foster carers.

A survey of foster carers was carried out to understand their experience of fostering with Perth and Kinross Council and 24 foster carers responded. The results show that:

- **85% felt valued** by the Family Based Care Team, with 72% expressing that they felt treated as an equal partner.  
This compares favourably to a UK-wide survey conducted by the Fostering Network (A State of the Nation's Foster Care Summary Report 2019) in which 79% of respondents stated that they felt treated as valued member of the team around the child and 58% felt treated as an equal partner by children's social workers.
- **88%** agreed or strongly agreed that they received **appropriate advice, guidance and supervision**; and the practical and emotional support that they need.  
This compares favourably to the Fostering Network Survey in which 70% of foster carers rate the support from their supervising social worker as good or excellent.
- **93%** report that they are informed about training opportunities, with 67% considering these to be wide ranging.

*"My supervising social worker knows us very well and knows our strengths and weaknesses"*

*"I feel the fact the team knows us so well enables good matches to be made"*

*"I most definitely feel a relevant person with the FBCT (family-based care team) and senior management. I feel that the FBCT are all very approachable if I need advice or support and very much treat me as an equal..."*

#### **Good Practice: Family Change Consultation service**

Over the last year we have provided 123 consultations for social workers, education and health colleagues, families and carers. Evaluations refer to the value of a space for carers to "offload and feel listened to" as well as the role that Family Change plays in enhancing carers' understanding of children's emotional difficulties. Through consultation we are able to offer specific practical tools and advice about ways to respond to children in distress. By supporting social workers to undertake direct work with children we are able to help more children to access a service in a timely manner. This is particularly relevant when the child's needs are less complex (so that longer term therapy is not necessarily required) and when the social worker has a strong, established relationship with the child. Feedback shows that staff gain "better understanding and confidence in undertaking direct work with young people" and that this process supports "a better understanding and assessment of the young person" (social worker).

The Family Focus team is responsible for arranging and providing high quality contact between children who are looked after and their families. This enables children and parents to have high quality time with each other when children are looked after outside of the family home. The team aims to provide child-friendly spaces, local to the child and accessible by the parents. Strong links with families increases the chances of a successful return home or kinship care. Over 2000 contact sessions were supported over the last year.

The Kinship Care Team has carried out 56 kinship assessments over the year of which 14 related to children requiring permanent care. 91% of all assessments were carried out within agreed timescales. A multi-agency kinship care workshop engaged staff and kinship carers

in understanding what works best in supporting kinship carers. Kinship carers reported feeling supported and assisted to understand legal processes. Kinship carers identified areas for further development including support to have strategies around contact between children and parents, training on life story work and the impact of trauma on children, as well as a need for more support in the transition from foster care to kinship care.

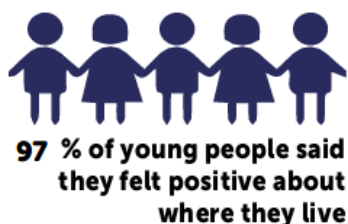
The Adoption team has adopted new approaches to the linking and matching of children and adopters. The transition process for children moving from temporary care to their adoptive families has been strengthened through good use of Exchange and Activity Days. Exchange Days give adopters the opportunity to meet with social workers, foster carers and agencies from all over Scotland to talk about specific children. Profiles, pictures and videos are shared and Adoption Activity Days are organised around a fun event with plenty of activities and support to give prospective adopters the opportunity to meet children. Meeting children for “real” gives a much greater sense of who they are and provides a much more reliable basis for exploring potential match further.

In line with current research, the transition process for children has been strengthened and lengthened to include chemistry meets and meet-ups as appropriate with their prospective adopters. Very positive feedback has been received from other local authorities and adoption agencies and we have been asked to share local guidance with other local authorities via the Adoption and Fostering Alliance Scotland and present to a national conference “Moving to Adoption” in March 2019 about this.

Working alongside the Council’s legal services, we have established a 100% record of seeking and obtaining Interim Orders in court allowing children to move to their prospective adoptive families before the legal process (POAA and Adoption Order) have run their course, thus ensuring children are placed within their permanent families as quickly as possible. The benefits of this are well researched and our practice in this regard is unique in Scotland.

## 5.5.2 Advocacy

Services for children, young people and families has sought to improve the ways in which the views of children and young people are sought and heard at important decision-making points in a child’s life. The service invested in the online application Mind of My Own in 2017 and this continues to provide an effective way in which young people engage in key process and as a communication tool with their social workers. In 2018/19 the application was expanded to include younger children and children with additional support needs. The key messages are that children who are looked after or for whom there has been concerns that they are at risk of abuse are telling us that they feel positive about where they were living at the point they provided their views. In addition, they have a confidential mechanism that they trust to pass on their individual opinions and concerns so that these are taken into account at an early point.



This year has seen the continued roll out the [\*Mind Of My Own\*](#) (MOMO) App, enabling increasing numbers of young people to have their views presented at various key meetings; by February 2019 104 young people had MOMO accounts.

**242 statements sent: 134 were sent through young people’s accounts and 108 through worker accounts**



## What young people are telling us....

The TOP 3 things that are good in their lives are:

Where I live  
My friends  
My school/college



Things they feel are not so good in their lives are:

My school/college  
My friends  
My family



Top 3 things young people are telling us about:

Prepare for meeting  
My worker is visiting  
Foster care review



### 5.5.3 Aftercare Services

At 31 July 2019, 169 young people were eligible for aftercare support. The Children and Young People (Scotland) Act 2014 introduced a duty to provide aftercare support to young adults who had previously been in care up to the age of 26. This means that the total number of young adults entitled to aftercare support has increased annually since 2016 and it has become more challenging to remain in touch with young adults in their mid-20s. Nevertheless 85% of eligible young people have remained in touch with aftercare services over the last year which is a slight improvement from 84% in 2017/18.

The Throughcare and Aftercare Team meets our statutory obligations to young people aged between 15 and 26 years who have experience of care. Working in collaboration with a range of services to provide advice, guidance, assistance or protection to ensure the young person's continued wellbeing. Team members work closely with a wide variety of agencies and services, for example Housing, Health, Education, Mental Health, COSLA, Counselling, DWP, Adult Care, Youth Services, Police, Scottish Guardianship etc. in order to best meet the needs of our young people. The team is based in @scottstreet in Perth and covers all areas of Perth and Kinross. The team retains links wherever possible with young people who have left care and will provide support for young people throughout the UK where required. The team also supports referrals through COSLA in relation to providing support and accommodation for unaccompanied asylum seeking children under the age of 18 who are referred through the National Referral Mechanism (NRM), Dubs agreement or identified as being a victim of child trafficking.

### 5.5.4 Continuing Care

Continuing care provides an option for young people to remain in their care placement up to the age of 21. The number of young people in a continuing care placement has increased from 18 in 2017/18 to 21 in 2018/19. National statistics show that there were 208 young people in continuing care at 31 July 2018 and it can be concluded that Perth and Kinross is performing very well against other local authorities in achieving a high rate of continuing care placements.

### 5.5.5 Child Protection

The child protection statistics in section 5.1.2 demonstrate the level of activity carried out by Services for Children, Young People and Families social workers to investigate, assess and manage situations where children are at risk of abuse. Although child protection is a multi-agency activity, the children's social work service is the key agency which responds to concerns about children and has a statutory duty to investigate and protect children. Over the last year, teams carried out child protection investigations into 200 children resulting in a comprehensive assessment of risks for each child. The service also arranged, chaired and recorded initial and review case conferences and took the lead role for developing and implementing child protection plans for every child whose name has been placed on the register. Concerns around parental substance misuse, parental mental ill-health and

domestic abuse remain the most common reasons for a child's name to be placed on the Child Protection Register.

### 5.5.6 Services for young people

Services for young people aim to provide seamless care, support and intervention for young people 12-26 through youth work and holistic early intervention. Support young people deemed to be vulnerable or at risk to themselves or to others, or who may be offending and/or exhibiting sexually harmful behaviours is coordinated by a co-located service which also integrates the support for care experienced young people to ensure they receive all of the relevant services they need. Locality Youth Workers monitor and support commissioned local universal youth work services.

Youth Participation Workers are engaging young people to have a voice and help influence and shape services for young people across Perth & Kinross. A Corporate Parenting Youth Worker takes a lead role for Corporate Parenting youth work. This includes supporting the development of the Fun Young Individuals Group (care experienced young people 12-25), facilitating the individual grants scheme for care experienced young people and liaising with corporate parents/service leads to work towards better outcomes for care experienced young people both locally and nationally.

#### **Good Practice: Fun Young Individuals (FYI)**

Fun Young Individuals is a group where care experienced young people are included, valued and help shape provision by attending targeted group work sessions. Some of their key achievements include,

- Young people completed Dynamic Youth Awards
- FYI were finalists in the National Youth Award
- FYI won the Provost's Special Award at the Perth and Kinross Council Designing the Futures
- 36 care experienced young people have engaged in Fun Young Individuals.
- Care experienced young people have produced the MILESTONES film and co-delivered a training workshop to over 1500 staff
- Care experienced young people have co-produced and co-delivered workshops on language and stigma

## 6. Quality of care and support: independent scrutiny

### 6.1 Care Services for adults

Overall, regulated care services in Perth and Kinross are providing high quality care to local people. In 2018/19, 87% of our care and care services for adults were rated good or better in Care Inspectorate Inspections and this is higher than the Scotland figure of 82%.

The Care Inspectorate has been implementing new inspection models which reflect the ambition of the national Health and Social Care standards published in April 2018 and focus on the experiences and outcomes for people who use services. Six care services managed by the Health and Social Care Partnership on behalf of the Council were inspected in 2018/19.



## Parkdale Care Home

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

*Parkdale Care Home was inspected under the new Care Homes Inspection Framework*

Grading awarded at the time of inspection	
<b>How well do we support people's wellbeing?</b>	<b>6 - Excellent</b>
1.1 People experience compassion, dignity and respect	6 - Excellent
1.2 People get the most out of life	6 - Excellent
1.3 People's health benefits from their care and support	6 - Excellent
<b>How well is our care and support planned?</b>	<b>6 – Excellent</b>
5.1 Assessment and care planning reflects people's planning needs and wishes	6 - Excellent
Requirements, Recommendations and Complaints	None

Of the other 5 services inspected, 10 quality themes were assessed for the quality of Care and Support, Environment, Staffing and Management and Leadership. 2 received Excellent and 8 received Very Good. No requirements or recommendations were made at the time of these inspections.

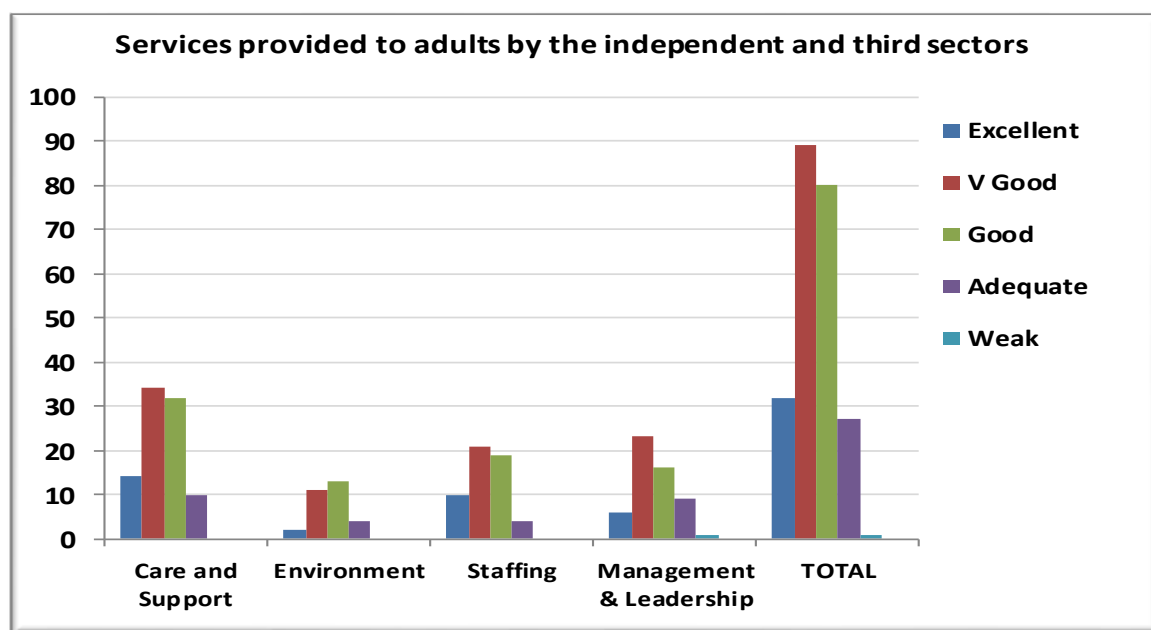
The overall assessment is that services continue to perform well and offer high quality care. The Care Inspectorate received positive feedback on all services from the people who used these services and their carers/relatives are also reported to be happy with the support they received. An analysis across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

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

## 6.2 Care services provided to adults by the independent and third sectors

75 inspections of care services within the independent sector were carried out by the Care Inspectorate during 2018/19. Services included Care Homes for Older People, Care at Home for Older People and Supported Living Services for people with Learning Disabilities and Mental Health. A total of 229 quality themes were assessed across quality of care and support, environment, staffing and management and leadership.

Details on grades awarded by Care Inspectorate are provided in the Chart below.



Across all the quality themes inspected for the quality of Care and Support the vast majority of gradings were good and above with very small numbers awarded a weak evaluation. No services received unsatisfactory grading.

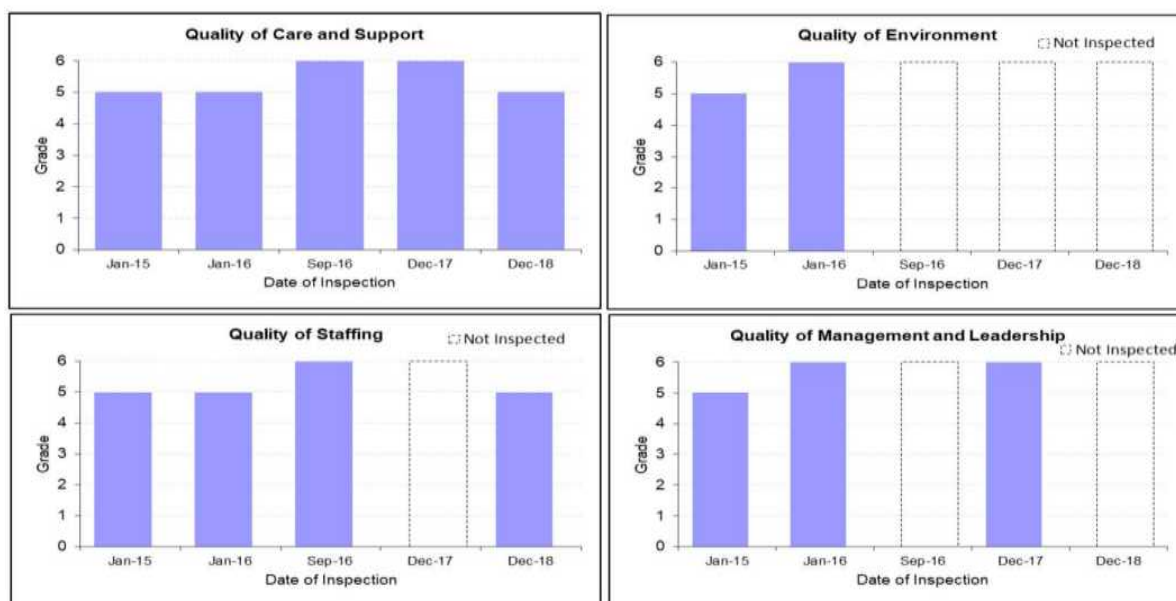
All services are committed to continuous improvement and have developed action plans in response to inspections including suggested areas for improvement by the Care Inspectorate and feedback from service users and relatives.

### 6.3 Care services for children and young people

Over the last year there have been reports published into two of the Council's care services for children and young people which demonstrate continued high quality of experiences for our young people who require housing support and residential respite due to complex needs and disabilities.

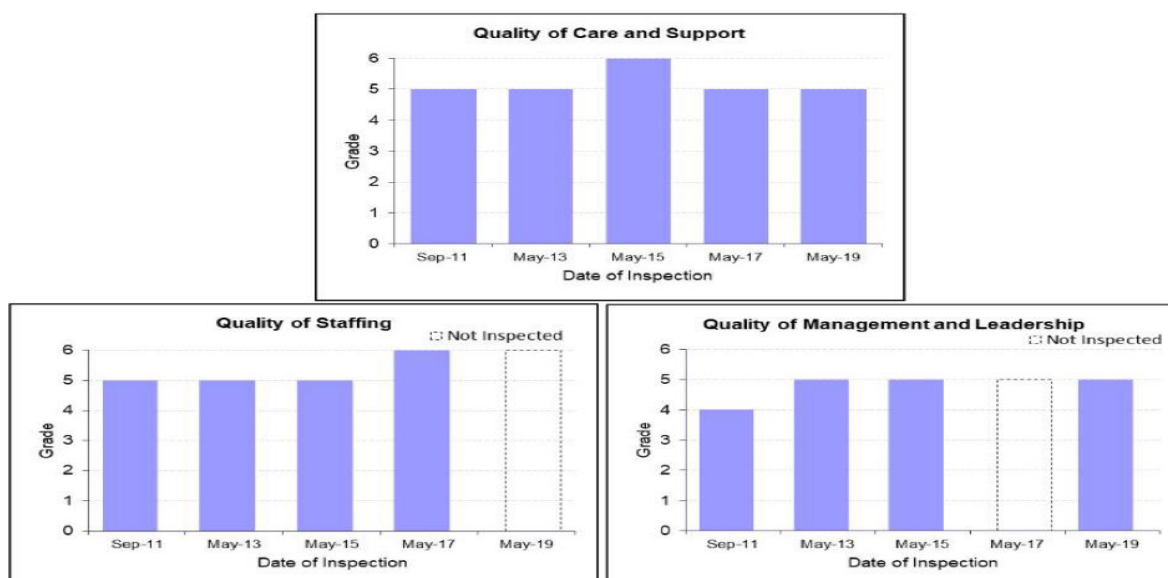
**Woodlea Cottage** is a care home service providing programmes and short breaks for up to five children aged from 7 to 18 with severe, complex and enduring needs arising from learning and physical disabilities. Staff also provide an outreach service to children and their families, though this is not part of the registered care service. The inspection found the Quality of Care and Support to be **Very Good** and the Quality of Staffing to be **Very Good**. The Quality of Environment and Quality of Management and Leadership were not inspected. Of particular note was that, despite the high level of maternity leave and some sickness, the service had made positive adjustments to protect the consistency of experience for young people.

### Woodlea Cottage Grading History



**Wellbank House** provides housing support to vulnerable young people aged between 16-24 years in order that they gain the skills necessary for independent living. The service can accommodate 10 young people. Staff also provide support to young people in satellite flats based in the community. The inspection found the Quality of Care and Support to be **Very Good** and the Quality of Management and Leadership to be **Very Good**. The Quality of Environment and Quality of Staffing were not inspected.

### Wellbank House Grading History



## 6.4 Complaints about social work services

Complaints are an important way of service users letting us know what they think about the services we deliver and are a key aspect of our quality assurance arrangements. We value what people tell us about our services by way of complaints and other customer feedback. Handling complaints effectively is an important part of good customer care. It demonstrates that services listen to the views of people who use those services and also helps identify areas for improvement.

As a result of changes in legislation the social work complaints procedure was updated from April 2017 and Complaint Review Committees are no longer part of the process. If someone is dissatisfied with a Stage 2 response they can now escalate their complaint directly to the Scottish Public Service Ombudsman.

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

### Stage 2 Complaints

	Number of Complaints			Number of Complaints Acknowledged on Target		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Adult Services	20	14	18	20	12	18
Children's Services	2	10	9	2	10	9
Total	22	24	27	22	22	27

During 2018/19, the majority of social work complaints were resolved at the first point of contact. 81 complaints relating to adult services and 41 complaints relating to children's services were resolved at the first point of contact.

The findings of complaints are shared with the relevant managers and across management teams to address any specific or cross-cutting issues, recommendations or improvement actions.

Key learning from complaints in 2018/19 relate to the importance of providing clear information about charging for services and the need to address delays in invoicing. The information given to service users has been improved and staff information sessions held to ensure a consistent approach.

## 7 Finance

The Council set a balanced budget for 2018/19 and the Annual Audit Report to the Members of Perth and Kinross Council for the year ended 31 March 2019 by KPMG concluded that the budget setting process was satisfactory and that processes demonstrate good financial management. There was an underspend of £2.5 million in health and social care at the year end with budget pressures identified for 2018/19.

To support financial sustainability, the Council identified savings requirements over five years from 2015 to 2020 in order to continue to deliver services as part of the medium term

financial plan. The 2015-20 transformation programme supports achievement of these savings through redesigning the way services are delivered to maximise efficiencies and support change.

The Council has made strenuous efforts to protect social work services and to preserve a high level of care and support for its citizens.

Adult social work and social care	2016/17* £m	2017/18* £m	2018/19 £m
<b>Net Expenditure</b>	58.39	52.27	52.21

\* this figure includes information for Criminal Justice Services up until 2018/19.

Services for Children, Young People & Families	2016/17 £m	2017/18 £m	2018/19 £m
<b>Net Expenditure</b>	17.22	18.26	18.07

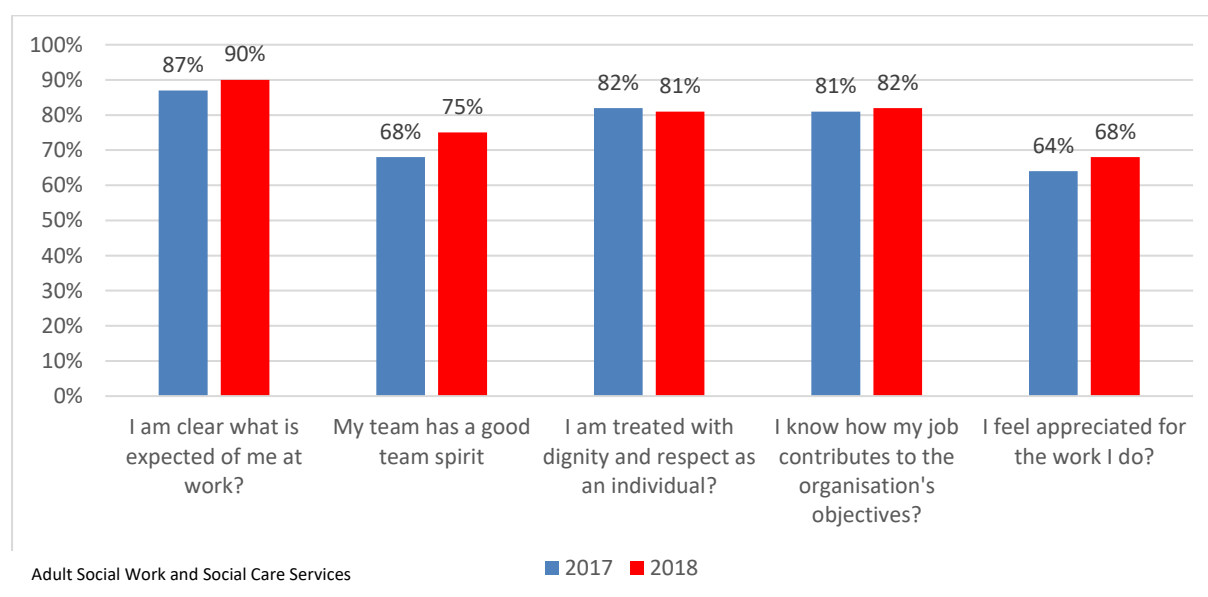
Criminal Justice Services**	2018/19 £m
<b>Net Recurring Expenditure</b>	2.154

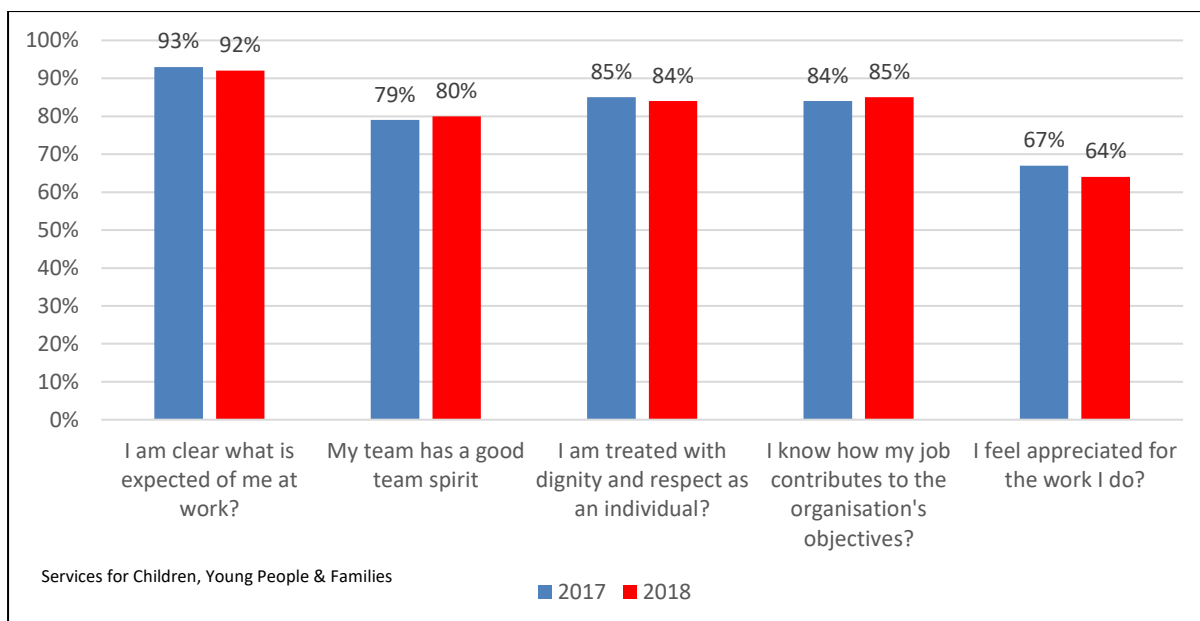
\*\*Criminal Justice Services are funded via Scottish Government Grant.

## 8 Workforce

### Employee Engagement

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





## Learning and Development

The Learning and Development Team's vision is to enable the best learning experience. The work of the team is grounded in the values of participation and collaboration in order to support services. Key areas of work in 2018/19 included Locality Support, Partnership Opportunities and Qualification Support.

### Successes

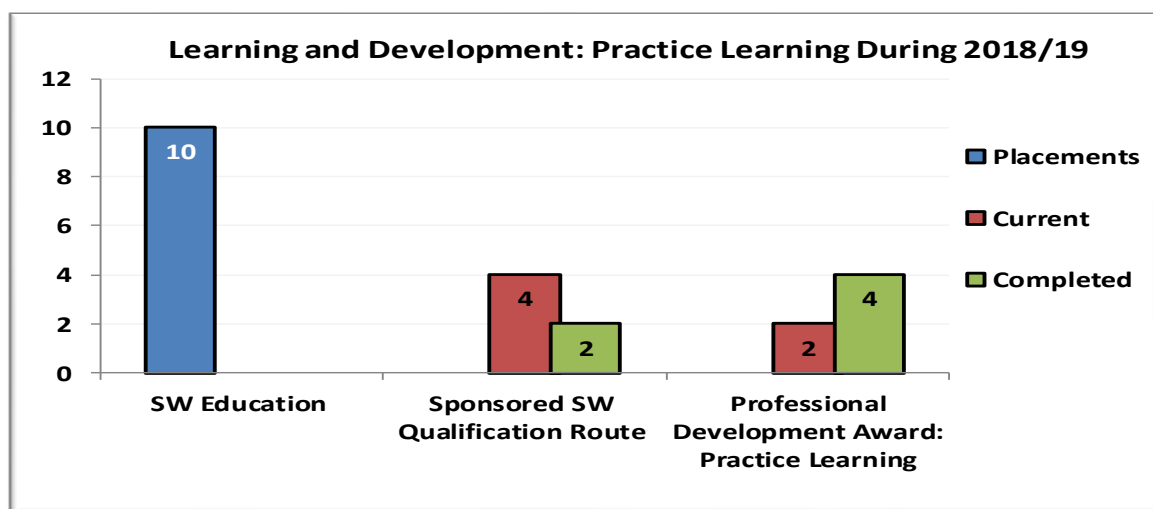
- Increased engagement of Open badges – A way of understanding and measuring the impact of learning through a tiered process. Bronze certificate for attendance, silver for written submission of reflections and Gold for a written submission of implementation into practice.
- 1st External Verification assessment since change of centre and review of SVQ. An all green assessment and a comment of exceptional.



- The launch of the 'Easy Manual Handling' App – an accessible and inclusive app to support people care for themselves and others by keeping safe when considering manoeuvres of others and self.  
<https://easymanualhandling.com>
  - The support of 3 candidates on the Mental Health Officer programme – All now practising Mental Health Officers
- Partnership working with NHS Tayside in the formation of team coaches to support a collective leadership programme – Affina Team Journey.  
<https://www.affinaod.com/team-tools/affina-team-journey>
- Enabled the participation of the South Locality as a test site for Scottish Government and SSSC initiated research exploring integrated workforce working. This has now led to an understanding of next steps needed in the South and highlighted areas of positive working as well as the ability to influence P&K locally and other areas nationally.
- 1st Internship for a Masters of Design for Business Student for Duncan of Jordanstone College of Art and Design, Dundee University, following involvement in the course 'Prototyping' module.  
<http://pklearning.org.uk/Blog/What-is-the-role-of-a-Design-Intern>

## Challenges

- Supporting Social Work Practice Placements.
- Partnership learning – how are we making best use of what we have to enable learning effectively and efficiently, with a collaborative ethos in a multi-agency partnership
- Learning Culture - How we best support the organisation and partnership in developing a learning culture and 'think yes' approach – securing engagement from frontline workforce and senior managers.
- Measuring the impact of learning - how we understand to what extent learners implement learning into practice, change habitual behaviour and influence culture change through, self-awareness, critical reflection and demonstration of change in practice.



Council funding supports the team to sponsor two social work assistants on to the Robert Gordon University employed route. A further two students are self-funding, with PKC providing practice learning. We continue to be a full partner in the Tayforth Professional Development Award in Practice Learning programme, contributing to teaching, assessment and verification. Senior Learning and Development officers continue to be involved with social work education programmes, providing employer input on the design and delivery of programmes, for example involvement in Stirling university programme revalidation. During 2018/19 23 candidates completed their SVQ's through supported learning - 9 at Level 2, 13 at Level 3 and 1 for Level 4.

## 9 Looking Forward to 2019-20

The CSWO's assessment of performance over the last year is that overall performance in securing high quality experiences for people who use social work and social care services has remained good despite major challenges. There is evidence over the last year that the robust approaches to performance management and self-evaluation within children's services are being maintained. The continued improvements in outcomes for children and young people in need of care and protection are demonstrated within this report. Within adult services, the strong partnership approach that exists at team and practitioner level is evident. Determined and committed staff are continuing to deliver a high quality of service to our citizens and 95% of people who responded to the adult social care survey report that they are treated with compassion and understanding. That is a huge achievement and demonstration of the contribution our social care and social work staff can make to

the experience of our most vulnerable citizens.

In 2020 we will see the introduction of a replacement IT system for all social work services and the CSWO is overseeing the programme board which will implement this. This provides a unique opportunity to revise out current working practices and take advantage of new technology in our everyday work.

The Perth and Kinross Offer also provides a unique opportunity for social workers to engage the most disadvantaged in our communities in the defining of a new social contract between the Council and people who use its services.

The key challenges that face social care and social work services over the next few years are highlighted in the report and include:

- financial pressures and increasing demands within adult social care;
- developing new models of support for adults with complex needs and to improve transitions from children to adult services;
- continued development of technology enabled care;
- workforce pressures within the social care sector and in particular care at home services;
- the increased demand in relation to adults with incapacity or mental disorder;
- the increase in the numbers of children and young people for whom there is a concern for their welfare or who need protection;
- the need for a continued focus on supporting children to remain within their extended families in kinship placements for children when they are no longer able to live with their parents; and
- to learn from successful transformation projects in children's services such as REACH and to identify new areas for service redesign.



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

