



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

20 June 2019

A meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber, 2 High Street, Perth, PH1 5PH** on **Wednesday, 26 June 2019** at **14:00**.

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

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

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

Voting Members

Dr R Peat, Tayside NHS Board (Chair)
Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor E Drysdale, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Mr B Benson, Tayside NHS Board
Ms L Birse-Stewart, Tayside NHS Board
Ms P Kilpatrick, Tayside NHS Board

Non-Voting Members

Mr G Paterson, Chief Officer, Perth and Kinross Integration Joint Board
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Dr D Lowden, NHS Tayside
Ms J Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board

Stakeholder Members

Ms B Campbell, Carer Public Partner
Mr A Drummond, Staff Representative, NHS Tayside
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms C Gallagher, Independent Advocacy Perth and Kinross
Ms L Lennie, Service User Public Partner

Perth and Kinross Integration Joint Board

Wednesday, 26 June 2019

AGENDA

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct.](#)
- 3 MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD OF 1 MAY 2019** **5 - 10**
(copy herewith)
- 4 ACTION POINTS UPDATE** **11 - 14**
(copy herewith G/19/108)
- 5 MATTERS ARISING**
- 6 MEMBERSHIP UPDATE**
Following the retiral of Mr Jim Foulis at the end of May 2019, the IJB is asked to agree that Ms Sarah Dickie, NHS Tayside, be appointed as a non-voting member of the IJB.
- 7 FINANCE AND GOVERNANCE**
 - 7.1 2018/19 FINANCIAL POSITION** **15 - 30**
Report by Chief Financial Officer (copy herewith G/19/109)
 - 7.2 GP PRESCRIBING AND OTHER HOSTED SERVICES BUDGET 2019/20:2021/22** **31 - 54**
Report by Chief Financial Officer (Report No. G/19/110)
 - 7.3 UNAUDITED ANNUAL ACCOUNTS 2018/19** **55 - 104**
Report by Chief Financial Officer (copy herewith G/19/111)
 - 7.4 AUDIT AND PERFORMANCE COMMITTEE - ANNUAL REPORT 2018/19** **105 - 124**
Report by Chair of Audit and Performance Committee (copy herewith G/19/112)
 - 7.5 AUDIT AND PERFORMANCE COMMITTEE**
Verbal Update by Councillor C Purves

8	DEVELOPING STRATEGIC OBJECTIVES	
8.1	CHIEF OFFICER STRATEGIC UPDATE Report by Chief Officer (copy herewith G/19/113)	125 - 176
9	STRATEGIC PROGRAMMES OF CARE	
9.1	PERTH AND KINROSS ALCOHOL & DRUG PARTNERSHIP UPDATE REPORT Report by Clare Mailer, ADP Chair (copy herewith G/19/114)	177 - 228
9.2	PROGRESS REPORT ON THE DEVELOPMENT OF JOINT CARERS' STRATEGY FOR 2019-2022 Report by Diane Fraser, Head of Adult Social Work and Social Care (copy herewith G/19/115)	229 - 242
9.3	PROGRESS MADE BY THE CARERS PROGRAMME BOARD IN THE IMPLEMENTATION OF CARERS (SCOTLAND) ACT 2016 Report by Diane Fraser, Head of Adult Social Work and Social Care (copy herewith G/19/116)	243 - 270
10	PRIMARY CARE PROGRAMME BOARD UPDATE	
10.1	PRESCRIBING UPDATE REPORT Report by Dawn Fraser and Chris Jolly, Programme Managers, Perth and Kinross Health and Social Care Partnership (copy herewith G/19/117)	271 - 284
11	FOR INFORMATION	
11.1	EQUALITIES OUTCOME PROGRESS REPORT Report by Chief Officer (copy herewith G/19/118)	285 - 304
12	FUTURE IJB MEETING DATES 2019 Friday 27 September 2019 at 9.30am Wednesday 11 December 2019 at 1.00pm	

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chamber, Ground Floor, Council Building, 2 High Street, Perth on Wednesday 1 May 2019 at 2.00pm.

Present:

Voting Members

Dr R Peat, Tayside NHS Board (Chair)
Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor E Drysdale, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Mr B Benson, Tayside NHS Board
Ms L Birse-Stewart, Tayside NHS Board (from Item 7.1 onwards)

Non-Voting Members

Mr J Foulis, NHS Tayside
Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Smith, Chief Financial Officer

Stakeholder Members

Ms B Campbell, Carer Public Partner (from Item 3 (i) onwards)
Ms L Lennie, Service User Public Partner
Ms S Watts, Perth Citizens Advice Bureau (substituting for Ms C Gallagher)

In Attendance:

K Reid, Chief Executive, Perth and Kinross Council (up to and including Item 8.1); S Hendry, A Taylor and L Gowans (all Perth and Kinross Council); C Jolly (until Item 8.1), D Mitchell (until Item 9.1), M Rapley, E Devine (until Item 9.2), H Dougall, D Hubbard and V Aitken (all Perth and Kinross Health and Social Care Partnership); A Wood (up to and including Item 8.1), L Denvir, L Hamilton (up to and including Item 8.1), K Russell (up to and including Item 8.1) and K Matthews (up to and including Item 8.1) (all NHS Tayside).

Apologies:

P Kilpatrick, Tayside NHS Board
Dr D Lowden, NHS Tayside
Ms C Gallagher, Independent Advocacy Perth and Kinross
Mr A Drummond, Staff Representative, NHS Tayside
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council

1. WELCOME AND APOLOGIES

Dr Peat welcomed all those present to the meeting and apologies were noted as above. Dr Peat particularly welcomed Gordon Paterson to his first meeting of the Board as the new Chief Officer/Director – Integrated Health & Social Care. It was also noted that this was Jim Foulis's last meeting prior to his retiral from NHS

Tayside. Board members thanked him for his contribution to the work of the Board and wished him well for the future.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETINGS

(i) MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 15 FEBRUARY 2019

The minute of meeting of the Perth and Kinross Integration Joint Board of 15 February 2019 was submitted and approved as a correct record.

(ii) MINUTE OF SPECIAL MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 22 MARCH 2019

The minute of the special meeting of the Perth and Kinross Integration Joint Board of 22 March 2019 was submitted and approved as a correct record, subject to amending the attendance list to show S Watts representing Perth Citizens Advice Bureau.

4. ACTION POINT UPDATE

There was submitted and noted the action point update for the Perth and Kinross Integration Joint Board as at 1 May 2019 (G/19/65).

The Chief Officer agreed to further investigate the possibility of an additional development session for board members during the summer.

5. MATTERS ARISING

There were no matters arising from the previous minute.

6. BOARD MEMBERSHIP UPDATE

There was submitted a report by the Clerk to the Board (G/19/66) (1) updating the Board on the membership of both voting and non-voting members of the Board; and (2) outlining proposals made in terms of the appointment of a member of the Board to the Audit and Performance Committee.

Resolved:

- (i) The updates in both the voting and non-voting membership of the Board be noted.
- (ii) It be agreed that Ms B Campbell, carer representative, and Ms M Summers (substitute) continue in their respective roles until the conclusion of an election process for these board positions.
- (iii) The appointment of Ms P Kilpatrick to the Audit and Performance Committee as a voting member be approved.

7. FINANCE AND GOVERNANCE

7.1 2018/19 FINANCIAL POSITION

There was submitted a report by Chief Financial Officer (G/19/67) providing an update on the year-end financial forecast for 2018/19 based on the 11 months to 28 February 2019.

- (i) The overall projected overspend of £1.559m for Perth & Kinross IJB for 2018/19; an improvement of £0.395m from the last report, be noted.
- (ii) The progress made with 2018/19 savings delivery, as set out in Report G/19/67, be noted.
- (iii) The update regarding IJB reserves, as set out in Report G/19/67, be noted.
- (iv) It be noted that further discussions would take place between the Chief Executives of Perth and Kinross Council and NHS Tayside, the Chief Officer, as well as the Chair and Vice-Chair of the IJB regarding the issue of financial overspends.

L BIRSE-STEWART ENTERED THE MEETING DURING THE ABOVE ITEM.

8. DEVELOPING STRATEGIC OBJECTIVES

8.1 MENTAL HEALTH/LEARNING DISABILITY SERVICE REDESIGN PROGRAMME / TAYSIDE MENTAL HEALTH ALLIANCE

A Wood, L Hamilton, K Russell and K Matthews provided the Board with a slide based presentation on the Mental Health / Learning Disability Service Redesign Programme and the Tayside Mental Health Alliance.

Resolved:

The Board noted the current position.

A WOOD, L HAMILTON, K RUSSELL, K MATTHEWS AND K REID ALL LEFT THE MEETING AT THIS POINT.

8.2 CHIEF OFFICER STRATEGIC UPDATE

There was submitted a report by the Chief Officer (G/19/68) updating Board members on progress against tasks outlined in the rolling actions list.

Resolved:

The contents of Report G/19/68 and the following strategic updates be noted:

- (i) The update on the Strategic Plan refresh;
- (ii) Joint inspection of Adult Services by Care Inspectorate and Health Improvement Scotland;
- (iii) Ministerial Strategic Group Review of Progress with Integration of Health and Social Care and Self-Evaluation;
- (iv) Implementation of Free Personal Care;
- (v) Updates on Programmes of Care.

8.3 PERTH AND KINROSS HEALTH & SOCIAL CARE PARTNERSHIP - WINTER PLAN

There was submitted a report by Head of Health / Head of Adult Care (G/19/69) providing an update on the progress of the Unscheduled Care, Winter Planning actions put in place for Perth and Kinross for the period 1 November 2018 to 31 March 2019.

Resolved:

- (i) The implementation and impact of the Tayside and local winter planning actions, as set out in Report G/19/69, be noted;
- (ii) NHS Tayside's aim to take a year round planning approach, which will sit within a 3-year USC operational plan, to meet times of increasing demand throughout the year, and not only for winter, be supported.

9 STRATEGIC PROGRAMMES OF CARE

9.1 TAYSIDE PRIMARY CARE IMPROVEMENT PLAN - IMPLEMENTATION UPDATE REPORT

There was submitted a report by Associate Medical Director (G/19/70) providing an update on progress made in respect of the implementation of the Tayside Primary Care Improvement Plan in so far as it relates to the Perth and Kinross Health and Social Care Partnership.

H Dougall made reference to a minor error in the report, Page 60 – Table 3, '489' should read '389'.

Resolved:

- (i) The progress made to date with the implementation of the Tayside Primary Care Improvement Plan be noted.
- (ii) The plans for continued service development into year 2 of the programme, 2019/20, be approved.
- (iii) A further update on progress to be provided to the Board in 12 months' time.

D MITCHELL LEFT THE MEETING DURING THE ABOVE ITEM.

THERE FOLLOWS A RECESS AND THE MEETING RECONVENED AT 5.05PM.

IN TERMS OF STANDING ORDER 5.3, THE CHAIR RULED THAT THE FOLLOWING ITEM BE CONSIDERED AS AN URGENT ITEM IN ORDER TO ALLOW THE IJB TO CONSIDER THE MATTER AS PART OF THE TIMESCALES INVOLVED IN THE PROJECT.

9.2 APPLICATION TO AMEND GMS CONTRACT and TO CLOSE THE BRANCH SURGERY PREMISES IN BANKFOOT FOR THE STANLEY MEDICAL PRACTICE, STANLEY

There was submitted a report by the Chief Officer (G/19/71) (1) outlining the current issues relating to the general practice provision for the Stanley Medical Practice, Stanley; and to consider the Practice's request to amend their GMS

Contract; and (2) advising of the Practice's proposal to close their branch surgery in Bankfoot and to provide general medical services from their main practice centre in Stanley.

Resolved:

- (i) The application made by the Stanley Medical Practice to close their branch surgery premises in Bankfoot, in accordance with Part 8 - Variation and Termination of Contracts of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018, be noted.
- (ii) The aim of the Stanley Medical Practice, that all current patients would have the opportunity to remain registered with the Stanley Medical Practice and continue to see their current GP team, be supported.
- (iii) The preferred option for the Stanley Medical Practice to consolidate its services on one site to maintain the sustainability of the practice be noted.
- (iv) It be noted that it is subsequently for NHS Tayside Board to approve the application for closure as the holders of the contract with the Practice. A closure date would be agreed with the Practice and the patients notified of this. If they choose to, patients could register with an alternative practice.
- (v) Further detailed information on such areas as opening hours, transport options and consultation to be provided to board members by the Chief Officer.

E DEVINE LEFT THE MEETING DURING THE ABOVE ITEM.

IN TERMS OF STANDING ORDER 5.3, THE CHAIR RULED THAT THE FOLLOWING ITEM BE CONSIDERED AS AN URGENT ITEM IN ORDER TO ALLOW THE IJB TO PROVIDE FURTHER ASSURANCES ON THE SUBJECT OF RECENT MEDIA COVERAGE

9.3 RECENT MEDIA COVERAGE

R Peat referred to the newspaper article in the Courier newspaper on 30 April 2019 regarding Four Seasons Health Care going into administration.

Resolved:

Following a discussion by Board members, the Chief Officer gave an assurance that the situation was being closely monitored by staff. It was agreed that the Chief Officer would submit a report to a future meeting of the Board, in the context of revising the Strategic Commissioning Plan, examining the market for types and models of care in relation to both the public and private sector.

10 FUTURE IJB MEETING DATES 2019

Wednesday 26 June 2019 at 2.00pm

Friday 27 September 2019 at 9.30am

Wednesday 4 December 2019 at 2.00pm



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

26 June 2019

(Report No. G/19/108)

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
90	26 January 2018	9.4	Improving Scotland's Health: A Healthier Future – Actions and Ambitions on Diet, Activity & Healthy Weight	Future IJB development session to take place.	D Walker	23 Oct 2019 (<i>Development Session</i>)	Deferred from March 2019
99	22 June 2018	8	Redesign of Substance Use Services in P&K	Further review report to be submitted in June 2019.	D Fraser	26 June 2019	Agenda item – under Alcohol & Drug Partnership update report.
100	22 June 2018	11.2	Self Directed Support	Update to be provided at future IJB Development Session	D Fraser	21 Aug 2019 (<i>Development Session</i>)	Deferred from June 2019
104 b	28 Sept 2018	6.2	Perth & Kinross Joint Strategy to support Independent Living	Progress report to be submitted	D Fraser	11 Dec 2019	
105	30 Nov 2018	7.1	2018/19 Financial Position	Chief Officer to submit a report on the impact of the Carers (Scotland) Act 2016 at future IJB meeting	G Paterson	26 June 2019	Agenda Item
109	15 Feb 2019	7.1	Strategic Commissioning Plan	Request to be submitted to Scot Gov to request extension for final Strategic Plan. This is to allow for feedback from Inspection, new Chief Officer taking up post in April etc.	G Paterson	27 Sept 2019	05.03.19 - Approval



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

26 June 2019

(Report No. G/19/108)

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
111	01 May 2019	8.2	Chief Officer Strategic Update	Frank's Law – report to be submitted at future IJB meeting to include Financial Impact	G Paterson	11 Dec 2019	
113	01 May 2019	8.2	Chief Officer Strategic Update	Timeline requested to be provided re Refreshed Strategic Plan.	G Paterson	26 June 2019	Included in Chief Officer Update June 2019
114	01 May 2019	8.2	Chief Officer Strategic Update	MSG Self Evaluation Report Submission	G Paterson	26 June 2019	Agenda item
115	01 May 2019	9.1	Tayside Primary Care Improvement Plan – Implementatin Update Report	Progress report to be provided in 12 months.	H Dougall	May 2020	
116	01 May 2019		Additional Request received	Care Home Provision/Availability of Care Home beds – report to be submitted at future IJB meeting.	D Fraser	27 Sept 2019	



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

26 June 2019

(Report No. G/19/108)

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	RESOLVED
112	01 May 2019	8.2	Chief Officer Strategic Update	Information to be submitted to IJB Members re Frank's Law - definition personal care, what is excluded.	G Paterson	June 2019	Information emailed to IJB members on 08 May 2019



PERTH & KINROSS INTEGRATION JOINT BOARD

26 JUNE 2019

2018/19 FINANCIAL POSITION

Report by Chief Financial Officer (Report No. G/19/109)

PURPOSE OF REPORT

This report provides an update to the Perth & Kinross Integration Joint Board (IJB) on the year-end outturn for 2018/19.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board :-

- (i) Notes the overall year-end overspend of £1.160m for Perth & Kinross IJB for 2018/19.
- (ii) Note that this compares to a gap of £0.920m in the IJB's approved Financial Plan for 2018/19.
- (iii) Note that this compares to a £4.200m forecast overspend before implementation recovery plan actions.
- (iv) Note that NHS Tayside (NHST) and Perth & Kinross Council (PKC) has allocated additional budget of £0.319m and £0.841m respectively to allow the IJB to break-even in line with the Integration Scheme.
- (v) Note that for core health and social care services, savings of £4.802m have been delivered against a target of £5.325m. The in year gap of £0.523m will reduce to £0.311m on a full year basis.
- (vi) Note that earmarked reserves of £2.470m will be carried forward to meet future year commitments in relation to a number of Scottish Government priority areas for investment.

2. SUMMARY OF FINANCIAL PERFORMANCE 2018/19

Our financial performance for the year compared to the 2018/19 Approved Financial Plan is summarised in the table below:

	Financial Plan Shortfall	Year-End Variance Over/ (-)Under
	£m	£m
Older Peoples Service/Physical Disabilities incl. AHPs	0.0	0.2
Learning Disabilities/Mental Health/Addictions	0.0	0.4
Planning/Management /Other Services	0.0	(0.7)
Sub-Total Core Services	0.0	(0.1)
Prescribing	0.5	0.8
General Medical Services	0.0	0.0
FHS	0.0	0.0
Hosted Services	0.4	0.4
Large Hospital Set Aside	0.0	0.0
Sub-Total All Services	0.9	1.1
Additional Budget from Partner Body		
NHS Tayside		(0.3)
Perth & Kinross Council		(0.8)
Total		0.0

The outturn in 2018/19 was an overspend of £1.1m, this compared to the 2018/19 Financial Plan gap of £0.9m. The areas of overspend are within:

- Older People and Physical Disabilities Services due to unanticipated demand for Care Home Placements and Care at Home Services.
- Learning Disabilities and Mental Health Services due to an unprecedented level of demand for Community Services.
- GP Prescribing due to growth above expectation, undelivered savings and the impact of an unanticipated national reduction in funding.
- Inpatient Mental Health Services driven by supplementary staffing and a historic balance of undelivered savings.

Of the £5.2m approved savings within Core Health and Social Care, £4.8m were delivered (92%). The undelivered balance contributed to the overall overspend position.

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

The sections below sets out the year end position for Perth & Kinross IJB as follows:-

- NHS Tayside Directed Services (Section 3).
- Perth & Kinross Council Directed Services (Section 4).
- Summary (Section 5).

The IJB's detailed year-end financial position for 2018/19 is set out in Appendix 1.

3. NHS DIRECTED SERVICES – YEAR END POSITION

3.1 Local Hospital and Community Health Services

Overall a year-end underspend of £0.904m has been delivered. This outturn reflects good progress made in delivery of savings and cost containment but also results from significant slippage in recruitment to key posts. As reported in February, reserves of £0.110m were also applied to the position to support financial recovery.

3.2 Services Hosted in Perth & Kinross on Behalf of Tayside IJBs

The Inpatient Mental Health Services year-end position is an overspend of £1.332m. The overspend in Inpatient Mental Health Services has been driven by medical locum costs, supplementary nursing costs, and a historic brought forward balance of undelivered savings. Plans to remodel the service are slowly being progressed; however these did not impact on the 2018/19 overspending. Updates will be shared through future IJB reports and will also be shared with other Tayside IJBs.

Prison Healthcare outturn was a £0.065m overspend reflecting the increased prisoner population and the impact of this on staffing and medicines cost.

The combined effect of the above, despite some off-setting under spends, is an overspend of £0.365m for the Perth & Kinross IJB share of these costs.

3.3 Services Hosted Elsewhere on Behalf of Perth & Kinross IJB

A number of devolved services are managed by other IJBs on behalf of Perth & Kinross IJB. The year-end outturn for these services is an overspend of £0.136m. The details are set out in Appendix 2.

The main contributors to this position are undelivered savings targets as well as pressures within Palliative Care, Brain Injury, Psychotherapy (overseen by Dundee IJB) and Out of Hours (overseen by Angus IJB).

The net financial position of these services is an overspend of £0.045m for the P&K IJB share of these costs. This is an improvement of £0.044m from the last report.

3.4 Family Health Service (FHS) Prescribing

A year-end over spend of £0.842m is reported for Prescribing. This is £0.383m less than last reported. This movement relates entirely to nationally negotiated rebates for specific drugs. This rebate was significantly higher than expected. Overall the prescribing overspend compares to a gap of £0.438m set out in approved 2018/19 Financial Plan. The deterioration from plan

relates to growth above expectation, a level of undelivered savings and the significant impact of an unanticipated national reduction in funding.

3.5 General Medical Services and Family Health Services (GMS and FHS)

Overall these services delivered an underspend of £0.029m. However within this projection P&K HSCP has been attributed a share (£0.188m) of the budgetary pressures being incurred relating to 2C GP Practices in Dundee and Angus. This pressure was offset by other non-recurring underspends during the year.

3.6 Funding of Complex Care Packages

The budget for clinically assessed health contributions required for Complex Care Packages has not yet been devolved to the 3 IJB's in Tayside. Therefore for 2018/19 invoices for these costs have been issued directly to NHS Tayside and the costs are not included in the year-end outturn position.

3.7 Large Hospital Services

This is a budget that is devolved to the IJB for strategic planning purposes but is operationally managed by the Acute Sector of NHS Tayside.

This budget had been initially quantified at £11.793m based on last year's accounts. However, updated information has now been made available. The 2018/19 accounts reflect a budget of £14.346m being attributed to Large Hospital Set Aside for Perth & Kinross. This is based on the most recently available activity levels for hospital inpatient and day case activity as provided by NHS Services Scotland's Information Services Division and direct cost information provided by NHS Tayside. The year end financial position is presented as break even.

The 3 Year Financial Plan has been developed in conjunction with the Acute Division to consider the large hospital budget. Therefore improved financial reporting will be required from 2019/20 onwards.

3.8 Overall Position regarding NHS Directed Resources

The overall 2018/19 outturn for Health Services is an over spend of £0.319m. This is a significant improvement on the £0.820m forecast last reported to the IJB. This improvement is mainly driven by the unanticipated prescribing rebate. Overall the approved 2018/19 Financial Plan set out a gap of £0.920m in respect of devolved health services. Further the Financial Recovery Plan approved by the IJB in February set out a forecast after recovery actions of £1.941m driven by higher than anticipated spend within Prescribing and Inpatient Mental Health Services. The actual out-turn is therefore a significant achievement and reflects efforts made across all services to maximise opportunity for efficiency and cost containment.

4. PERTH & KINROSS COUNCIL DIRECTED SERVICES – YEAR END POSITION

4.1 Adult Social Care Services

4.1.1 Overall

The year-end outturn for Adult Social Care Services was an overspend of £0.841m. The 2018/19 Financial Plan assumed a break even position for these services.

4.1.2 Older People and Physical Disability Services

Within Older People's and Physical Disability Services the net overspend of £0.503m is largely attributable to demographic growth issues and savings not being fully realised in 2018/19. This is an improvement of £0.260m from the last report to the IJB and is largely due to an increase in the final income figures.

Within Care at Home Services, a year-end overspend of £0.239m is reported. This overspend is mainly due to additional demand and interim placements, off set primarily by an underspend in internal Care at Home teams due to delays in recruitment and slippage on the implementation of a revised Intermediate Care Service model.

Within Care Home Placements, a year-end overspend of £0.466m is reported. The overspend is due to the number of people in care home placements as we strive to progress the implementation of the "Shifting the Balance of Care" project.

Carers Services reported a year-end underspend of £0.160m, mainly attributable to part year implementation of approved spend plans.

As reported previously, there are a number of underspends across other Older Peoples Services as a result of staff vacancies, uncommitted budgets and additional non-recurring income.

4.1.3 Learning Disabilities, Mental Health and Addiction Services

As noted in previous reports, Learning Disabilities and Mental Health continue to experience a sustained increase in the costs of individual care packages (both in residential settings and in the community). This has resulted in an overspend against budget of £1.741m.

A number of one-off underspends partially offset the overspend, including recovery of prior year's surpluses from providers based on occupancy levels and contract payments (£0.761m). There is also non-recurring slippage in the Invergowrie project due to delays in progressing the building works (£0.387m). The development at Invergowrie is no longer going ahead, and alternative options are being reviewed.

4.1.4 Other

The last report to the IJB highlighted that a number of underspends (£0.338m) were being forecast across Management, Commissioned Services, Learning Disabilities and Mental Health Services. However this has reduced to a small underspend of £0.045m. This includes the variance from forecast to actual outturn for contributions policy income (a movement of £0.157m) and bad debt provision (movement of £0.048m).

A number of approved 2018/19 savings were not fully realised. These total £0.506m and progress in delivering these is set out at Appendix 3.

In terms of the financial recovery plan, PKC reserves ear marked for Social Care (£0.518m) and underspend against Partnership Funds (£0.110m) were applied to improve the year-end position. The aim was also to reduce the overall overspend within Learning Disabilities and Mental Health Services by £0.350m through demand management. Of this £0.183m was achieved. In addition £0.150m was anticipated through a review of care at home services, £0.033m of this was achieved. Areas that were not within the financial recovery plan but benefited the year-end outturn were additional income within Community Alarms and Placements (£0.220m), reduction in placement spend (£0.093m) and slippage in grant funding (£0.074m).

4.2 Overall Position regarding Perth & Kinross Council Directed Resources

The overall 2018/19 outturn for Perth & Kinross Council directed resources is an overspend of £0.841m. Whilst this is not in line with the balanced position set out in the 2018/19 approved Financial Plan, it represents a successful delivery of the approved Financial Recovery Plan which set out plans to reduce the £2.088m forecast overspend on social care to £0.960m.

5. 2018/19 SAVINGS DELIVERY

- 5.1** The balanced Financial Plan for Core Health and Social Care Services for 2018/18 was reliant on delivery of a £5.325m transformation and efficiency programme. Of this, £4.802m (90%) has been delivered on a recurring basis. A further £0.212m relates to slippage on the Older People Review of Residential Care which will be delivered in full in 2019/20. The balance of £0.311m relates almost entirely to PKC led Corporate Savings which have not been delivered. Appendix 3 provides a breakdown of savings delivered in 2018/19 against target.

6. IJB RESERVES

- 6.1** The IJB will carry forward £2.470m of ear-marked reserves to meet future year commitments against a number of priorities. No general reserves are available for carry forward. An update on the IJB Reserves position is noted in Appendix 4.

Author(s)

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

APPENDICES

1. Year End Financial Position For 2018/19
2. Devolved Services
3. Approved 2018/19 Savings
4. IJB Reserves

PERTH & KINROSS INTEGRATION JOINT BOARD - FINANCIAL MONITORING REPORT 2018-19
as at March 2019 Year End

	Social Care		NHS Directed Services		Health & Social Care Partnership		Last Reported
	Annual Budget	Over / (Under)	Annual Budget	Over / (Under)	Annual Budget	Over / (Under)	Month 11 Projected
	£,000	£,000	£,000	£,000	£,000	£,000	Over / (Under) £,000
Older People & Physical Disability Services							
Medicine For Elderly			3,509	(11)	3,509	(11)	(3)
Psychiatry Of Old Age			5,809	(27)	5,809	(27)	(37)
Community Hospitals			4,769	(50)	4,769	(50)	(40)
Comm Nursing-Older People			3,638	(98)	3,638	(98)	(93)
Intermediate Care			887	(191)	887	(191)	(198)
Physiotherapy			1,829	(32)	1,829	(32)	(21)
Anticoagulation			366	(23)	366	(23)	(23)
Occupational Therapy			1,124	111	1,124	111	114
Joint Loan Store / Social Care Occupational Therapy / Telecare	1,972	12	289	22	2,262	34	162
Care at Home	14,610	239			14,610	239	161
Care Home Placements	18,273	466			18,273	466	557
Local Authority Care Homes	1,826	291			1,826	291	(17)
Services To Carers	664	(160)			664	(160)	(118)
Other Services Older People	1,993	(303)			1,993	(303)	(181)
Localities and Early Intervention & Prevention	4,720	(41)			4,720	(41)	(9)
Older People & Physical Disability Services	44,059	503	22,220	(298)	66,279	205	255
Learning Disability & Mental Health Services							
Residential Placements and Community Support	20,513	507			20,513	507	556
Learning Disability			779	33	779	33	33
General Adult Psychiatry			1,835	(103)	1,835	(103)	(115)
Learning Disability & Mental Health Services	20,513	507	2,614	(70)	23,127	437	474
Substance Misuse Services							
	84	(21)	964	(1)	1,048	(22)	(30)
OTHER							
Management / Partnership Funding	(15,936)	38	22,695	(388)	6,759	(350)	(479)
Adults Mental Health And Wellbeing			52	30	52	30	30
Primary Care			457	(21)	457	(21)	(12)
Pchp Admin & Clerical			381	(4)	381	(4)	(5)
Commissioned Services	2,099	(187)			2,099	(187)	(188)
Med Training-Non Psychiatry			637	(152)	637	(152)	(165)
OTHER	(13,837)	(149)	24,221	(534)	10,384	(683)	(819)
Hospital Community Health and Social Care	50,820	841	50,019	(904)	100,839	(63)	(120)
Services Hosted in P&K on Behalf of Tayside IJBs							
Prison Health Services			3,363	65	3,363	65	70
Public Dental Service			2,004	(35)	2,004	(35)	(15)
Podiatry (Tayside)			2,833	(145)	2,833	(145)	(122)
Inpatient Mental Health Services			22,930	1,332	22,930	1,332	1,365
Hosted Services Recharges to Other IJBs			(20,580)	(852)	(20,580)	(852)	(907)
Services Hosted in P&K on Behalf of Tayside IJBs			10,550	365	10,550	365	391
Services Hosted Elsewhere on Behalf of P&K IJB			10,473	45	10,473	45	89
GP Prescribing			25,845	1,260	25,845	1,260	1,235
Other Family Health Services Prescribing			833	(418)	833	(418)	(10)
General Medical Services			24,109	5	24,109	5	6
Family Health Services			17,400	(34)	17,400	(34)	(32)
Large Hospital Set Aside			14,346	0	14,346	0	0
Grand Total	50,820	841	153,576	319	204,395	1,160	1,559

SERVICES HOSTED IN PERTH & KINROSS IJB ON BEHALF OF TAYSIDE IJBs	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
PERTH & KINROSS HOSTED SERVICES	31,130,000	1,217,000	
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	20,580,000	852,000	66.5%
BALANCE ATTRIBUTABLE TO PERTH & KINROSS	10,550,000	365,000	33.5%
SERVICES HOSTED IN ANGUS AND DUNDEE ON BEHALF OF PERTH & KINROSS IJB	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE	
	£	£	
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE			
Palliative Care	5,642,602	124,000	
Brain Injury	1,595,921	122,800	
Homeopathy	26,515	3,600	
Psychology	4,924,220	(557,700)	
Eating Disorders	0	0	
Psychotherapy (Tayside)	893,762	139,000	
Dietetics (Tayside)	3,143,764	(208,800)	
Sexual & Reproductive Health	2,069,081	(44,200)	
Medical Advisory Service	153,646	(60,400)	
Tayside Health Arts Trust	58,400	(1,600)	
Learning Disability (Tay Ahp)	769,208	(79,200)	
Balance of Savings Target	(598,516)	598,500	
Grand Total	18,678,603	36,000	
Perth & Kinross Share (33.5%)	6,257,000	12,000	
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS			
Forensic Service	961,218	(105,800)	
Out of Hours	7,433,140	149,900	
Tayside Continence Service	1,408,126	(47,300)	
Pharmacy	1,854,300	500	
Speech Therapy (Tayside)	1,040,628	(10,800)	
Balance of Savings Target	(113,308)	113,300	
Grand Total	12,584,104	99,800	
Perth & Kinross Share (33.5%)	4,216,000	33,000	
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE	10,473,000	45,000	
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	21,023,000	410,000	

	Savings Plan	Amount Forecast	Variance from Plan
	£000	£000	£000
Social Care			
Corporate Procurement Savings	302	36	266
Corporate Digital Services/My account/Mobile Working	86	58	28
Mainstream Care at Home	345	345	-
Redesign of Care at Home -Introduce HART Service	386	386	-
Housing with Additional Support	90	90	-
Review of Day Services	463	463	-
Review of Older People Residential Care	528	316	212
Review of Care Packages for Adults	560	560	-
Implement COSLA income and disregard thresholds	400	400	-
Redesign of Drugs and Alcohol Service	50	50	-
Review of Locality Teams/Management	50	50	-
Intermediate Care Review (crisis beds)	105	105	-
Intermediate Care Review (Intermediate care team)	156	156	-
Shifting the Balance of Care (reduction of placements)	775	775	-
Communities First	200	200	-
Increase slippage target	171	171	-
CAH - Single Handed Care	50	50	-
Total Social Care	4,717	4,211	506
Hospital & Community Health			
Redesign of Tay Ward	246	246	-
OT Workforce Redesign	121	121	-
LD Pay Protection	30	30	-
GP SLA Review	35	35	-
Integrated Management Structure	25	25	-
Integrated Care Teams	117	117	-
POA GP Costs	17	-	17
Physiotherapy Workforce Redesign	17	17	-
Total Hospital & Community Health	608	591	17
Total Social Care and Hospital Community Health	5,325	4,802	523

APPENDIX 4 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 reserves equivalent to 2% of approved budgets (c£3.8m).

As at March 2018, the IJB's Annual Accounts showed that Perth & Kinross IJB had no earmarked or general reserves.

Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding. At the end of 2018/19 IJB has ring-fenced reserves regarding Scottish Government funding to support the new GMS Contract (Primary Care Improvement Fund), Mental Health Funding (Action 15 funding), and Alcohol and Drug Partnership (ADP) Funding. These reserves are to be retained separately from general reserves.

The table below sets out the position for the year-end.

Projected Movement in Reserves 2018/19	General Fund Balance (Usable Reserve) (£000)	General Fund Balance (Ear-Marked Reserves) (£000)	Total General Fund Balance (£000)
Opening Balance 31 March 2018	0	0	0
Ear-marked Reserves			
Scottish Government - Primary Care Improvement Fund	0	642	642
Scottish Government - Mental Health - Action 15 Fund	0	171	171
Scottish Government - - Primary Care Transformation Fund	0	359	359
Scottish Government- ADP Fund	0	572	572
Partnership Transformation Fund	0	554	554
GP Recruitment and Retention Fund	0	118	118
Mental Health Bundle	0	54	54
Closing Balance at 31 March 2019	0	2,470	2,470

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 & KINROSS INTEGRATION JOINT BOARD

26 June 2019

GP PRESCRIBING AND OTHER HOSTED SERVICES BUDGET 2019/20: 2021/22

Report by Chief Financial Officer (Report No. G/19/110)

PURPOSE OF REPORT

This report recommends setting the 2019/20 budget for GP Prescribing and Other Hosted Services and indicative budgets for 2020/21 and 2021/22 for Other Hosted Services.

1. RECOMMENDATIONS

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

- (i) Approve the 2019/20 Financial Plan for GP Prescribing; note the gap of £0.752m which remains and ask the Chief Officer to bring forward further proposals to deliver balance in 2019/20 as well as a 3 Year Plan for consideration.
- (ii) Approve the Other Hosted Services 2019/20 Financial Plan and approve the indicative 2020/21 and 2021/22 Other Hosted Services Financial Plan.
- (iii) Ask the Chief Officer to issue the necessary Direction as attached at Appendix 4 to NHS Tayside to implement the actions within the Financial Plan.
- (iv) Note that the 3 Year Financial Plan for Inpatient Mental Health Services is still under development.

2. 2019/20 BUDGET SETTLEMENT FROM NHS TAYSIDE

- 2.1 For 2019/20, NHS Tayside received a 2.6% uplift on its base budget. In addition it received £2.2m further NHS Scotland Resource Allocation Committee (NRAC) funding as part of the Scottish Government's commitment to move all NHS Boards towards NRAC parity. A formal budget offer to Perth & Kinross IJB has now been received from NHS Tayside.
- 2.2 NHS Tayside will pass through a full share of the 2.6% baseline funding uplift from the Scottish Government. This equates to £0.667m for GP

Prescribing and £0.109m for Other Hosted Services and is in line with our planning assumptions.

- 2.3 NHS Tayside are addressing £0.529m funding pressures within Prison Healthcare from its additional 2019/20 NRAC funding and this has been included within the Financial Plan.
- 2.4 In 2018/19 additional NRAC funding of £1.2m was received into NHS Tayside for Prescribing. This funding was distributed to the three IJBs on a non-recurring basis in 2018/19. NHS Tayside has now confirmed this will be distributed on a recurring basis and a Perth & Kinross share of £0.400m has been included within the GP Prescribing Financial Plan.

3. IMPLICATIONS FOR 2019/20 BUDGET

- 3.1 The 2019/20 Financial Plans for GP Prescribing and Other Hosted Services reflect the implications of the 2019/20 budget offer from NHS Tayside. This is summarised together with the previously approved Core Health & Social Care Plan in Table 1 below.

Table 1: Overall Gap in 2019/20 Financial Plan

	Approved	To be Approved				
	Core Health & Social Care	GP Prescribing	Prison Healthcare	Podiatry	Dental	Total
	£m	£m	£m	£m	£m	£m
Budget Required	103.117	27.464	3.808	2.907	1.384	138.680
Budget from Parent Body	100.275	26.712	3.808	2.907	1.384	135.086
Difference	2.842	0.752	0.000	0.00	0.00	3.594

- 3.2 For GP Prescribing, further proposals are being developed from a review of non-medicines such as wound care, stoma products, continence and specialist baby milk. These proposals will come to the IJB Budget Review Group at the earliest opportunity. Perth & Kinross Health and Social Care Partnership (PKHSCP) will continue to work with colleagues across Tayside to identify all other opportunities to achieve further efficiency. In addition, the opportunity to transfer the £0.457m of unanticipated uplift from core health services to the GP Prescribing budget is still under review.

4. PROVISIONAL BUDGETS FOR 2020/21 & 2021/22

- 4.1 The Partnership is committed to developing a medium term financial plan for all delegated services. For Other Hosted Services this is set out in Appendix 3. A small shortfall is identified however it is fully anticipated that additional savings will be developed.

- 4.2 A Year 2 and 3 financial plan has not yet been developed for GP Prescribing and progress is reliant on NHS Tayside Pharmacy/Finance Support.
- 4.3 The 3 Year Financial Plan for Other Hosted Services has been prepared on the basis of budget information currently available and projections for service pressures that might be realistically expected.
- 4.4 Analysis reflects the judgement of Perth & Kinross Health & Social Care Partnership (PKHSCP) Officers. It has been reviewed by the PKHSCP Executive Management Team and the IJB Budget Review Group. Assumptions will require to be revised in due course, as part of ongoing monitoring and as activity information becomes available.
- 4.5 Appendix 1 and 2 provide details of the pressures and savings plans for GP Prescribing and Prison Healthcare.
- 4.6 The IJB are asked to approve the provisional budget for 2020/21 and 2021/22 for Other Hosted Services.

5. CONCLUSION

- 5.1 PKHSCP is committed to medium term financial planning and has now developed 3 Year Financial Plan for Core Services and Other Hosted Services and has prepared a budget for 2019/20 covering Core Health & Social Care, GP Prescribing and Other Hosted Services. Indicative year 2 and 3 budgets have been prepared for Core Health & Social Care and Other Hosted Services.
- 5.2 Within 2019/20, the Financial Plan combining Core Health & Social Care, GP Prescribing and Other Hosted Services presents a shortfall of £3.594m. Of this £0.752m relates to GP Prescribing.
- 5.3 The Chief Officer will bring further proposals forward to the IJB to support a break-even position for GP Prescribing.
- 5.4 It is anticipated that the 3 Year Financial Plan for Inpatient Mental Health will be brought to the IJB in September 2019.

Author(s)

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	None
Resource Implications	
Financial	Yes
Workforce	None
Assessments	
Equality Impact Assessment	None
Risk	None
Consultation	
External	None
Internal	Yes
Directions	Yes
Communication	
Communications Plan	None

1. Strategic Implications

1.1 Strategic Commissioning Plan

The IJBs Strategic Commissioning Plan has five outcome focussed strategic objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are as follows:

- 1 prevention and early intervention;
- 2 person centred health, care and support;
- 3 work together with communities;
- 4 inequality, inequity and healthy living; and
- 5 best use of facilities, people and resources.

1.1.2 This report relates to all of these objectives.

2. Resource Implications

2.1 Financial

There are no direct financial implications arising from this report other than those reported within the body of the main report.

3. Consultation – Patient/Service User first priority

3.1 Internal

The Chief Officer and Executive Management Team have been consulted in the preparation of the Provisional Revenue Budget for 2019/20, 2020/21 and 2021/22.

4. Directions

There will be a legal requirement on the IJB to issue Directions to NHST in relation to the contents of this paper.

5. BACKGROUND PAPERS/REFERENCES

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.

6. APPENDICES

Appendix 1 GP Prescribing Executive Summary Pressures and Savings
2019/20

Appendix 2 Prison Healthcare Executive Summary Pressures and Savings
2019/20:2021/22

Appendix 3 Summary 3 Year Financial Plan

Appendix 4 Direction to NHS Tayside

REVENUE BUDGET 2019/22
SERVICE – GP PRESCRIBING
EXECUTIVE SUMMARY

Date: 22 May 2019

	<u>Expenditure Pressure & Impact Analysis</u>	Expenditure Pressures		
		2019/20 £000	2020/21 £000	2021/22 £000
1	Baseline Recurring Overspend 2018/19 This is calculated by annualising the number of items dispensed from April to November, multiplying by an average price per item (June 18 to November 18 to reflect increasing prices) and setting against the roll forward recurring budget. Actual expenditure for the full 2018/19 financial year will not be available until June 2019 due to the 3 month standard time lag.	1,457	0	0
2	Estimated growth in number of items dispensed Year on year, the increasing elderly population in P&K drives an increase in the number of items being dispensed by GP's. For 2019/20 a 1.7% item growth increase is projected. This is a composite rate which takes into account the 2.2% increase in P&K GP Practice list size between 2017/18 and 2018/19 in the over 65 age group adjusted for reductions in other age groups.	477	0	0
3	Estimated increase in average price of items dispensed During 2018/19 the average price per item varied significantly on a monthly basis. Prices for medicines are negotiated nationally and are affected by a range of factors including short supply. The average price per item was £11.03 in April 2018 rising to £11.43 in December 2018. It is very difficult to predict the price changes for 2019/20 or for further years. Prudently, it has been assumed that prices will remain at the December 2018 average of £11.43, an increase of 3% from the 2018/19 baseline.	813	0	0
	TOTAL PRESSURES	2,747	0	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
1	Margin Sharing Agreement (non-recurring) As part of the overall pharmacy funding agreement, contractors are allowed to retain an agreed level of margin from specific medicines. Where contractors achieve a higher level of margin than agreed, discussions as to how this is paid back to Health Boards take place between Scottish Government and Community Pharmacy Scotland. The amount anticipated to be paid back in 2019/20 has been included in the financial plan.	327	0	0
2	Oral Nutritional Supplements PKHSCP are part of a Tayside-wide review to identify and deliver savings from service changes and procurement efficiencies.	60	0	0
3	Tramadol This project seeks to switch patients from this product to another, more cost effective option. Additionally, patients will be reviewed in order to assess opportunities to de-prescribe.	29	0	0
4	Nationally anticipated Price Changes The Prescribing Support Unit anticipate these price reductions within 2019/20.	12	0	0
5	QSEP Impact Target PKHSCP have developed a Quality Safety and Efficiency Prescribing Programme, engaging with GP Practices across P&K. This work is supported by the PK GP Engagement Fund , approved by the IJB to support sustained GP involvement in managing prescribing costs. This work has relied on the development of a robust data model that reliably supports identification of prescribing variation on a practice by practice basis. For 2019/20 onwards a bespoke practice by practice QSEP work plan has been developed. In addition a number of wider projects which will be taken across the broader group of practices will be taken forward with strong engagement with PKHSCP wider services to identify areas where alternatives to medicines provide better outcomes.	500	0	0

	<u>Saving / Impact Analysis</u>	Net Saving		
		2019/20 £000	2020/21 £000	2021/22 £000
	A broad target of £500k for 2019/20 has been set and a basis for measuring achievement of this target on a drug by drug, practice by practice basis is being developed.			
	SUB-TOTAL SAVINGS	928	0	0

	<u>Budget Settlement & Income</u>	Budget Settlement & Income Benefit/(Reduction)		
		2019/20 £000	2020/21 £000	2021/22 £000
1	NHST Share of Uplift Funding For 2019/20 NHS Tayside have advised the IJB to plan on the basis of a 2.6% uplift on the recurring Prescribing Budget.	667	0	0
2	NHST Share of £1.2m 18/19 NRAC Funding In 2018/19 additional NRAC funding of £1.2m was received into NHS Tayside for Prescribing. This funding was distributed to the three IJBs on a non-recurring basis in 2018/19. NHS Tayside have now confirmed this will be distributed on a recurring basis and a Perth & Kinross share of £0.400m has been included within the GP Prescribing Financial Plan.	400	0	0
	TOTAL BUDGET SETTLEMENT / INCOME	1,067	0	0
	SUB-TOTAL SHORTFALL /(SURPLUS)	752	0	0

REVENUE BUDGET 2019/22
SERVICE – PRISON HEALTHCARE
EXECUTIVE SUMMARY

	<u>Expenditure Pressure & Impact Analysis</u>	Expenditure Pressures		
		2019/20 £000	2020/21 £000	2021/22 £000
1	Prior Year Savings not achievable As part of the 2017/18 and 2018/19 financial plans, savings were anticipated from a number of efficiency initiatives. Savings of £84k have been realised over the last 2 years leaving an unmet balance of £120k.	120	0	0
2	Increase in Staff Pay Costs Pay uplift costs of £275k have been calculated for the 3 years 2019/20 to 2021/22. These figures are based on the detailed modelling undertaken by the NHST Finance Team.	63	109	103
3	Population Increase Pressure Prison population numbers are at an all time high across Scotland. HMP Perth were advised they would be required to increase their capacity from 631 to a new baseline of 731. These are not anticipated to be short term increases, therefore the recurring cost pressure to meet this additional demand has been included within the financial plan. Additional 5.76wte staffing (£243k) is required. A further £55k has been allocated for the anticipated additional prescribing costs resulting from the population increase.	298	0	0
4	Prison Inspection Improvement Plan In response to the Prison Inspection in May 2018 a comprehensive improvement plan has been developed and identified an additional staffing requirement to meet these needs. A cost pressure of £26k has been included for 2019/20 to allow for a 0.5wte Improvement Advisor.	26	0	0

	<u>Expenditure Pressure & Impact Analysis</u>	Expenditure Pressures		
		2019/20 £000	2020/21 £000	2021/22 £000
5	Non-Medical Prescribers A pressure for an additional 3.88wte non-medical prescribing posts (£183k) within the Substance Misuse Service has been included. This investment is required to improve the access to Opiate Substitution Treatment (OST) for the population of HMP Perth and is a key improvement driven by the recent inspection. This is being funded from Scottish Government ADP Funding which will be passed to the IJB via the NHS Tayside Budget Settlement (See Budget Settlement & Income below). The anticipated impact and outcome of this investment is: Implementation of Orange Guideleines – commencing OST on admission to Prison and allow regular follow up to ensure safe and effective prescribing. Implementation of the Seek, Treat and Keep Model. Provision of holistic care needs to promote recovery of this complex patient group with the potential to reduce reoffending. Investment in a high risk group to reduce risk of drug related deaths in Tayside & Fife.	183	0	0
6	Mental Health Action 15 Strategy In order to support and meet the Mental Health Action 15 strategy funding of £235k has been agreed over 2 years across the 3 Tayside HSCP's to support investment in additional staff across a number of disciplines and professions.	178	57	0
7	Smoke Free Prisons Smoking cessation costs arising from the implementation of associated to support Smoke Free Prisons were fully funded in 2018/19 by Public Health on a non-recurring basis however in line with national guidance, will only fund staffing costs moving forward with supplies costs being met by the prison healthcare service. The overall cost pressure anticipated for 2019/20 is £155k (£50k pay costs and £105k supplies costs).	155	0	0
	TOTAL PRESSURES	1,023	166	103

	<u>Budget Settlement & Income</u>	Budget Settlement & Income Benefit/(Reduction)		
		2019/20 £000	2020/21 £000	2021/22 £000
1	Recurring Budget Settlement NHS Tayside For 2019/20 and the following two years a 2.5% uplift of funding from NHS Tayside has been assumed.	80	82	84
2	Share of 2019/20 NRAC Funding NHS Tayside NHS Tayside are addressing funding pressures within Prison Healthcare through additional NRAC Funding received in 2019/20.	532	0	0
3	Scottish Government Alcohol & Drug Partnership Funding Funding from all 3 Tayside Area Drug Partnerships 's for 3.88wte non medical prescribers.	183	0	0
4	Scottish Government Mental Health Action 15 Funding Funding of £235k from the 3 HSCPs in relation to Mental Health Action 15.	178	57	0
5	Public Health Funding – Smoke Free Prisons Recurring Funding from Public Health (£50k) for smoking cessation staff costs.	50	0	0
	TOTAL BUDGET SETTLEMENT / INCOME	1,023	139	84
	SUB-TOTAL SHORTFALL /(SURPLUS)	0	27	19

2019/20 Budget Requisition						Year 2 Plan 2020/21					Year 3 Plan 2021/22				
	Core Health & Social Care £m	Other Hosted Services £m	GP Prescribing £m	Inpatient Mental Health £m	Total £m	Core Health & Social Care £m	Other Hosted Services £m	GP Prescribing £m	Inpatient Mental Health £m	Total £m	Core Health & Social Care £m	Other Hosted Services £m	GP Prescribing £m	Inpatient Mental Health £m	Total £m
Recurring Budget	93.793	7.378	25.645		126.816	100.275	8.099			108.374	102.697	8.284			110.981
Pressures	11.497	1.147	2.747		15.391	5.426	0.381			5.807	4.903	0.288			5.191
Total Expenditure	105.290	8.525	28.392		142.207	105.701	8.480			114.181	107.600	8.572			116.172
less: Savings/Other Income	(2.630)	(0.426)	(0.928)			(2.414)	(0.088)			(2.502)	(2.096)	(0.016)			(2.112)
Budget Required	102.660	8.099	27.464		138.223	103.287	8.392			111.679	105.504	8.556			114.060
Ring fence for Partnership Priorities	0.457	0.000	0.000		0.457	0.464	0.000			0.464	1.078	0.000			1.078
Requisition	103.117	8.099	27.464		138.680	103.751	8.392			112.143	106.582	8.556			115.138
Proposed Partner Budget	100.275	8.099	26.712		135.086	100.824	8.284			109.108	102.671	8.473			111.144
Further Assumed SG Income	0.000	0.000	0.000		0.000	1.873	0.000			1.873	1.882	0.000			1.882
Shortfall/(Surplus)	2.842	0.000	0.752		3.594	1.054	0.108			1.162	2.029	0.083			2.112

Other Hosted Services include: Prison Healthcare, Podiatry and Dental Services



DIRECTION FROM PERTH & KINROSS INTEGRATION JOINT BOARD

1	Reference Number	2
2	Date of direction issued by Integration Joint Board	26 June 2019
3	Date from which direction takes effect	1 April 2019
4	Direction to:	NHS Tayside (NHST)
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number (s)	No
6	Functions covered by direction	GP Prescribing and Other Hosted Services
7	Full text of direction	NHST will carry out the functions set out in Appendix 1, and will deliver those services listed in Appendix 2, where those services are included in the GP and Other Hosted Services Financial Plan. Those services not included in the Financial Plan will be the subject of further separate directions in due course.
8	Budget allocated by Integration Joint Board to carry out direction	<ul style="list-style-type: none"> GP Prescribing £26.712m Other Hosted Services £8.099m
9	Performance monitoring arrangements	Performance will be monitored in accordance with the regular financial monitoring to the IJB.
10	Date direction to be reviewed.	31 March 2020

Functions Covered by Direction¹

Column A	Column B
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB (functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS contracts);
	section 17C (personal medical or dental services);
	section 17 I (use of accommodation)
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38 (care of mothers and young children);
	section 38A (breastfeeding);
	section 39 (medical and dental inspection supervision and treatment of pupils and young persons);
	section 48 (residential and practice accommodation);
	section 55 (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);
	section 64 (permission for use of facilities in private practice);
	section 75A (remission and repayment of charges and payment of travelling expenses);
	section 75B (reimbursement of the cost of services provided in anther EEA state);
	section 75BA (reimbursement of the cost of services provided in anther EEA state where expenditure is incurred on or after 25 October 2013);
	section 79 (purchase of land and moveable property);

¹ Perth & Kinross Integration Scheme – Part 1 of Annex 1

Column A	Column B
	section 82 (use and administration of certain endowments and other property held by Health Boards);
	section 83 (power of Health Boards and local health councils to hold property on trust);
	section 84A (power to raise money, etc., by appeals, collections etc.);
	section 86 (accounts of Health Boards and the Agency);
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
	Section 98 (payment of allowances and remuneration to members of certain bodies connected with the health services);
	paragraphs 4, 5, 11A and 13 of Schedule 1(c) to the Act (Health Boards);
	and functions conferred by—
	The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and
	The National Health Service (General Dental Services) (Scotland) Regulations 2010; and

Column A	Column B
	The National Health Service(Free Prescriptions and Charges for Drugs and Appliances)(Scotland) Regulations 2011
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (inquiries under section 33:co-operation); section 38(duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notifications); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266:recall) section 281 (correspondence of certain persons detained in hospital); and functions conferred by- The Mental Health (Safety and Security) (Scotland) Regulations 2005 The Mental Health (Cross border transfer:

Column A	Column B
	<p>patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;</p> <p>The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and</p> <p>The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by—
	section 31(Public functions: duties to provide information on certain expenditure etc.); and
	section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights(complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.
Carers (Scotland) Act 2016	
Section 31 (duty to prepare local carer strategy)	

Services currently provided by NHS Tayside which are to be integrated. The functions listed in Appendix 1 are delegated only in relation to these services:²

Accident and emergency services provided in a hospital

Inpatient hospital services relating to the following branches of medicine:

- General medicine
- Geriatric medicine;
- Rehabilitation medicine;
- Respiratory medicine;
- Psychiatry of learning disability.

Palliative care services provided in a hospital

Inpatient hospital services provided by general medical practitioners

Services provided in a hospital in relation to an addiction or dependence on any substance

Mental health services provided in a hospital, except secure forensic mental health services.

District nursing services

Services provided outwith a hospital in relation to an addiction or dependence on any substance

Service provided by allied health professionals in an outpatient department, clinic, or outwith a hospital

Public dental services

Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978

General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978

² Perth & Kinross Integration Scheme – Part 2 of Annex 1

Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978

Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978

Primary medical services out-of-hours

Geriatric medicine outwith a hospital

Palliative care outwith a hospital

Community learning disability services

Mental health services provided outwith a hospital.

Home renal services

Continence services provided outwith a hospital.

Services provided by health professionals that aim to promote public health



PERTH AND KINROSS INTEGRATION JOINT BOARD

26 JUNE 2019

UNAUDITED ANNUAL ACCOUNTS 2018/19

Report by Chief Financial Officer (G/19/111)

PURPOSE OF REPORT

This report presents the Integration Joint Board's (IJB) Unaudited Annual Accounts for the financial year 2018/19 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

1. BACKGROUND

- 1.1 The Unaudited Annual Accounts for 2018/19 are due to be submitted to the Controller of Audit by 30 June 2019.
- 1.2 The Annual Accounts are prepared in accordance with the 2015 CIPFA Code of Practice on Local Authority Accounting ("the Code").
- 1.3 These accounts also comply with the Local Authority Accounts (Scotland) Regulations 2014 which came into force in October 2014.

2. ANNUAL ACCOUNTS

- 2.1 The regulations require an annual review of the effectiveness of the IJB's system of internal control. This requirement was met by the approval of the Annual Governance Statement by the Audit & Performance Committee of the IJB on 18 June 2019. The Statement is set out from page 22 of the attached accounts.
- 2.2 The Annual Accounts include a Management Commentary. The purpose of which is to provide users of the financial statements with integrated information on management's view of performance, position and progress (including forward looking information). This is set out from page 3 of the Accounts.
- 2.3 The regulations require the IJB to consider the unaudited accounts at a meeting to be held no later than 31 August 2019. Best practice is for the IJB to have formally considered the Unaudited Annual Accounts prior to submitting them to the appointed auditor and making them available for public inspection.

- 2.4 Following consideration of the Unaudited Annual Accounts the IJB is asked to authorise the Chief Financial Officer to sign the Accounts, submit for external audit and make them available for public inspection.

3. NEXT STEPS

- 3.1 The audit of the Annual Accounts will take place during July and August 2019. Audit Scotland (working with Council officers) will consider whether the Annual Accounts:
- Give a true and fair view in accordance with applicable law and the 2015/16 Code of the state of the affairs of the IJB at 31 March 2019 and of the income and expenditure of the IJB for the year then ended;
 - Have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2015/16 Code; and
 - Have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.
- 3.2 It is anticipated that the results of the audit will be summarised in the Draft Annual Report which incorporates the ISA260: Report to those Charged with Governance. It is anticipated that this Audit Scotland report will be considered by the Audit & Performance Committee on 16 September 2019 with the Final Annual Report on the 2018/19 Audit being considered by the IJB on 27 September 2019.
- 3.3 The Unaudited Annual Accounts are also available for public inspection between 1 July and 19 July 2019 (inclusive) with any objections being sent to the auditor.

4. CONCLUSION AND RECOMMENDATIONS

- 4.1 The Unaudited Annual Accounts require to be submitted to the Controller of Audit by 30 June 2019 subject to approval by the IJB and authorisation by the Chief Financial Officer.
- 4.2 It is recommended that the IJB authorises the Chief Officer to sign the Unaudited Annual Accounts.

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

Annual Accounts 2018/19

Unaudited





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INDEPENDENT AUDITOR'S REPORT TO
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GLOSSARY OF TERMS

SECTION 1 MANAGEMENT COMMENTARY

INTRODUCTION

This publication contains the financial statements for Perth & Kinross Integration Joint Board (IJB) for the year ended 31 March 2019.

The Management Commentary outlines key messages in relation to the objectives and strategy of Perth & Kinross Integration Joint Board (IJB) and the financial performance of the IJB for the year ended 31 March 2019. It also provides an indication of the issues and risks which may impact upon the finances of the IJB in the future and the challenges we face in meeting the needs of the people of Perthshire and Kinross.

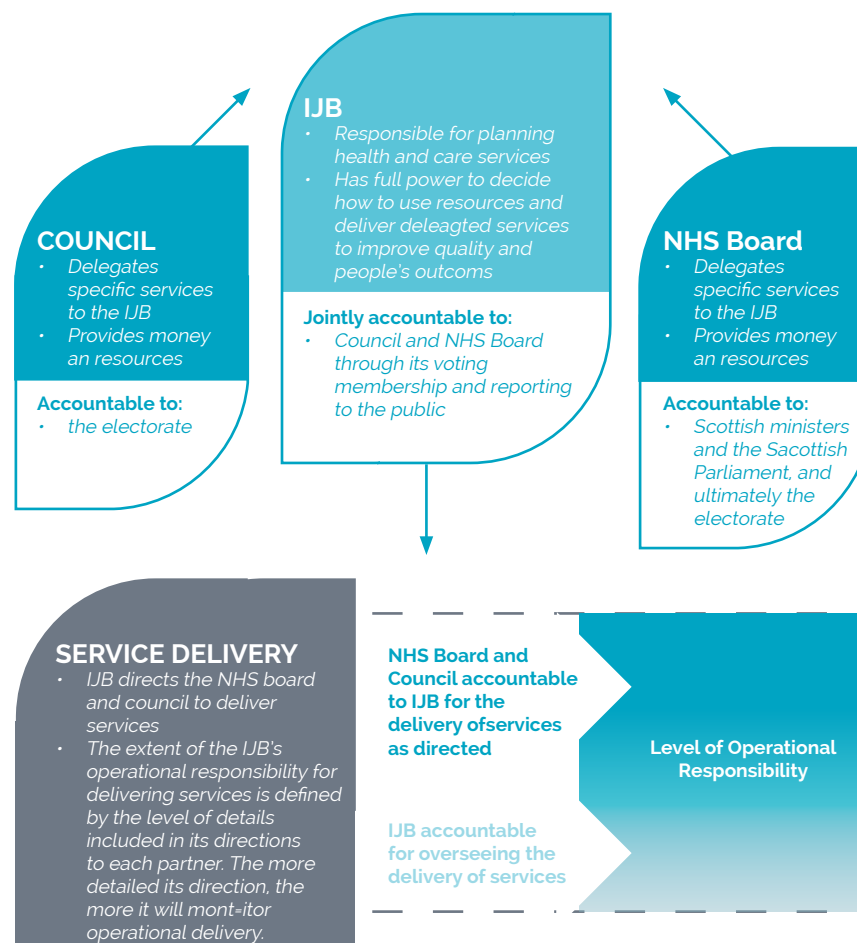
Perth & Kinross Integration Joint Board was established as a body corporate by order of the Scottish Ministers on 3 October 2015 as part of the establishment of the framework for the integration of health and social care in Scotland under the Public Bodies (Joint Working) (Scotland) Act 2014.

The IJB is a separate legal entity responsible for the strategic planning and commissioning of a wide range of services across Perth and Kinross. This includes social care, primary and community healthcare and unscheduled care for adults. In addition the IJB plans and commissions specific health care services across Tayside by means of hosted services arrangements agreed in the Integration Scheme between NHS Tayside and Perth & Kinross Council.

Exhibit 1 sets out the business model that supports the IJB's activities.

Exhibit 1 Integration Joint Boards.

There are 30 Integration Joint Boards across Scotland. Source: Audit Scotland



SECTION 1 MANAGEMENT COMMENTARY

Perth & Kinross Council and the NHS Tayside (Health Board), as the parties to the Integration Scheme, each nominate four voting members to sit on the IJB. The Council nominates Elected Members and the Health Board Non-Executive Directors.

An NHS Tayside Board Non Executive nominee was the Chair of the IJB during 2018/19 and the Vice-Chair was drawn from Perth & Kinross Council. A number of non-voting Representative Members sit on the Integration Joint Board and contribute to its proceedings. These Representatives are chosen from the Third Sector, Carers, Services Users, and Council and NHS Board staff. A GP Stakeholder Member has also been appointed along with a Medical Practitioner who is not a GP.

Management support to the IJB is led by the Chief Officer. The operational structure is a composite of three principal service areas:

- *Community Health/Hospital & Other Hosted Services*
- *Adult Social Care Services*
- *Inpatient Mental Health Services*

In line with the Integration Scheme corporate support to the IJB is provided by each parent body. Across a range of functions differing levels of support has been provided and significant work has been taken forward in 2018/19 to integrate and where necessary enhance resources available to build effective partnership functions.

The IJB's Chief Financial Officer has lead the development of an integrated finance team for P&K HSCP building on the finance support provided by Perth & Kinross Council and NHS Tayside. Further work is now being taken forward to develop other key integrated functions including performance, strategic planning and business support services during 2019/20.

A new Chief Officer commenced on 01 April 2019. The Chief Officer will review current leadership and management arrangements with a view to further integration.

PURPOSE AND OBJECTIVES OF THE IJB

The main purpose of integration is to improve the wellbeing of families, communities and people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Integration Joint Board approved the following Vision for the Health and Social Care Partnership as part of its approved Strategic Plan for 2016-19:

"We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible in their own homes, or in a homely setting with choice and control over the decisions they make about their care and support."

SECTION 1 MANAGEMENT COMMENTARY

The Strategic Plan sets out a number of Strategic Objectives designed to ensure a direction of travel by the Partnership consistent with National Objectives:

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

A review and refresh of the 2016-19 Strategic Plan is due to be completed by September 2019 however the overall vision and strategic objectives is not expected to change.

In 2018/19, PKHSCP redesigned its Strategic Planning Framework, creating four Programmes of Care: Older People and Unscheduled Care, Mental Health and Wellbeing, Primary Care and Carers. Strategic Planning Boards for each have been established providing a coordinated approach to achieving the objectives of the Health and Social Care Partnership's Strategic Commissioning Plan. The Boards report via the Strategic Planning and Commissioning Board to the IJB. The Strategic Planning & Commissioning Board has an affiliated Strategic Planning Group which acts as a reference group supporting the decision making responsibilities of the Strategic Planning & Commissioning Board (inclusive of Public Partner, 3rd Sector and Independent Sector membership). The IJB's strategic

ambitions sit alongside operational imperatives across a wide range of services. This creates a very challenging landscape for each Programme Board in developing and overseeing implementation of major plans for service redesign.

A summary of progress during 2018/19 and priorities moving forward for each Strategic Programme along with Inpatient Mental Health Services (which P&K HSCP host on behalf of all 3 Tayside IJB's) are set out on the following pages.

SECTION 1 MANAGEMENT COMMENTARY



Older People and Unscheduled Care (OPUSC) Board

During 2018/19 the IJB endorsed the Strategic Delivery Plan for Older People and Unscheduled which sets out plans for:

- *promoting thriving, resilient communities through volunteering, social prescribing and neighbourhood initiatives;*
- *investing in a rehabilitative model of care, based in communities to significantly improve people's ability to remain at home for as long as possible;*
- *reviewing the use of our inpatient hospital bed base and care home placements, exploring where possible, new models to support people in their own homes for as long as possible and to ensure equity of access'*
- *enhancing technology enabled care and home health monitoring to help people remain living in their own homes'*
- *continuing to improve the Admission and Discharge Pathways for people between hospital and the community.*

This ambitious transformation of services will be implemented during 2019/20.



SECTION 1 MANAGEMENT COMMENTARY



Mental Health and Wellbeing Board (MHWB)

During 2018/19 the Mental Health and Wellbeing agreed key principles for transformation of services moving forward:

- *Support individuals to maximise their independence and health with the right support at the right time with a focus on early intervention and prevention*
- *Embed multi-disciplinary team working at the heart of 'seamless' care pathways and support for people and promote equalities*
- *Implement a model of care that is financially sustainable.*

Detailed plans have been developed to enhance support to people with Mental Health issues, which will significantly increase the number of dedicated mental health professionals in statutory and non-statutory services in line with Action 15 of the Scottish Government Mental Health Strategy for which £0.300M has been allocated to Perth & Kinross IJB in 2018/19.

Detailed plans have also been developed to enhance services for people with Drug and Alcohol issues. Additional Scottish Government funding will be focused on enhancing the full pathway of a 'Recovery Oriented System of Care' including multi-disciplinary clinics, a Recovery Community and increased support for harm reduction.



SECTION 1 MANAGEMENT COMMENTARY

During 2019/20, we will be developing plans for new models of complex care for clients with Learning Disability and/or Autism. The aim is to develop a financially sustainable model that provides a high quality of care, delivering improved outcomes.

Further, as part of the wider Mental Health Alliance being established across Tayside we will work together to provide seamless care across pathways.



Primary Care Board (PCB)

During 2018/19 the Primary Care Board has overseen several significant programmes of transformation.

The PKHSCP Primary Care Improvement Plan approved by the IJB in June 2018 will significantly transform primary care services in direct support of general practice under the terms of the 2018 General Medical Services contract (the GMS contract). This includes redesign of vaccination services, ensure effective pharmacotherapy services, establish new Community Care and Treatment services, transform urgent care through establishment of Advance Nurse Practitioner led services, implement a musculoskeletal first point of contact and align improved mental health support services to GP practices. Ongoing review and implementation of the PCIF will be a significant priority for PKHSCP in 2019/20.

During 2018/19 the PKHSCP Quality Safety and Efficiency in Prescribing Programme (QSEP) has been established. A significant focus has been on the development of management information to understand variation across GP Practices and identify opportunities to improve effectiveness and efficiency. The impact of the increasing older population in Perth & Kinross has significantly increased expenditure on prescribing. We are engaging proactively with all GP Practices across Perth and Kinross to maximize effectiveness. Prescribing trends in Perth and Kinross (November 2018) highlight that all of the major indicators demonstrate improvements.



Other Hosted Services:

As part of the IJB's wider responsibilities for hosted services significant review and redesign has been progressed. Prison Healthcare activity has focused on ongoing service improvement following an inspection from Her Majesty's Inspectorate of Prisons and continuing with the Patient Safety Collaborative. The service has made some significant progress in relation to the provision of healthcare which has been commended by HMIPS in a follow up inspection.

There has been remodeling of Podiatry workforce to reduce inequity of specialist podiatry care across Tayside and optimize on the skill mix to support safe and effective patient care. We have supported the building of capacity and community capability for self care.

SECTION 1 MANAGEMENT COMMENTARY

For public dental services activity has continued to focus on providing high quality and accessible care for patients who have special care needs or who have difficulty accessing mainstream clinical services.



Carers Board:

The Carers Programme Board approved the Perth & Kinross Health and Social Care Partnership Short Break Services Statement on 6 December 2018. This is in line with the requirements of the Carers Scotland Act 2016. There is work underway in terms of public consultation allowing co-production of the Carers Strategy.



Inpatient Mental Health Services:

Perth & Kinross Health & Social Care Partnership hosts Inpatient Mental Health Services on behalf of all 3 IJB's in Tayside. During 2018/19, there have been significant challenges relating to the supply, attraction and retention of critical posts for medical and nursing workforce. We are developing a Mental Health Workforce Plan which will include a programme of work to reform the workforce across mental health with a clear understanding of



SECTION 1 MANAGEMENT COMMENTARY

current state and future workforce needs. In parallel we are progressing the implementation of the agreed Mental Health Transformation Plan which seeks to redesign the bed base across Tayside to deliver safe, effective services that are sustainable. We have worked in partnership with NHS Tayside and all 3 IJB's to establish a new Mental Health Alliance aimed at involving all stakeholders in the future redesign pathways and models of care moving forward. Further, our Mental Health & Learning Disabilities Improvement Plan aims to encourage and enable staff to work with people who use our services to deliver improvement in their areas, and to demonstrate how these improvements have made a difference. The primary purpose of the quality improvement programme is to improve patient outcomes.



Large Hospital Set Aside

The Older People and Unscheduled Care Board and the Perth Royal Infirmary (PRI) Clinical Forum have been critical in helping us to understand the impact of planned changes to service provision and performance on the delegated hospital budgets including large hospital set aside. There is also joint working around service design in relation to some clinical pathways.

The 3 Year Financial Plan for Core Health and Social Care Services, agreed by the IJB, sets out an anticipated shift in resources from bed-based to community over the three year period.

PERFORMANCE REVIEW

The Scottish Government has determined a key set of performance indicators that they consider measure the progress of integration. Our performance compared to last year against each of the indicators is set out below.

Ministerial Strategic Group for Health and Community Care (MSG) - Table 1 - MSG indicators				
MSG Indicator	MSG Description	P&K Total Previous Year 2017/18	P&K Current Year 2018/19	P&K YTD diff from 17/18
1a	Emergency Admissions	15,021	14,592	429
2a	Unscheduled hospital bed days	102,451	96,867	5,584
3a	A&E Attendances	32,506	32,888	382
4.1	Delayed discharge bed days *	16,785	14,203	2,582
5.1	Proportion of last 6 months of life spent at home or in a community setting	89.64%	89.68%	0.04%
6.1	Percentage of population at home unsupported	90.00%	n/a**	n/a

*All ages DDs including complex cases ** Information not available until October 2019

SECTION 1 MANAGEMENT COMMENTARY

Emergency Admissions

Enabling people to improve their own health and wellbeing is a key outcome for the health and social care partnership. One of the measures we use to understand if people are improving their own health is if they are reducing their likelihood of being admitted to hospital in an emergency with a resultant drop in emergency admissions. For the PKHSCP the number of emergency admissions over the last four years is relatively stable showing a slowly reducing/improving trend. This continues to be the case when we compare last year's numbers of emergency admission to this year.

Unscheduled (Unplanned) Hospital Bed Days

People who improve their own health and wellbeing are more likely to avoid a hospital admission and the resultant use of a hospital bed during their stay. But once a hospital admission has been necessary in an emergency, it is important for people to get back home as soon as they are fit to be discharged to avoid the risk of them losing their confidence and ability to live independently. Reducing the number of emergency bed days caused by unplanned admissions is how we measure our ability to get these people home faster. In PKHSCP we have seen a consistent reduction in the number of emergency bed days over the past 4 years. This continues to be the case in 2018/19 when comparing to previous years.

A&E Attendances

Reducing A&E attendances is an ongoing challenge across Scotland. Currently A&E attendances are seeing a slow increase

each year. A&E attendances can be an indication of the degree to which community services are helping people receive care in the right place at the right time. PKHSCP are working in collaboration with NHS Tayside to review attendances and pathways; increase awareness and use of Anticipatory Care Plans; Develop Community Care & Treatment Centres; focus on early intervention and prevention. Along with a variety of additional strategies the PKHSCP plan to slowly reduce A&E attendances over the coming years.

Proportion of Last Six Months of Life Spent at Home or in a Community Setting

The proportion of last six months of life spent at home or in a community setting should ideally represent the wishes and choices for patients and their carers and also demonstrates the effectiveness of having a planned approach to end of life care. For PKHSCP this is a positive indicator that demonstrates our year on year ability to meet the wishes of our people and support more of them at home receiving palliative or end of life care and our ability to support those with the most complex needs in their own home in their last six months of life and in accordance with their wishes.

Delayed Discharge

People should not have to wait unnecessarily for appropriate care to be provided after treatment in hospital. Being delayed in hospital is a poor outcome for the individual, is an ineffective use of scarce resource and potentially denies an NHS bed for someone else who might need it. Over the past four years, there has been a year on year improving picture in relation to

SECTION 1 MANAGEMENT COMMENTARY

delayed discharge for Perth and Kinross. We have recently seen the lowest level of delayed discharge since 2014. For people delayed, this represents a reduction in the impact of unnecessary time spent delayed in a hospital bed and reduces their chances of a poorer health and wellbeing outcome.

Percentage of Population at Home Unsupported

This new measure will demonstrate the combined success of a variety of key priorities of the Perth and Kinross partnership in shifting people away from high cost institutional care to lower cost care in the community where people's health and wellbeing will be greatly improved. It is expected that we will be tracking this measure for a number of years.

FINANCIAL MANAGEMENT

Background

The IJB's finance's are overseen by the IJB's Chief Financial Officer. The Chief Financial Officer is supported by finance staff from both Perth & Kinross Council and NHS Tayside.

Prior to April 2016, the IJB had developed the financial governance infrastructure required to allow it to assume new responsibilities from 1 April 2016. That financial governance infrastructure continues to be reviewed and refreshed.

Analysis of Financial Statements

The main objective of the Annual Accounts is to provide information about the financial position of the IJB that is useful

to a wide range of users in making and evaluating decisions about the allocation of resources.

The 2018/19 Annual Accounts comprise:

- a) **Comprehensive Income and Expenditure Statement** - this shows a surplus of £2.470M. This is made up of a breakeven position for the IJB overall plus £2.470M of earmarked funding that is being transferred to reserves for future commitments. Further detail is provided in section c) below and in Note 6. The underlying out-turn for the IJB is a £1.160M overspend. However in line with the risk sharing agreement with NHS Tayside and Perth and Kinross Council further non-recurring budget has been devolved to the IJB to deliver breakeven.
- b) **Movement in Reserves** – Earmarked reserves of £2.470M have been generated. Most significantly from Mental Health Action 15 Funding, Alcohol and Drug Partnership Funding and Primary Care Improvement Funding. This surplus has been transferred to earmarked IJB reserves for specific projects and commitments.
- c) **Balance Sheet** - In terms of routine business the IJB does not hold assets, however the transfer of £2.470M of earmarked reserves is reflected in the year-end balance sheet.
- d) **Notes** - comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2018/19 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

SECTION 1 MANAGEMENT COMMENTARY

Financial Performance 2018/19

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

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

SECTION 1 MANAGEMENT COMMENTARY

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

- *Older People and Physical Disabilities Services due to unanticipated demand for Care Home Placements and Care at Home Services;*
- *Learning Disabilities and Mental Health Services due to an unprecedented level of demand for Community Services;*
- *GP Prescribing due to growth above expectation, undelivered savings and the impact of an unanticipated national reduction in funding;*
- *Inpatient Mental Health Services driven by supplementary staffing and a historic balance of undelivered savings.*

Of the £5.3M approved savings within Core Health and Social Care, £4.8M were delivered (90%). The undelivered balance contributed to the overall overspend position.

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

During 2018/19, funding was received from Scottish Government for a number of initiatives. These included Mental Health Action 15 monies, Alcohol & Drug Partnership Funding and funding to implement the Primary Care Improvement Plan.

The underspend of £2.5M against these funds in 2018/19 has been transferred to an earmarked IJB reserve to meet future year commitments.

Financial Outlook, Risks and Plans for the Future

The IJB, like many other Integration Joint Boards, faces significant financial challenges and will be required to operate within very tight financial constraints for the foreseeable future due to the difficult national economic outlook and increasing demand for services.

A 3 Year Financial Plan for Core Health & Social Care Services has been approved by the Integration Joint Board for 2019/20: 2021/22. A budget settlement with Perth & Kinross Council and NHS Tayside has been agreed for 2019/20 with indicative allocations for 2020/21 and 2021/22. A gap of circa £5M is currently predicted over the 3 year period despite a significant transformation and efficiency programme.

The scale of pay, price and demand pressures across social care services in particular is our biggest financial challenge. The IJB is committed to delivering services within resources available and a range of further radical proposals will be brought forward over 2019/20 to support delivery of financial balance.

Prescribing is another significant financial challenge for the IJB, with the increasing elderly population having a direct impact on growth. In addition unanticipated increases in the price of medicines in 2018/19 are expected to continue in 2019/20. This will be. Therefore despite a significant programme of

SECTION 1 MANAGEMENT COMMENTARY

efficiencies driven through the Quality Safety and Efficiency Programme (QSEP) and allocation of additional funding, an overspend is still predicted for 2019/20.

Perth and Kinross IJB have hosting responsibility for Inpatient Mental Health services and whilst any overspend is shared across the three IJB's in Tayside, Perth and Kinross IJB have strategic responsibility to deliver a financially sustainable service. An overspend is predicted again for 2019/20 with anticipated savings from approved transformation plans not been delivered as expected. Under new leadership, but facing significant challenges, a revised service model across General Adult Psychiatry and Learning Disabilities is being developed. This new model must support workforce and financial sustainability in the medium term. A new Mental Health Alliance across Tayside is being established which will ensure joint collaboration to deliver effective and affordable services.

In addition to the financial challenge a number of other key risks have been identified that may impact on the ability of the IJB to meet its Strategic Objectives:

- **Workforce:** *PKHSCP face a number of recruitment and retention challenges that may impact on the deliverability of existing and proposed service models. A number of factors are impacting on availability of staff including national shortages, the age of our workforce, rurality and the local economy. An integrated workforce plan is now required to identify the actions required to redesign sustainable models of care to within workforce expected to be available.*

- **Strategic planning and leadership:** *Both the Audit Scotland Update Report on Health and Social Care (November 2018) and the Ministerial Strategic Group Review of progress with Integration of Health and Social Care (February 2019) highlighted a number of challenges that need to be addressed on a Scotland wide basis to ensure the success of integration and speed up change. Appropriate leadership capacity and including strategic planning capacity have been particularly highlighted and this has been regularly reflected in our own assessments of effectiveness. The new Chief Officer will seek to understand the capacity gaps within PKHSCP and agree with both parent bodies the actions required to ensure a sustainable leadership structure that has the strategic planning capability to increase the pace of change. hat has the capability to increase the pace of change.*

FURTHER INFORMATION

These Annual Accounts refer to both the Perth & Kinross IJB Integration Scheme and the Perth & Kinross IJB Strategic Plan. These can be found at:

Perth & Kinross IJB Integration Scheme:

http://www.pkc.gov.uk/media/36049/Perth-and-Kinross-Integration-Scheme/pdf/Approved_Health_Social_Care_Integration_Scheme

SECTION 1 MANAGEMENT COMMENTARY

Perth & Kinross IJB Strategic Plan:

http://www.pkc.gov.uk/media/38714/Health-and-Social-Care-Strategic-Commissioning-Plan/pdf/2016193_strat_comm_plan_CLIENT

Perth & Kinross IJB publishes all formal Board papers at:

<http://www.pkc.gov.uk/ijb>

Further information regarding the Annual Accounts can be obtained from:

***Chief Finance Officer
Perth & Kinross IJB
2 High Street
PERTH
PH1 5PH***

CONCLUSION AND ACKNOWLEDGEMENTS

We are pleased to record that during 2018/19 the IJB has successfully delivered health and social care services to the population of Perth and Kinross and, for hosted services, to the population of Tayside. We acknowledge this has been a challenging year and the IJB's success has only been achieved through the hard work of staff employed in Perth & Kinross Council and NHS Tayside and other partner organisations.

Looking forward, while the IJB faces continuing challenging financial circumstances it also plans to continue to take

advantage of the opportunities available through Health and Social Care Integration to best deliver affordable health and social care services for the population of Perth and Kinross.

Robert Peat
IJB Chair

Gordon Paterson
Chief Officer

Jane Smith
Chief Financial Officer

Date: 27/9/19

SECTION 2 STATEMENT OF RESPONSIBILITIES

This statement sets out the respective responsibilities of the IJB and the Chief Financial Officer, as the IJB's Section 95 Officer, for the Annual Accounts.

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- *make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief financial officer;*
- *manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;*
- *ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003);*
- *approve the Annual Accounts.*

I confirm that these Annual Accounts were approved for signature at a meeting of the Integrated Joint Board on 27 September 2019.

Signed on behalf of the Perth and Kinross IJB

.....
Robert Peat
IJB Chair

Date: 27/9/19

SECTION 2 STATEMENT OF RESPONSIBILITIES

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Financial Officer has:

- *selected suitable accounting policies and then applied them consistently;*
- *made judgements and estimates that were reasonable and prudent;*
- *complied with legislation;*
- *complied with the local authority Code (in so far as it is compatible with legislation).*

The Chief Financial Officer has also:

- *kept proper accounting records which were up to date;*
- *taken reasonable steps for the prevention and detection of fraud and other irregularities.*

I certify that the financial statements give a true and fair view of the financial position of the Perth and Kinross Integration Joint Board as at 31 March 2019 and the transactions for the year then ended.

Jane Smith
Chief Financial Officer

Date: 27/9/19

SECTION 3 REMUNERATION REPORT

INTRODUCTION

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

BOARD MEMBERS

At 31 March 2019, Perth and Kinross IJB had 8 voting members and 12 non-voting members as follows:

Voting Members:

Robert Peat (Chair)
Councillor Xander McDade
Councillor Colin Stewart (Vice Chair)
Gillian Costello (Nurse Director)
Councillor Callum Purves
Lorna Birse Stewart (Non Executive Member)
Councillor Eric Drysdale
Professor Nic Beech (Non Executive Member)

Non-voting Members:

Robert Packham (Chief Officer)
Dr Drew Walker (Director of Public Health)
Jane Smith (Chief Financial Officer)
Allan Drummond (Staff Organisations Rep.)
Jacqueline Pepper (Chief Social Work Officer)
Stuart Hope (Staff Organisations Rep.)
Dr Douglas Lowden (Associate Medical Director)
Clare Gallagher
(Third Sector Representative)
Jim Foulis (Associate Nurse Director)
Linda Lennie (Service User Representative)
Dr Alistair Noble (SACH and External Advisor)
Bernie Campbell (Carers Representative)

During 2018/19 the position of Chair was held by Steven Hay, Non Executive, until 10 September 2018, then by Robert Peat, Non Executive, from 1 October 2018 until present day.

The position of Vice-Chair was held by Councillor Crawford Reid until 30th April 2018. The position of Vice-Chair from June 2018 until present day has been filled by Councillor Colin Stewart.

SECTION 3 REMUNERATION REPORT

IJB CHAIR AND VICE CHAIR

The voting members of the IJB are appointed through nomination by Perth & Kinross Council and NHS Tayside. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB to either the Chair or the Vice Chair in 2018/19.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

OFFICERS OF THE IJB

The IJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Chief Officer

The Integration Joint Board requires to appoint a proper officer who has responsibility for the administration of its financial affairs in terms of Section 95 of the 1973 Local Government

(Scotland) Act. The employing contract for the Chief Financial Officer will adhere to the legislative and regulatory governance of the employing partner organisation. The remuneration terms of the Chief Financial Officer as approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below:

Total 2017/18 £	Senior Employees	Salary, Fees & Allowances £	Total 2018/19 £
86,112	Rob Packham Chief Officer	89,261	89,261
70,539	Jane Smith Chief Financial Officer	72,675	72,675
156,651	Total	161,936	161,936

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

SECTION 3 REMUNERATION REPORT

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/18	For Year to 31/03/19		Difference from 31/03/18	As at 31/03/19
	£	£		£	
Rob Packham Chief Officer	13,168	13,510	Pension	1,182	26,726
			Lump sum	3,547	80,178
Jane Smith Chief Financial Officer	10,513	10,829	Pension	1,563	22,979
			Lump sum	298	51,169
Total	23,681	24,339	Pension	2,745	49,705
			Lump Sum	3,845	131,347

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2017/18	Remuneration Band	Number of Employees in Band 2018/19
1	£70,000 - £74,999	1
1	£85,000 - £89,999	1

Robert Peat
IJB Chair

Gordon Paterson
Chief Officer

Date: 27/9/19

SECTION 4 ANNUAL GOVERNANCE STATEMENT

INTRODUCTION

The Annual Governance Statement explains Perth & Kinross Integration Joint Board's (IJB) governance arrangements and reports on the effectiveness of the IJB's system of internal control.

SCOPE OF RESPONSIBILITY

Perth & Kinross IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

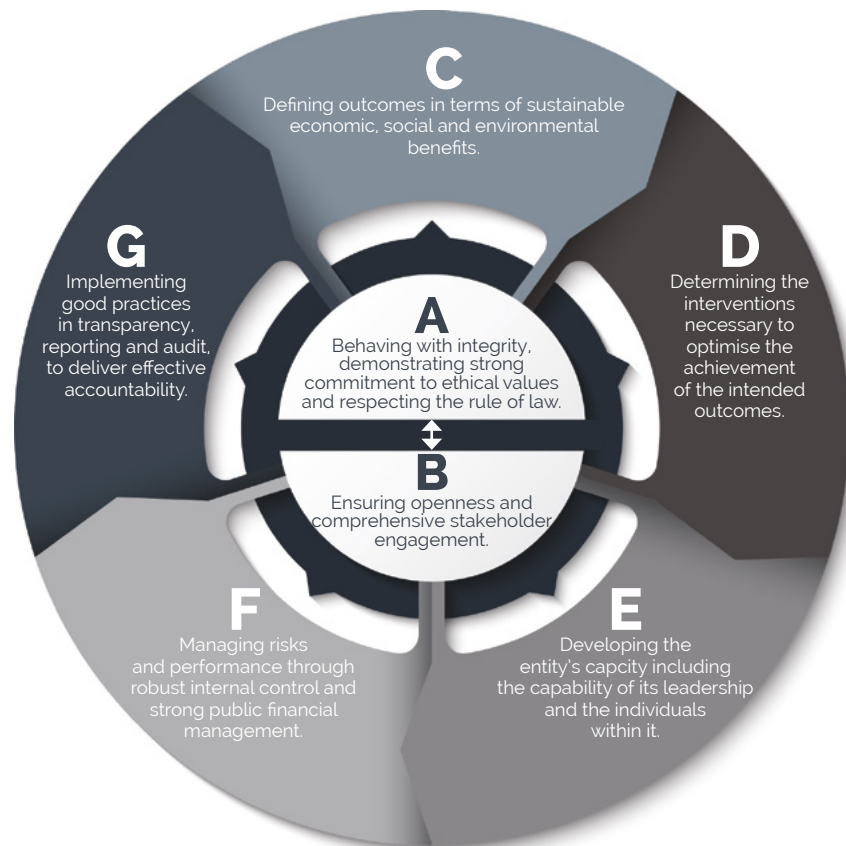
To meet this responsibility the IJB has established arrangements for governance that includes a system of internal control. The system is intended to manage risk to support achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHS Tayside and Perth & Kinross Council systems of internal control that support compliance with both organisations policies and promotes achievement of each organisations aims and objectives including those of the IJB. Assurance has been received from both NHS Tayside and Perth and Kinross Council as to the effectiveness and adequacy of those systems. The systems can only provide reasonable and not absolute assurance of effectiveness.

PURPOSE OF THE GOVERNANCE FRAMEWORK

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services. The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of Perth & Kinross IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The core principles of good governance are set out in the diagram on the following page.

SECTION 4 ANNUAL GOVERNANCE STATEMENT



As a relatively new public body, the IJB supported by the HSCP Team have worked hard to develop an effective governance framework underpinned by these principles and to ensure that it operates effectively in practice. We have been supported by our parent bodies but have also sought to identify best practice systems and processes from elsewhere. The key features of the governance framework that was in place during 2018/19 are summarised below.

LEADERSHIP, CULTURE AND VALUES

A code of conduct for members and employees is in place along with a register of interest. A standards officer has been appointed and standing orders are in place. The development programme for IJB members has been in place since inception and this has been a key feature in developing working relationships between the Chair, members and officers. This includes visits to our health and social care services in the community, in hospitals and in the prison. It also includes the provision of induction sessions/refreshes at regular intervals. This has been particularly important in the face of significant changes to membership.

The Chair and Chief Officer meet regularly and the Chief Financial Officer and Chair of the Audit and Performance Committee meet on a monthly basis. The Strategic Commissioning Plan has provided a clear sense of shared direction and purpose across the IJB membership and HSCP Team and the refresh which is underway will further align our collective and collaborative activity.

SECTION 4 ANNUAL GOVERNANCE STATEMENT

The IJB Chair is supported effectively to carry out his role with independent legal and governance support and effective committee services. The Chief Officer is a Director in the parent organisations, a member of the Executive Teams, attends the Board and Council and is directly accountable to both Chief Executives, who provide regular one to ones. As well as the support from both parent bodies Executive Group, the Chief Officer benefits from the support of the Council's Chief Social Work Officer, who is a member of the IJB and the Clinical and Professional Governance Forum.

STAKEHOLDER ENGAGEMENT

The IJB Meetings are public meetings and membership includes wide stakeholder representation including carers, service users and the third sector. A Communication Strategy and Participation and Engagement Strategy have been agreed by the IJB at inception and both are now being refreshed to learn from our experience thus far.

The Strategic Commissioning Plan was developed following engagement with over 4000 local people and the role and membership of the Strategic Planning Group has been refreshed to ensure it provides a critical forum for wide stakeholder involvement in shaping strategic delivery plans moving forward. Our locality managers are part of the Local Action Partnerships (Community Planning). In addition the HSCP are represented on a number of wider community groups eg Alcohol and Drugs Partnership. Our overarching Strategic Planning and Commissioning Board and four Strategic

Programme Boards have been designed to promote strong leadership and engagement with clinical stakeholders. In developing its new Strategic Commissioning Plan the HSCP will engage further with key stakeholders and will also reflect on the effectiveness of the existing strategic planning and engagement activity. A refresh of the role and remit of the Communications and Engagement Group is underway as well as a review of corporate support.

We have a Health and Social Care Strategic Forum, facilitated by PKAVS, our third sector interface. This connects third sector organisations into the HSCP and contributes to joint strategic planning and commissioning, organisational development, locality working, volunteering and quality assurance. Feedback from members confirms that the forum provides an effective means for raising issues and influencing the HSCP's direction and activity.

The Partnership works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross. The Partnership has engaged regularly with all elected members of Perth and Kinross Council around the challenges and opportunities and the 3 Year Financial Plan.

The refresh of the Strategic Plan will challenge us to further develop our work in and engagement with local communities and the transformation work that follows will require us to redesign services together with citizens and communities to deliver improved outcomes

SECTION 4 ANNUAL GOVERNANCE STATEMENT

VISION, DIRECTION AND PURPOSE

The Strategic Commissioning Plan 2016-2019 has provided a clear vision and the Performance Strategy approved by the IJB set out the commitment to ensure we have the framework in place to measure our success. Since May 2018, the HSCP has been developing a new strategic delivery model made up of four strategic programmes of care, involving a range of stakeholders in strategic planning and operational developments. Recognising that there are challenges around our current approach to Strategic Planning, as well as the imminent publication of an inspection report, the IJB and both parent bodies have agreed that we can defer the production and publication of our next Strategic Plan until later in the year. This will inform a review of the current structures and systems for planning and commissioning to build on our programmes of care structure and ensure connections into localities, clear leadership arrangements and supporting capacity and a robust process for systematic monitoring and review of overall progress across all strategic priorities.

DECISION MAKING

All reports to the IJB are in an agreed format that supports effective decision making. The IJB Annual Work plan for 2018/19 has been developed to ensure regular opportunity for review and scrutiny of progress in delivering strategic priorities. The role of EMT has been strengthened to ensure robust review and scrutiny of progress in delivering our transformation and service redesign priorities at locality level

and for escalation of operational risk that will impact on strategic delivery. The membership of EMT has been extended to ensure wider involvement of clinical colleagues.

The development of integrated financial planning ensures a consistent approach across health and social care services. The establishment of the IJB Budget Review Group has provided IJB members with the forum for ensuring detailed understanding of the pressures and opportunities and has ensured that our members are informed to make the difficult decisions that are inevitable in the current financial climate.

ORGANISATIONAL DEVELOPMENT

The IJB Members are supported by a programme of training and development throughout the year. PKHSCP has a formal leadership structure that has been endorsed by the IJB however the new Chief Officer is considering the future organisational structure to achieve greater integration and improved effectiveness. PKHSCP relies heavily on the Corporate Support arrangements in place with NHS Tayside and Perth and Kinross Council across a range of key areas including HR, Finance, Strategic Planning and Organisational Development. As part of the wider review of organisational structure, the Chief Officer will look to address key gaps which will ensure sufficient capacity, in particular around planning and performance, workforce and organisational development. A strong coherent focus on development of a workforce plan is now required.

SECTION 4 ANNUAL GOVERNANCE STATEMENT

SCRUTINY AND ACCOUNTABILITY

Accountability is about ensuring that those making decisions are answerable for them. We have learned from best practice elsewhere to ensure transparent reporting of our actions, but also to ensure that in this complex landscape our stakeholders can understand our intentions. We have particularly tried to ensure reports to the IJB are clear and concise with the audience in mind.

In order to comply with regulations outlined by the Scottish Government's Integrated Resources Advisory Group, the IJB established an Audit and Performance Committee in July 2016. The role of the IJB Audit and Performance Committee ensures that good governance arrangements are in place for the IJB. It is the responsibility of this sub committee to ensure that proportionate audit arrangements are in place for the IJB and that annual financial statements are compliant with good practice standards.

We report at regular intervals on financial performance and we are required to publish externally audited Annual Accounts each year. We are drafting our third Annual Performance Report which will account for our activity, report on our success and outline further areas for improvement and development.

We have provided regular reports to the IJB Audit and Performance Committee on our progress in implementing all external and internal audit recommendations and we have included a transparent assessment of how we are delivering against our Best Value responsibilities within the Annual Performance Report.

INTERNAL CONTROL FRAMEWORK

The governance framework above operates on the foundation of internal controls including management and financial information, financial regulations, administrative procedures, management supervision and a system of delegation and accountability.

The IJB uses the systems in NHS Tayside and Perth & Kinross Council to manage its financial records. Development and maintenance of these systems is undertaken by both parent bodies as part of the operational delivery of the Health & Social Care Partnership. In particular the systems include:

- *comprehensive budgeting systems;*
- *setting of targets to measure financial performance*
- *regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts.*

The Chief Financial Officer has implemented a three year budgeting process linked to which facilitates the prioritisation of resources in the face of competing demands in line with Strategic Priorities.

During 2018/19 the Audit and Performance Committee has approved a refreshed risk management strategy and strategic risk register including mitigating actions and an escalation process. We have developed an annual work plan for the IJB which will set out clear timescales for reporting on each of our programmes of care including agreed performance

SECTION 4 ANNUAL GOVERNANCE STATEMENT

targets. EMT has provided an improved oversight function in delivering transformation and service redesign and monitoring the financial position. The Audit and Performance Committee have provided a strong scrutiny and review of our actions to develop our governance arrangements. The establishment of new Clinical Care Governance sub-group has been agreed by the IJB to provide improved scrutiny and oversight as further streamlining of review arrangements are taken forward. This will be an area of significant focus as we seek to further embed a performance review framework across all services.

We have an agreed Internal Audit Services from FTF Audit & Management Services.

We have agreed with PKC to the appointment of their Data Protection Officer to the IJB to ensure our GDPR requirements are met. In parallel we have ensured effective arrangements are in place with PKC and NHS Tayside for the sharing of data.

We are working with our NHS Tayside colleagues to set up an effective forum for ensuring that the planning of services that fall within our large hospital set aside budget is undertaken in a way that enables the IJB's intentions to shift the balance of care can be effectively progressed.

We are working hard with the other IJB's in Tayside to ensure strong and effective arrangements are in place to support the strategic planning and delivery of hosted services. These arrangements need to carefully consider the responsibilities of the hosting partnership alongside the wider obligation of each IJB to the strategic planning of all services to their population.

The wider internal control framework also includes:

- *Procedures for Complaints handling*
- *Clinical Care Governance monitoring arrangements*
- *Procedures for Whistle blowing*
- *Data Sharing arrangements*
- *Code of Corporate Governance including Scheme of Delegation; Standing Financial instructions, standing orders, scheme of administration*
- *Reliance on procedures, processes and systems of partner organisations*

Perth and Kinross IJB's relationship with both partner bodies has meant that the controls in place in one body inevitably affect those in the other. The draft NHS Tayside Governance Statement 2018/19 concludes that corporate governance was operating effectively throughout the financial year. Perth & Kinross Council has approved a Governance Statement which also concludes positively on the adequacy and effectiveness of internal controls, accompanied by an Annual Internal Audit Report which concludes that reasonable reliance can be placed on the Council's risk management and governance arrangements, and systems of internal control for 2018/19, subject to management implementation of the agreed actions detailed in Internal Audit reports. Whilst both contain some issues which are of interest to the IJB, neither would give rise to any requirement for consideration in the IJB's Governance Statement.

SECTION 4 ANNUAL GOVERNANCE STATEMENT

ONGOING REVIEW AND FURTHER DEVELOPMENTS

We have independently developed a governance self-assessment tool which considers current internal control and governance arrangements against CIPFA Delivering Good Governance Framework. We have undertaken a full self-assessment each year since inception building a library of evidence and identifying priority areas for further development which have then been included in our Transforming Governance Action Plan.

The Audit and Performance Committee have received regular reports on progress in delivering the Action Plan. We are committed to continue to work hard to achieve best practice in all areas of governance and will fully consider all recommendations for improvement within the Joint Inspection Report to be published in July 2019 and will seek to consolidate those areas where we have performed well.

The 2018/19 Transforming Governance Action Plan contained a number of areas for improvement and progress has been made in key areas. The IJB's Audit and Performance Committee has provided a scrutiny role over progress which can be summarized as follows:

- *As part of the development of the 3 year Financial Plan the Chief Officer and Chief Financial Officer have met with elected members across all parties to describe the financial challenge and Strategic Direction. This has supported a much more collaborative approach to budget setting for 2019/20*
- *Further development of the Budget Review Group Process has ensured all IJB members have the necessary information to make decisions around allocation of resources in line with strategic priorities*
- *The establishment of a new strategic planning structure through four Programmes of Care improved the effectiveness of strategic planning arrangements and has provided a platform to build on moving forward.*
- *A refreshed Risk Management Framework has been agreed by the Audit and Performance Committee inclusive of a risk escalation process. A high level strategic risk profile has developed which is now being regularly updated and reported to the Audit and Performance Committee*
- *Appointment of Data Protection Officer for Perth and Kinross IJB to ensure compliance with General Data Protection Regulations*
- *Improvement in the level and effectiveness of finance support to budget holders*
- *Establishment of Mental Health Alliance to set the strategic intention for Mental Health Services Tayside-wide*
- *All Hosted Services have been aligned to relevant Strategic Programme of Care Boards which are providing a strategic oversight including services hosted by other IJB's*

SECTION 4 ANNUAL GOVERNANCE STATEMENT

Those areas identified which still require further development have been captured in the 2019/20 Transforming Governance Action Plan.

REVIEW OF ADEQUACY AND EFFECTIVENESS

Perth and Kinross IJB has responsibility for conducting, at least annually a review of the effectiveness of its governance framework including the system of internal control.

The review of the effectiveness of the framework has been informed by:

- *The work of the Executive Management Team who have responsibility for development and maintenance of the governance environment*
- *The Annual Report by the Chief Internal Auditor*
- *Reports from Audit Scotland and other review agencies including the Audit Scotland Report on the Review of Health and Social Care Integration*
- *Self-assessment against the Delivering Good Governance in Local Government Framework 2016 Edition (CIPFA)*
- *Self assessment against the Ministerial Strategic Group Recommendations*
- *Draft Annual Governance Statements for Perth and Kinross Council and NHS Tayside*

The Chief Internal Auditor reports directly to the IJB Audit and Performance Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit and Performance Committee on any matter.

In addition to regular reports to the IJB's Audit and Performance Committee during 2018/19, the Chief Internal Auditor prepares an annual report to the Audit and Performance Committee including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

The Internal Audit Annual Report 2018/19, received by the Audit & Performance Committee 18 June 2019 highlights findings which indicate some weaknesses in the internal control environment. None of these are considered material enough to have a significant impact on the overall control environment and it is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

ACTION PLAN FOR 2019/20

Significant progress has been made against the 'Transforming Governance' Action Plan agreed for 2018/19. However following a full self-assessment process and feedback from the Formal Joint Inspection, refreshed actions have now been set out to further strengthen the governance arrangements and these will include:-

SECTION 4 ANNUAL GOVERNANCE STATEMENT

Leadership, Culture & Values

- *How effective is the IJB Board? Assessment of performance against the PKIJB Integration Scheme with IJB members will provide improved understanding of the IJB's role and remit*
- *Review of PKHSCP organizational structure*
- *Leadership Development Program focused on Collaborative Practice*
- *IJB Member Development: Refresh of induction and review and refresh of IJB Annual Training and Development Plan.*
- *Annual Development Meetings between Chair and Members*
- *Development of a statement of our vision and values to be developed to become front and centre of all IJB activities moving forward*

Stakeholder Engagement

- *Effective Stakeholder Engagement: Review of role of Engagement Group and development of engagement and participation strategy to support localities, providing a process for deciding on the level of engagement required.*

- *Effective Communication with our Public: Development of a coordinated approach to communication and marketing supported by dedicated expertise*
- *Effective Engagement and Co-production at Locality Level: individual locality reports brought forward to the IJB*
- *Effective engagement with PKC Elected members: embed a Health & Social Care Session into the Perth & Kinross Council rolling program for elected members*

Vision, Direction & Purpose

- *Development of our next three-year Strategic Commissioning Plan will set a shared vision and clear priorities which will align our collective and collaborative activity*
- *Measuring our performance: Develop a 'measure what you value rather than value what you measure' approach aligned to the refreshed strategic plan. Redesign of corporate support functions to deliver integrated performance reporting as standard.*
- *How effective are our Program Boards?: Building on our Programme Boards review of our planning and commissioning structures and leadership arrangements to ensure a strong connection to localities, clear leadership arrangements and supporting capacity made a robust Strategic Planning and Commissioning Board which provides a balanced*

SECTION 4 ANNUAL GOVERNANCE STATEMENT

focus on all priorities and a mechanism for systematic review and monitoring using SMART principles.

- *How effective is our Strategic Planning Group?
A review of role and remit to be carried out*

Decision Making

- *Development of Effective workforce, OD and E Health & Care Plans*
- *Corporate Support: Development of new structure under CFO to ensure sufficient capacity*
- *Improve the effectiveness of the connection of PKHSCP planning with Parent Body Strategic Planning (Transforming Tayside/Perth and Kinross Offer)*

Internal Controls

- *Support NHST to ensure timely agreement of budgets moving forward*
- *Reach agreement with NHST on refreshed finance support arrangements for IPMH*
- *Large Hospital Set Aside: support NHST to ensure strong mechanism for overseeing progress*
- *Risk Sharing/Using totality of resources: Agreement of risk sharing arrangements*
- *Directions: embed the routine issue of Directions as part of normal business process*

- *Clinical Care Governance: Embed a consistent framework for performance review across all services, providing assurance to the new sub committee of the IJB on the safety and effectiveness of services ensuring streamlining of our arrangements with those of both parent bodies*

Scrutiny And Accountability

- *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. In developing our Improvement Plan we will look to the progress and success achieved elsewhere in Scotland through benchmarking activity, the Chief Officer's involvement in the National Chief Officers' Group and the improvement support available from both inspectorates*

These will be incorporated into the Partnership Improvement Plan and updates on progress will be provided to each meeting of the IJB's Audit & Performance Committee along side the Strategic Risk Register and mitigating actions.

SECTION 4 ANNUAL GOVERNANCE STATEMENT

CONCLUSION AND OPINION ON ASSURANCE

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that internal control environment operating during 2018/19 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment.

.....
Robert Peat
IJB Chair

.....
Gordon Paterson
Chief Officer

Date: 27/9/19

SECTION 5 ANNUAL ACCOUNTS

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year according to accepted accounting practices.

2017/18				2018/19	
Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
-	28,317	Community and Hospital Health Services	28,660	-	28,660
-	20,970	Hosted Health Services	21,433	-	21,433
-	28,467	GP Prescribing	27,520	-	27,520
-	39,678	General Medical/Family Health Services	41,480	-	41,480
-	11,793	Large Hospital Set aside	14,346	-	14,346
-	236	IJB Operating Costs	241	-	241
-	65,993	Community Care	69,405	-	69,405
-	195,454	Cost of Services	203,085	-	203,085
(194,068)	(194,068)	Taxation and Non-Specific Grant Income (Note 4)		(205,555)	(205,555)
(194,068)	1,386	(Surplus) or Deficit on Provision of Services	203,085	(205,555)	(2,470)
	1,386	Total Comprehensive (Income) and Expenditure (Note 3)			(2,470)

Whilst this statement shows a surplus of £2.470M, this surplus relates to a number of specific spend projects and future commitments.

SECTION 5 ANNUAL ACCOUNTS

All surplus has been transferred to earmarked IJB reserves for specific projects and commitments. (As per Movement in Reserves Statement and Note 6 below).

There are no statutory or presentation adjustments which affect the IJBs application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not shown in these annual accounts.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2018/19	General Fund Balance
	£000
Opening Balance at 31 March 2018	-
Total Comprehensive Income & Expenditure	(2,470)
(Increase) or Decrease in 2018/19	(2,470)
Closing Balance at 31 March 2019	(2,470)

Movements in Reserves During 2017/18	General Fund Balance
	£000
Opening Balance at 31 March 2017	(1,386)
Total Comprehensive Income & Expenditure	1,386
(Increase) or Decrease in 2017/18	1,386
Closing Balance at 31 March 2018	-

SECTION 5 ANNUAL ACCOUNTS

BALANCE SHEET

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2018 £000		Notes	31 March 2019 £000
-	Short term Debtors	5	2,470
-	Current Assets		2,470
-	Short-term Creditors		-
-	Current Liabilities		-
-	Provisions		-
-	Long-term Liabilities		-
-	Net Assets		2,470
-	Usable Reserve: General Fund	6	(2,470)
-	Unusable Reserve: Employee Statutory Adjustment Account		-
-	Total Reserves		(2,470)

The unaudited annual accounts were issued on 26 June 2019, and the audited annual accounts were authorised for issue on 27 September 2019.

Jane Smith
Chief Financial Officer

Date: 27/9/19

SECTION 6 NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

A GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2018/19 financial year and its position at the year-end of 31 March 2019.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2018/19, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

B ACCRUALS OF INCOME AND EXPENDITURE

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- *expenditure is recognised when goods or services are received and their benefits are used by the IJB;*
- *income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable;*
- *where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet;*
- *where debts may not be received, the balance of debtors is written down*

C FUNDING

The IJB is funded through funding contributions from the statutory funding partners, Perth & Kinross Council and NHS Tayside. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in Perth and Kinross.

D CASH AND CASH EQUIVALENTS

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the

SECTION 6 NOTES TO THE FINANCIAL STATEMENTS

balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E EMPLOYEE BENEFITS

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a pensions liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer and a Chief Financial Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

F PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

A review for contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2019.

G RESERVES

The IJB's reserves are classified as either Usable or Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by

SECTION 6 NOTES TO THE FINANCIAL STATEMENTS

legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

H INDEMNITY INSURANCE

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Perth & Kinross Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where

material, presented as either a debtor or disclosed as a contingent asset.

I CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

In applying the accounting policies set out above, the Integration Joint Board has had to make certain judgments about complex transactions or those involving uncertainty about future events. The critical judgments made in the Annual Accounts are:

The value of the Large Hospital Set Aside expenditure reported within the total Integration Joint Board expenditure of £14.346M is based on the most recently available activity levels for hospital inpatient and day case activity as provided by NHS Services Scotland's Information Services Division and direct cost information provided by NHS Tayside. This is a transitional arrangement for 2018/19 agreed locally between NHS Tayside and the three Tayside

Integration Joint Boards and with the Scottish Government. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

J RELATED PARTY TRANSACTIONS

Related parties are organisations that the IJB can control or influence or who can control or influence the IJB. As partners in the Joint Venture of Perth and

SECTION 6 NOTES TO THE FINANCIAL STATEMENTS

Kinross Integration Joint Board, both Perth & Kinross Council and NHS Tayside are related parties and material transactions with those bodies are disclosed in note 8 in line with the requirements of IAS 24 Related Party Disclosures.

K SUPPORT SERVICES

Support services were not delegated to the IJB and are provided by the Council and the Health Board free of charge as a 'service in kind'. These arrangements were outlined in the report of Corporate Supporting Arrangements to the IJB on 23 March 2016.

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Chief Financial Officer on 27 September 2019. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2019, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2017/18 £000		2018/19 £000
65,993	Services commissioned from Perth and Kinross Council	69,405
129,225	Services commissioned from NHS Tayside	133,439
205	Other IJB Operating Expenditure	210
3	Insurance and Related Expenditure	3
28	External Audit Fee	28
(194,068)	Partner Funding Contributions and Non-Specific Grant Income	(205,555)
1,386	(Surplus) or Deficit on the Provision of Services	(2,470)

Costs associated with the Chief Officer and Chief Financial Officer are included within 'other IJB operating expenditure'. The insurance and related expenditure relates to CNORIS costs (see note 1,H). Auditor fees related to fees payable to Audit Scotland with regard to external audit services carried out by the appointed auditor.

SECTION 6 NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2017/18 £000		2018/19 £000
(46,924)	Funding Contribution from Perth and Kinross Council	(51,661)
(147,144)	Funding Contribution from NHS Tayside	(153,894)
(194,068)	Taxation and Non-specific Grant Income	(205,555)

The funding contribution from NHS Tayside shown above includes £14.346M in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

NOTE 5: DEBTORS

2017/18 £000		2018/19 £000
-	NHS Tayside	2,470
-	Debtors	2,470

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

NOTE 6: USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund for two main purposes:

- *To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.*
- *To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.*

SECTION 6 NOTES TO THE FINANCIAL STATEMENTS

As at March 2018, the IJB's Annual Accounts showed that Perth & Kinross IJB had no reserves. The following table sets out the earmarked reserve balances as at 31 March 2019 which are required for specific commitments in future years.

	Balance as at 1 April 2018 £000	Transfers (In)/Out £000	Balance as at 31 March 2019 £000
Primary Care Improvement Fund	0	642	642
Mental Health Action 15 Fund	0	171	171
Primary Care Transformation Fund	0	359	359
Alcohol and Drug Partnership Fund	0	572	572
Partnership Transformation Fund	0	554	554
GP Recruitment Fund	0	118	118
Mental Health Bundle	0	54	54
Closing balance at 31 March 2019	0	2,470	2,470

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the host partnership for Learning Disability Inpatient services, Substance Misuse Inpatient services, Public Dental services/Community Dental services, General Adult Psychiatry (GAP) Inpatient services, Prisoner Healthcare and Podiatry.

The IJB directs services on behalf of Dundee and Angus IJBs and reclaims the full costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2017/18 £000		2018/19 £000
21,348	Expenditure on Agency Services	21,432
(21,348)	Reimbursement for Agency Services	(21,432)
-	Net Agency Expenditure excluded from the CIES	-

SECTION 6 NOTES TO THE FINANCIAL STATEMENTS

NOTE 8: RELATED PARTY TRANSACTIONS

The IJB has related party relationships with the NHS Tayside and the Perth & Kinross Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

Income – payments for integrated functions

2017/18 £000		2018/19 £000
46,924	Perth and Kinross Council	51,661
147,144	NHS Tayside	153,894
194,068	Total	205,555

Expenditure – payments for delivery of integrated functions

2017/18 £000		2018/19 £000
66,010	Perth and Kinross Council	69,541
129,239	NHS Tayside	133,334
205	NHS Tayside: Key Management Personnel Non-Voting Board Members	210
195,454	Total	203,085

This table shows that expenditure within Perth & Kinross Council is £17.880M greater than Perth & Kinross Council funding contributions. This represents IJB funding received from NHS Tayside being directed into Perth & Kinross Council.

Key Management Personnel: The non-voting Board members employed by the NHS Board and recharged to the IJB include the Chief Officer; the Chief Financial Officer. Details of the remuneration for some specific post-holders are provided in the Remuneration Report.

Perth & Kinross Council employs the council staff and Chief Social Work Officer representatives on the IJB Board but there is no discrete charge for this representation.

Balances with Perth and Kinross Council

2017/18 £000		2018/19 £000
-	Debtor balances: Amounts due from Perth and Kinross Council	-
-	Creditor balances: Amounts due to Perth and Kinross Council	-
-	Total	-

SECTION 6 NOTES TO THE FINANCIAL STATEMENTS

Balances with NHS Tayside

2017/18 £000		2018/19 £000
-	Debtor balances: Amounts due from NHS Tayside	2,470
-	Creditor balances: Amounts due to NHS Tayside	-
-	Total	2,470

NOTE 9: VAT

The IJB is not VAT registered and as such the VAT is settled or recovered by the partner agencies.

The VAT treatment of expenditure in the IJBs accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts relating to VAT, as all VAT collected is payable to HM Revenue and Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is recoverable from HM Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the commissioning IJB.

SECTION 7: INDEPENDENT AUDITOR'S REPORT

SECTION 8: GLOSSARY OF TERMS

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received overpaid.

Asset

An item having value to the IJB in monetary terms. Assets are categorised as either current or non-current. A current asset will be consumed or cease to have material value within the next financial year (eg cash and stock). A non-current asset provides benefits to the IJB and to the services it provides for a period of more than one year.

Audit of Accounts

An independent examination of the IJB's financial affairs.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

Contingent Asset/Liability

A Contingent Asset/Liability is either:

- *A possible benefit/obligation arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain events not wholly within the IJB's control; or*
- *A present benefit/obligation arising from past events where it is not probable that a transfer of economic benefits will be required, or the amount of the obligation cannot be measured with sufficient reliability.*

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

SECTION 8: GLOSSARY OF TERMS

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Defined Benefit Pension Scheme

Pension scheme in which the benefits received by the participants are independent of the contributions paid and are not directly related to the investments of the scheme.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the IJB and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period eg creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

SECTION 8: GLOSSARY OF TERMS

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer, the Chief Finance Officer, the Heads of Service and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

SOLACE

Society of Local Authority Chief Executives.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom.



PERTH AND KINROSS INTEGRATION JOINT BOARD

26 JUNE 2019

AUDIT AND PERFORMANCE COMMITTEE - ANNUAL REPORT 2018/19

Report by Chair of Audit & Performance Committee (Report No. G/19/112)

PURPOSE OF REPORT

This report is the first Annual Report of the Perth & Kinross Integration Joint Board's (IJB) Audit and Performance Committee and summarises the work of the Committee during the year 2018/19.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:-

- notes the contents of this Annual Report for the year 2018/19; and
- acknowledges the input provided to the Audit and Performance Committee from its members and those supporting the Committee; and
- instructs the Chair of the Audit & Performance Committee to provide a further Annual Report for 2019/20 in June 2020.

2. BACKGROUND

The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to put in place good governance arrangements, including proportionate audit arrangements and annual financial statements which are compliant with good practice standards.

In order to comply with these regulations, a report (G/16/160) seeking approval for the creation of an Audit and Performance Committee was submitted to the IJB meeting held on 1 July 2016.

Following this approval the Audit and Performance Committee first met on 28 October 2016 and has met regularly since then. An update on the business of the Committee is regularly shared with the main IJB meeting.

The Terms of Reference for the Audit and Performance Committee were last reviewed by the IJB at the meeting held on 30 November 2018. These Terms of Reference are included at Appendix 1.

3. REPORTS CONSIDERED BY THE IJB AUDIT AND PERFORMANCE COMMITTEE – JUNE 2018 TO FEBRUARY 2019

The updated Terms of Reference for the IJB's Audit and Performance Committee states that the Committee will meet at least 3 times each financial year. In 2018-19 the Committee met 5 times which included an additional meeting in July to consider the Annual Performance Report. Attendance at these meetings is detailed at Appendix 2.

From June 2018 to February 2019 the Committee considered the following:-

P&K IJB Audit & Performance Committee	19/6/18	18/7/18	20/9/18	30/11/18	19/2/19
FINANCE AND AUDIT					
Unaudited Annual Accounts	✓				
Audited Annual Accounts			✓		
Internal Audit Annual Report and Assurance Statement	✓				
Internal Audit Plan 2018/19			✓		
Internal Audit Progress Report			✓		✓
Audit Recommendations Update	✓		✓		✓
Appointment of Internal Auditors 2018-19	✓				
External Audit Strategy					✓
External Audit Annual Report 2017/18			✓		
Letter of Representation to KPMG			✓		
Financial Position Report			✓		✓
Audit Scotland Report – 'Health And Social Care Update On Progress'					✓
GOVERNANCE					
Transforming Governance Action Plan	✓		✓		✓
Audit & Performance Committee Terms of Reference				✓	✓
Strategic Risk Management	✓		✓	✓	✓
Assurance - Statement on Governance and Internal Control NHST PKC			✓		
Annual Governance Statement	✓				
Audit and Performance Committee Membership Update			✓		
Assurances Received from Partners			✓		
NHST Clinical Care & Professional Governance Annual Report	✓				
PERFORMANCE					
Annual Performance Report		✓			
Performance Update for Older People & Unscheduled Care	✓				✓
Corporate Performance Update					✓
OTHER REPORTS					
Chief Social Work Officer Annual Report					✓
NHST Clinical Care & Professional Governance Annual Report	✓				
HM Inspection of Prisons for Scotland - HMP Perth Inspection – Prison Healthcare Improvement Plan				✓	
MSG for Health & Community Care - Review of Progress with Integration of Health and Social Care - Final Report					✓

4. AUDIT & PERFORMANCE COMMITTEE MEMBERSHIP

The commitment of the members of the Committee who are also members of the IJB is recognised as well as the additional workload and challenges with schedules is acknowledged.

During the financial year 2018-19 the Committee was initially Chaired by Councillor Chris Ahearn until the end of July 2018 when Councillor Callum Purves took over the role of Chair.

The Committee's membership in the June and July 2018 meetings was Councillor Chris Ahearn (Chair), Councillor Eric Drysdale, Bernie Campbell, Jim Foulis and Stephen Hay.

For the Committee meetings in September the membership was Councillor Callum Purves (Chair), Councillor Eric Drysdale, Bernie Campbell, Jim Foulis and Robert Peat.

The November meeting comprised membership of Councillor Callum Purves (Chair), Councillor Eric Drysdale, Nic Beech, Bernie Campbell, Jim Foulis and Robert Peat.

At the February 2019 Committee meeting the membership was Councillor Callum Purves (Chair), Councillor Eric Drysdale, Bernie Campbell, Jim Foulis, Nic Beech and Lorna Birse-Stewart.

The updated Terms of Reference for the Committee state that any member of the IJB can attend the Audit and Performance Committee.

Membership and attendance at meetings is attached at Appendix 2.

5. SKILLS AND KNOWLEDGE

It is noteworthy and recognised that there is a range of skills, knowledge and experience that Audit and Performance Committee members bring to the Committee to fulfil its functions. This enhances the quality of scrutiny and discussion of reports at the meetings. No one committee member would be expected to be expert in all areas. The attendance of wider IJB members at some of the meetings now provides even further scrutiny.

External training has been provided for some of the members during the year and regular development sessions are also held.

6. SUMMARY

It is anticipated that this report will become an annual report back to the IJB on the activity of the Audit and Performance Committee during the year.

This report demonstrates that the work of the committee reflects the remit of the Audit and Performance Committee as well as the reporting, audit and governance duties as reflected in the recently updated Terms of Reference as attached at Appendix 1. The Chair of the Committee and the Chief Financial Officer have, as part of preparing this Annual Report, performed a self-

assessment on the performance of the Committee. This is attached at Appendix 3.

The Committee has now taken on the responsibility for Corporate Performance reporting. There will also be a drive in the coming year to have a greater focus on performance and service delivery.

Author(s)

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

APPENDICES

1. Perth & Kinross IJB Audit & Performance Committee Terms of Reference
2. Perth & Kinross IJB Audit & Performance Committee Record of Attendance
3. Self Assessment



Appendix 1

AUDIT & PERFORMANCE COMMITTEE

TERMS OF REFERENCE

Introduction

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

Purpose

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

Authority

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

Membership

4. The IJB shall appoint the Committee. Membership must consist of an equal number of voting members from Perth & Kinross Council (the Council) and NHS Tayside (the NHS). The Committee shall comprise two voting members from the Council, two voting members from the NHS and two non-voting members from the IJB. The Chair of the IJB cannot be a member of the Audit & Performance Committee.
5. Any member of the IJB can attend the Audit & Performance Committee.
6. Members of the IJB, or their proxies or substitute members, may substitute for members of the Committee who represent the same organisation or group.

Chair

7. The Chair of the Committee shall be a voting member nominated by the IJB.
8. In the absence of the Chair, the Committee shall elect a voting member as Chair for the purposes of that meeting.

Quorum

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

Meetings

10. Meetings of the Committee shall be conducted in accordance with the Standing Orders of the IJB.
11. The Committee shall meet at least three times each financial year.
12. The Chief Officer, Chief Financial Officer, Chief Internal Auditor, Head of Health, Head of Adult Social Work and Social Care, Chief Social Work Officer, Associate Director/Mental Health Services, P&K HSCP Associate Medical Director and other professional advisors or their nominated representatives shall normally attend meetings. Other persons shall attend meetings at the invitation of the Committee.
13. The External Auditor shall attend at least one meeting per annum. At the end of each meeting of the Audit & Performance Committee there will be an opportunity on request for a private discussion with the external and Chief Internal Auditors without other senior officers present.

Reporting

14. The Committee shall provide the IJB with an annual report summarising its conclusions from the work it has done during the year and providing an opinion on the adequacy and effectiveness of the systems of internal control. The Committee shall review its own effectiveness yearly through self assessment against its duties and report the results to the IJB.
15. The Chair of the Committee, or, in his/her absence, a nominated member, shall provide updates on the work of the Committee at each meeting of the IJB.

Duties

16. The Committee shall review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
17. It shall be responsible for the following duties:

17.1 Performance/Best value/Scrutiny

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

17.2 Governance

- To review and approve the annual Internal Audit Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate
- To receive monitoring reports on the activity of Internal Audit
- To consider External Audit Plans and reports (including annual audit certificate/ annual report), matters arising from these and management actions identified in response
- To monitor the effectiveness of the control environment, including arrangements for ensuring value for money, supporting standards and ethics and for managing the Partnership's exposure to the risks of fraud and corruption

- To review on a regular basis the implementation of actions agreed by management to remedy weaknesses identified by Internal or External Audit
- To consider the effectiveness of the authority's risk management arrangements and the control environment, reviewing the risk profile of the organisation and assurances that action is being taken on risk-related issues, including partnerships and collaborations with other Organisations
- To ensure the existence of and compliance with an appropriate Risk Management Strategy
- To be satisfied that the Integration Joint Board's annual assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it and demonstrate how governance supports the achievement of the authority's objectives

17.3 Audit

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

17.4 Standards

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

Appendix 2

Perth & Kinross Integration Joint Board

Audit & Performance Committee

Record of Attendance 1 April 2018 - 31 March 2019**Members**

Name	Designation	Organisation	19 Jun 18	18 Jul 18	20 Sep 18	30 Nov 18	19 Feb 19
Councillor Callum Purves ¹	Elected Member	Perth & Kinross Council			PRESENT	PRESENT	PRESENT
Councillor Eric Drysdale	Elected Member	Perth & Kinross Council	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Professor Nic Beech ²	Non Executive Director	NHS Tayside				APOLOGIES	APOLOGIES
Bernie Campbell	Carer	Public Partner	PRESENT	APOLOGIES	APOLOGIES	PRESENT	APOLOGIES
Jim Foulis	Associate Nurse Director	NHS Tayside	PRESENT	APOLOGIES	PRESENT	PRESENT	APOLOGIES
Lorna Birse-Stewart ³	Non Executive Director	NHS Tayside					PRESENT
Councillor Chris Ahern ⁴	Elected Member	Perth & Kinross Council	PRESENT	PRESENT			
Dr Robert Peat ⁵	Non Executive Director	NHS Tayside	PRESENT	PRESENT	APOLOGIES	PRESENT	PRESENT
Stephen Hay ⁶	Non Executive Director	NHS Tayside	PRESENT	PRESENT			

In Attendance

Name	Designation	Organisation	19 Jun 18	18 Jul 18	20 Sep 18	30 Nov 18	19 Feb 19
Robert Packham	Chief Officer	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Jane Smith	Chief Financial Officer	P&K HSCP	PRESENT	APOLOGIES	PRESENT	PRESENT	PRESENT
Evelyn Devine	Head of Health	P&K HSCP	APOLOGIES	APOLOGIES	PRESENT	PRESENT	PRESENT
Diane Fraser	Head of Adult Social Work	P&K HSCP	PRESENT	PRESENT	PRESENT	APOLOGIES	APOLOGIES
Alan Drummond	Staffside	NHS Tayside				PRESENT	
Maggie Rapley	Service Manager	P&K HSCP		PRESENT		PRESENT	
Phil Jerrard	A&C Team Leader	P&K HSCP	PRESENT	PRESENT	PRESENT	PRESENT	PRESENT
Scott Hendry	Team Leader (Committee Services)	Perth & Kinross Council	PRESENT		PRESENT	PRESENT	
Adam Taylor	Assistant Committee Officer	Perth & Kinross Council		PRESENT		PRESENT	PRESENT
Tony Gaskin	Internal Auditor	NHS Fife	PRESENT		PRESENT	PRESENT	

Linda Lennie 7	Carer	Public Partner			PRESENT		
Donna Mitchell	Finance Manager	P&K HSCP	PRESENT		PRESENT		PRESENT
Jackie Clark	Internal Auditor	Perth & Kinross Council	PRESENT		PRESENT		
Sandra Gourlay	Lead Nurse	P&K HSCP	PRESENT		PRESENT		
Andy Shaw	External Auditor	KPMG			PRESENT		
Christopher Windeatt	External Auditor	KPMG			PRESENT		
Sandy Strathearn		P&K HSCP	PRESENT	PRESENT			
Will Clayton		P&K HSCP		PRESENT			
Councillor Colin Stewart 8	Elected Member	Perth & Kinross Council					PRESENT
Councillor Xander McDade	Elected Member	Perth & Kinross Council					
Paul Henderson	Service Manager	P&K HSCP					PRESENT
Fiona Easton		P&K HSCP					PRESENT
Judith Trieb	Internal Auditor	Perth & Kinross Council					PRESENT
B Hudson	Internal Auditor						PRESENT
M Wilkie	External Auditor	KPMG					PRESENT

**1. Chair from 20 July 2018 2. Member from 28 September 2018 until 1 April 2019 3. Member from 30 November 2018 4. Chair until 20 July 2018
5. Member until 30 November 2018 6. Member until 10 September 2018 7. Substituted for B. Campbell 20/9/18 8. Substituted for N.Beech 19/2/19**

**Perth & Kinross Integration Joint Board
Audit and Performance Committee
2018/19 Self-Assessment Checklist**

A.	Role and remit		Comments/Action
1	Does the committee have written terms of reference?	Yes	
2	Do the terms of reference cover the core functions as identified in the <i>SG Audit and Assurance Committee Handbook</i> ?	Yes	
3	Are the terms of reference approved by the Audit and Assurance Committee and reviewed periodically?	Yes	The Terms of Reference were refreshed and agreed by the IJB on 30th November.
4	Has the committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	No	The Committee has struggled with the consistency and availability of its membership, particularly of its NHS members. The revised Terms of Reference now allow all members of the IJB to attend and contribute to meetings.
5	Does the body's governance statement mention the committee's establishment and its broad purpose?	Yes	
6	Does the committee periodically assess its own effectiveness?	Yes	The requirement for an Annual Report on the Audit and Performance Committee's effectiveness was included in the updated Terms of Reference.
B.	Membership, induction and training		Comments/Action
7	Has the membership of the committee been formally agreed by the management board and or Accountable Officer and a quorum set?	Yes	The quorum was recently reduced to three members with no requirement for a member to attend from each of the parent bodies. This was to ensure that meetings were able to take place when they would otherwise have had to be cancelled.
8	Are members appointed for a fixed term?	No	
9	Does at least one of the committee members have a financial background?	Yes	
10	Are all members, including the Chair, independent of the Executive function?	Yes	

11	Are new committee members provided with an appropriate induction?	No	There is no specific induction programme for members of the Audit and Performance Committee. Members have been offered external audit committee training and work is ongoing to design a programme of in-house induction and training. Training has been provided on specific issues such as risk.
12	Has each member formally declared his or her business interests?	Yes	
13	Are members sufficiently independent of the other key committees of the Board?		The Chair of the IJB is ineligible to sit on the Audit and Performance Committee in a voting capacity; the Vice Chair does not currently sit on the Committee as a member. Due to limited availability of members, the Chair of the Audit and Performance Committee chairs the Budget Review Group. Discussions are taking place so this is not necessary in future.
14	Has the committee considered the arrangements for assessing the attendance and performance of each member?	No	Attendance record to be provided at each meeting moving forward.
C. Meetings			Comments/Action
15	Does the committee meet regularly, at least four times a year?	Yes	
16	Do the terms of reference set out the frequency and broad timing of meetings?	Yes	
17	Does the committee calendar meet the body's business and governance needs, as well as the requirements of the financial reporting calendar?	Yes	
18	Are members attending meetings on a regular basis and if not, is appropriate action taken?	No	Attendance of members has been irregular. Membership has been reviewed and matters of quoracy addressed. All members of the IJB are now able to attend and participate in Audit and Performance Committee meetings.

19	Does the Accountable Officer attend all meetings and, if not, is he/she provided with a record of discussions?	Yes	
20	Does the committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit and finance?	Yes	
D.	Internal control		Comments/Action
21	Does the committee consider the findings of annual reviews by internal audit and others, on the effectiveness of the arrangements for risk management, control and governance?	Yes	
22	Does the committee consider the findings of reviews on the effectiveness of the system of internal control?	Yes	
23	Does the committee have responsibility for review of the draft governance statement and does it consider it separately from the accounts?	Yes	
24	Does the committee consider how accurate and meaningful the governance statement is?	Yes	
25	Does the committee satisfy itself that the arrangements for risk management, control and governance have operated effectively throughout the reporting period?	Yes	
26	Has the committee considered how it should coordinate with other committees that may have responsibility for risk management and corporate governance?	Yes	The IJB receives governance statements from both its parent bodies and give assurance to both its parent bodies through its annual governance statement. Once discussed by the Audit and Performance Committee, the risk management framework was recommended to the IJB for approval.
27	Has the committee satisfied itself that the body has adopted appropriate arrangements to counter and deal with fraud?	Yes	
28	Has the committee been made aware of the role of risk management in the preparation of the internal audit plan?	Yes	
29	Does the committee's terms of reference include oversight of the risk management process?	Yes	

30	Does the committee consider assurances provided by senior staff?	Yes	
31	Does the committee receive and consider stewardship reports from senior staff in key business areas such as Finance, HR and ICT?	Yes	
E.	Financial reporting and regulatory matters		Comments/Action
32	Is the committee's role in the consideration of the annual accounts clearly defined?	Yes	
33	Does the committee consider, as appropriate:	Yes	
a	<ul style="list-style-type: none"> the suitability of accounting policies and treatments 	Yes	
b	<ul style="list-style-type: none"> major judgements made 	Yes	
c	<ul style="list-style-type: none"> large write-offs 	Yes	
d	<ul style="list-style-type: none"> changes in accounting treatment 	Yes	
e	<ul style="list-style-type: none"> the reasonableness of accounting estimates 	Yes	
f	<ul style="list-style-type: none"> the narrative aspects of reporting? 	Yes	
34	Is a committee meeting scheduled to receive the external auditor's report to those charged with governance including a discussion of proposed adjustments to the accounts and other issues arising from the audit?	Yes	
35	Does the committee review management's letter of representation?	Yes	
36	Does the committee gain an understanding of management's procedures for preparing the body's annual accounts?	No	
37	Does the committee have a mechanism to keep it aware of topical legal and regulatory issues?	No	
F.	Internal Audit		Comments/Action
38	Does the Head of Internal Audit attend meetings of the committee?	Yes	
39	Does the committee consider, annually and in detail, the internal audit plan including consideration of whether the scope of internal audit work addresses the body's significant risks?	Yes	
40	Does internal audit have a direct reporting line, if required, to the committee?	Yes	

41	As well as an annual report from the Head of Internal Audit, does the committee receive progress reports from internal audit?	Yes	
42	Are outputs from follow-up audits by internal audit monitored by the committee and does the committee consider the adequacy of implementation of recommendations?	Yes	
43	If considered necessary, is the committee chair able to hold private discussions with the Head of Internal Audit?	Yes	
44	Is there appropriate co-operation between the internal and external auditors?		This is unclear and something the Committee should consider.
45	Does the committee review the adequacy of internal audit staffing and other resources?	Yes	This is reviewed at set intervals and when the Chair or the Committee members deem necessary
46	Are internal audit performance measures monitored by the committee?	No	
47	Has the committee considered the information it wishes to receive from internal audit?	No	
48	Has the committee considered formal terms of reference defining internal audit's objectives, responsibilities, authority and reporting lines?	No	
G.	External audit		Comments/Action
49	Does the external audit representative attend meetings of the committee?	Yes	For Annual Account purposes.
50	Do the external auditors present and discuss their audit plans and strategy with the committee (recognising the statutory duties of external audit)?	Yes	
51	Does the committee chair hold periodic private discussions with the external auditor?	No	
52	Does the committee review the external auditor's annual report to those charged with governance?	Yes	
53	Does the committee ensure that officials are monitoring action taken to implement external audit recommendations?	Yes	
54	Are reports on the work of external audit presented to the Audit and Assurance Committee?	Yes	
55	Does the committee assess the performance of external audit?	No	

56	Does the committee consider the external audit fee?	No	
H. Administration			Comments/Action
57	Does the committee have a designated secretariat?	Yes	
58	Are agenda papers circulated in advance of meetings to allow adequate preparation by committee members and attendees?	Yes	This is generally the case. There are some instances where papers have been late for various reasons but this has been avoided when at all possible.
59	Do reports to the committee communicate relevant information at the right frequency, time, and in a format that is effective?	Yes	In terms of audit, governance and risk functions, this is now appropriate and effective.
60	Does the committee issue guidelines and/or a pro forma concerning the format and content of the papers to be presented?	Yes	
61	Are minutes prepared and circulated promptly to the appropriate people, including all members of the Board?	No	Minutes are brief and are not circulated until the papers are released for the next meeting. Discussions have taken place on making the minutes a more detailed record of the discussion that took place. Draft minutes should be released more quickly following each meeting.
62	Is a report on matters arising presented or does the Chair raise them at the committee's next meeting?	Yes	Matters arising are either discussed following the minutes or are addressed in the action points update or the transforming governance action plan update.
63	Do action points indicate who is to perform what and by when?	Yes	
64	Does the committee provide an effective annual report on its own activities?	Yes	
I. Overall			Comments/Action
65	Does the committee effectively contribute to the overall control environment of the organisation?		The Committee has made significant progress over the course of the year, including in its risk management functions.

66	Are there any areas where the committee could improve upon its current level of effectiveness?		The Committee needs to improve its effectiveness in a number of key areas, particularly in relation to its performance-monitoring responsibilities and its assessment of internal audit functions.
67	Does the committee seek feedback on its performance from the Board and Accountable Officer?	Yes	



PERTH AND KINROSS INTEGRATION JOINT BOARD

26 June 2019

CHIEF OFFICER STRATEGIC UPDATE

Report by Chief Officer (Report No. G/19/113)

PURPOSE OF REPORT

This report provides the Perth and Kinross Integration Joint Board with an update from the Chief Officer on progress with key strategic developments and on intended future action.

1. RECOMMENDATION(S)

It is recommended that Members of the Integration Joint Board note the following strategic updates:

- the Development of Perth and Kinross HSCP's Strategic Commissioning Plan
- The joint inspection of Perth and Kinross Health and Social Care Partnership (HSCP) by the Care Inspectorate and Healthcare Improvement Scotland.
- The publication of the interim report from the Independent Inquiry into Mental Health Services in Tayside.
- Perth and Kinross HSCP's self-evaluation of progress on integration in response to the Ministerial Strategic Group's national review.

2. STRATEGIC COMISSIONING PLAN

In March 2019, the IJB agreed that the publication of the refreshed Strategic Commissioning Plan would be delayed until the 27th September 2019, to allow for the outcome of the joint inspection to be considered and for the arrival of the new Chief Officer.

Since arrival, the Chief Officer, has asked a Service Manager in the HSCP to lead on the development of the Strategic Commissioning Plan, in a full-time capacity to coordinate the work of a small team and to plan the process and engagement activity that will ensure that the plan is informed by the local priorities of our communities.

On 05 June 2019, we held an engagement sessions with IJB Members to set the strategic direction. At this event, the Chief Officer set the local and national policy context for developing the Strategic Plan, outlined the demographic and financial challenges we face and conveyed our ambition to support people earlier, to connect people to their local area and services, to build individual and community resilience and to provide high quality services that support people to achieve better outcomes.

In setting the strategic direction for our planning activity, the Chief Executive of Perth and Kinross Council gave an overview of the 'Perth and Kinross Offer' and the Director of Public Health highlighted the importance of linking our Strategic Commissioning Plan with the broader Public Health agenda.

Participants in the development sessions, which included both IJB members and officers, responded that the strategic priorities remained valid and recommended that the next plan should be more than just a re-write of our previous plan, should be concise, readable and focussed and should reflect the outcome of engagement activity with local citizens, communities, service users and carers.

To support the development of the plan we will consider what people have previously told us that they want from health and social care services. We will also engage with those groups and communities we are already connected to and working with to establish their priorities. In addition, a programme of community engagement events are being planned throughout June and July, led by our Community Engagement Team and supported by HSCP Locality/Service Managers. The conversations we will hold with people within the localities will be around the priorities that they have, framed in the context of the challenges we face and a recognition that we won't be able to satisfy every need or demand. These discussions will begin to promote the idea of the 'Perth and Kinross Offer' or 'Deal' in which individuals and communities are encouraged to make their contribution to our collective efforts to promote good health, support 'caring communities' and address inequalities.

These engagement events will inform the development of the draft Strategic Plan, which we will formally consult on in the last two weeks of August, allowing the final draft to be presented to the IJB on the 27th September.

3. JOINT INSPECTION

The Care Inspectorate and Healthcare Improvement Scotland are concluding their Joint Inspection of Perth and Kinross Health and Social Care Partnership. In recognising the early stage of integration nationally, this

inspection has focussed on strategic planning and commissioning arrangements, on performance monitoring and reporting and on leadership.

On 15th May members of the HSCP's EMT, the Chief Executives of both statutory partners and Perth and Kinross Council's Chief Social Work Officer were joined by the Chair and the Vice Chair of the IJB to receive feedback from the Inspectors on their findings, to date.

In response, we have provided the Inspectors with a range of further evidence which we anticipate will inform their scrutiny and demonstrate the progress that we have made in relation to the quality indicators that they have considered. Given our shared ambition that this should be a collaborative endeavour that supports us to achieve improvement, we have sought a further meeting with the Inspectorate to discuss the process of the inspection, their findings and conclusions before the report is finalised, later in the Summer.

4. INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE

In May 2018, the NHS Tayside Board commissioned the Independent Inquiry into Mental Health Services in Tayside in response to concerns which had been raised about the quality of mental health services in Tayside.

The Independent Inquiry is being conducted in five stages:

Stage 1: Set-up and launch - Complete

Stage 2: Evidence gathering – Complete

Stage 3: Analysis and investigation – Currently in Progress

Stage 4: Final report with conclusions and recommendations – Date to be Confirmed

Stage 5: Dissemination of Findings – Date to be Confirmed

The Inquiry published an interim report on May 22, 2019 following the completion of Stage 2 which included a high-profile public Call for Evidence. This report sets out the lived experiences of people who have used mental health services in Tayside and their families and carers, as well as the views of staff and third sector organisations working in mental health services.

Members will be particularly interested in this report as inpatient adult mental health services are hosted by Perth and Kinross Integration Joint Board. The Inquiry is looking at end-to-end mental health services, however, the interim report has a focus on inpatient mental health services.

As the commissioner of the Inquiry, the Board of NHS Tayside has welcomed the interim report and recognised the importance of learning lessons from the feedback it provides.

Six key themes were identified in the Interim Report and these are already being addressed through a Quality Improvement Programme which was established prior to the Inquiry being set up.

Mr David Strang, the independent Chair of the Inquiry has been invited to the Tayside NHS Board on Thursday, 27 June to present his interim report.

Mr Strang made one recommendation in his report relating to the delivery of the IJB-approved operational inpatient model as part of the Mental Health and Learning Disability Service Redesign Transformation Programme (MHLDSRT). The Minister for Mental Health subsequently asked the local leadership team to urgently review the risks and impact of this planned redesign programme.

This risk assessment of the approved plans, as well as a review of the clinical risks associated with the current availability of medical and nursing workforce, is currently under way as requested by Scottish Government. This will be further discussed with IJB members and NHS Tayside Board members in the coming weeks, with any decisions to be made following the appropriate governance arrangements.

5. MINISTERIAL STRATEGIC GROUP, REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE; SELF-EVALUATION

On 4 February 2019, the Ministerial Strategic Group (MSG) for Health and Community care's report on the review of progress with integration was published. Within the review report, there was an expectation that Health Boards, Local Authorities and Integration Joint Boards (IJBs) would evaluate their current position in relation to the review report's findings and the Audit Scotland report on integration which was published in November 2018, with a view to increasing the pace of integration.

A key element of the process was the establishment of a self-evaluation template which would serve to support local discussions, share good practice and enable the Leadership Group to gain an overall insight into progress. The self-evaluation exercise would also form the basis of future local and national plans to increase the pace of integration.

The 25 proposals from the review report were incorporated into the self-evaluation template and grouped around the following key features.

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Agreed governance and accountability arrangements
- Meaningful and sustained engagement

Our completed self-evaluation is attached for IJB Members consideration and information, in which we show how we have assessed progress in Perth and Kinross across the indicators. We have either identified that we our approach is 'Partly Established' or 'Established' and this very much aligns with the self-evaluation we completed ahead of the joint inspection.

On receipt of the final inspection report we will develop an Improvement Plan and this will also incorporate the areas for development we have identified through the MSG self-evaluation, as well as recent internal audit findings.

Author(s)

Name	Designation	Contact Details
Gordon Paterson	Chief Officer	g.paterson2@nhs.net

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

Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

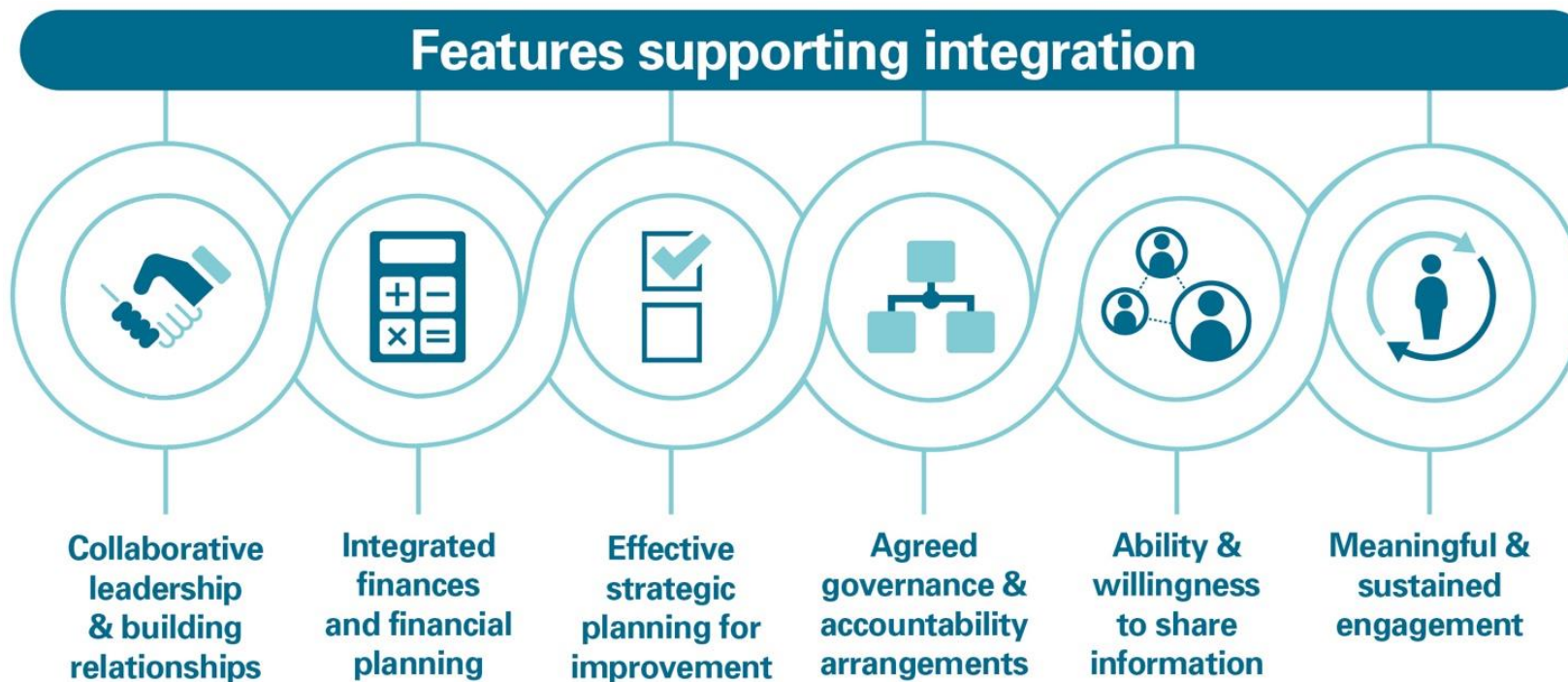
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

**Thank you.
Integration Review Leadership Group
MARCH 2019**



Name of Partnership	Perth and Kinross
Contact name and email address	Gordon Paterson g.paterson2@nhs.net
Date of completion	5 th May 2019

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice.				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating		Partly Established		
Evidence / Notes	<p>Our focus in the early years involved disaggregating and decentralising NHS services, to identify which services should come into the new HSCP. This included a number of significant, large hosted services (Prisoner Healthcare, Inpatient Mental Health, Dentistry and Podiatry) on behalf of NHS Tayside and the other HSCPs. Since then we have developed an 'aligned' rather than an 'integrated' structure. However, locally and at the frontline we have some examples of integrated, multi-disciplinary working.</p> <p>We currently collaborate effectively through senior managers' involvement in a number of strategic groups, including; Community Planning; Public Protection; Clinical, Care and Professional Governance; Transforming Tayside, etc.</p> <p>While we have shared and collaborative leadership we recognise there is much more that can be achieved in this regard and from improvement here. We will be restructuring in the course of this year to achieve greater integration, which will lend itself to more collaborative leadership, supported by greater opportunities for leadership development. An integrated structure will result in greater opportunities for co-location and for shared services that will reduce duplication, improve efficiency, provide better access to local services and contribute to improved outcomes.</p>			

Proposed improvement actions	<p>The development of our next three-year Strategic Commissioning Plan will set a shared vision and clear priorities which will align our collective and collaborative activity. In turn, leadership development activities and the creation of a workforce and organisational development plan will enable us to deliver the strategic priorities in a more integrated, innovative and sustainable way.</p> <p>Restructuring to achieve a more integrated organisational structure will enable us to improve opportunities for collaboration and support us in our ambition to develop a values-based, learning organisation with a positive, supportive culture. This will provide the direction and context for us to develop and deliver joint learning and development opportunities for our senior leaders.</p> <p>In response to the expected feedback from the Joint Inspection of the HSCP, we will develop further input for IJB members to ensure that they have an improved understanding of their roles and responsibilities.</p>
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Proposal 1.2 Relationships and collaborative working between partners must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			Established	
Evidence / Notes	<p>Successful Health and Social Care integration has required realignment of established cultures and working practices. Early work has sought to share best practice and to encourage mutual understanding of cultural and operational differences across the two statutory partner organisations.</p> <p>The HSCP now has a degree of maturity and with two new Chief Executives committed to integration we are optimistic that from a position of greater stability we will achieve better relationships and collaboration with and between our statutory partners. Statutory bodies are developing a clearer understanding of the pressures, cultures and challenges facing the HSCP, as well as the opportunities for progress. Trust and understanding between statutory partners is strong and developing further.</p> <p>The Chief Officer is a member of both statutory partners' Executive Teams and reports to the statutory partners' Chief Executives. The Chief Officer also benefits from the support of the statutory partners' executive team members, as well as the Chief Social Work Officer, an Associate Medical Director, a Lead Nurse and Lead AHP.</p>			
Proposed improvement actions	<p>Organisational restructuring will lend itself to improved working relationships, a shared ambition and collaborative endeavour. We will seek to achieve a positive, supportive culture that promotes a 'can do' approach and collective leadership.</p> <p>The introduction of a new, more integrated structure will support improvements in planning and performance and in clinical and</p>			

	<p>care governance. Continued collaboration across HR Departments will advance joint policies, align terms and conditions and enable more integrated working. A more integrated structure will support pooled budgets and better financial planning.</p> <p>The HSCP Strategic Plan will align with the 'Perth and Kinross Offer' and the ambitions of 'Transforming Tayside' as well as the Public Health Strategy, which will further support collaborative working and forge stronger relationships with and between the statutory partners, including with their wider functions through our collective commitment to Community Planning.</p>
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Proposal 1.3 Relationships and partnership working with the third and independent sectors must improve				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			Established	
Evidence / Notes	<p>Relationships with third and independent sector partners are strong. We have a Health and Social Care Strategic Forum, facilitated by PKAVS, our third sector interface. This connects third sector organisations into the HSCP and contributes to joint strategic planning and commissioning, organisational development, locality working, volunteering and quality assurance. Feedback from members confirms that the forum provides an effective means for raising issues and influencing the HSCP's direction and activity.</p> <p>Further, we are members of the Community Planning Partnership and are developing positive, collaborative relationships with the broad range of partner organisations working on the Community Plan.</p> <p>The Partnership works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross. This has a degree of complexity and requires effective communication and collaboration as well as trusting working relationships.</p>			

Proposed improvement actions	<p>From a good starting point we will build on the effectiveness of our relationships with the third and independent sector, including through their participation and involvement in Strategic Planning and in the wider work of the HSCP as we develop a more preventative approach and greater reach into local communities. We recognise the need to work further with the third and independent sector to achieve a shared understanding and realistic expectations (given demand and resources) of our priorities for improvement.</p> <p>Through our commissioning and contracting activity we will work with independent and third sector partners to deliver better outcomes for service users and their carers. We will monitor how effectively and proactively our commissioned services deliver the ambition of the Health and Social Care Standards.</p>
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Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating			Established	
Evidence / Notes	<p>The Chief Officer is a member of both parent body Executive Leadership Team where the financial position is discussed. At Committee Level the Chief Officer and Chief Financial Officer attend the PKC Strategic Policy and Resources Committee. The Chief Officer attends the NHST Board.</p> <p>Regular supportive discussions take place with the Chief Officer and the Head of Finance PKC and the Deputy Director of Finance of NHST. In 2018-19, a number of joint discussions have taken place around budget-setting and financial recovery planning, involving Chief Executives and Senior Finance colleagues, evidencing a commitment to close and collaborative working.</p> <p>A monthly financial report is prepared by the Chief Financial Officer based on timely and robust forecasts provided by the integrated finance team. This is shared for input with Senior Finance Colleagues in both parent bodies. Similarly the CFO regularly is asked to input into the finance reports of both NHST and PKC.</p>			

	<p>A three-year Financial Plan for core and social care services has developed in partnership with Perth and Kinross Council. The budget setting process within PKC has supported this and in this financial year this provides uplift in excess of 11%.</p> <p>The CFO and the Deputy Director of Finance for NHS Tayside are working together to finalise the NHS contribution to the three-year plan.</p> <p>We have very positive working relationships between finance officers and teams and there is strong support for our move towards a more integrated HSCP budget.</p>
Proposed improvement actions	<p>Our revised strategic plan will require to have a financial plan sitting behind it and this will benefit from a shift towards greater pooling of our budgets, which will become seen as 'partnership' rather than 'health' or 'social care' budgets. The development of a more integrated structure will create further opportunities here.</p> <p>We will review our current risk-sharing agreement with both parent bodies.</p> <p>We will initiate Financial Recovery Plans and appropriate measures should early budget monitoring project significant overspends.</p>

Proposal 2.2 Delegated budgets for IJBs must be agreed timeously				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	<p>Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes.</p> <p>Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.</p>
Our Rating		Partly Established		
Evidence / Notes	<p>Perth and Kinross Council's budget setting process supports timely agreement of their budget allocation to the IJB, in February for 2019/20 and indicatively for Year 2 and Year 3. The process supports wide opportunity for discussions with officers and Board Members around pressures, proposed transformation and efficiency proposals, ensuring wide understanding of the challenges, opportunities and strategic direction.</p> <p>For NHS Tayside, regular discussions between the Deputy Director of Finance and CFO have ensured clear budget offers by end of April 2019.</p> <p>There has been sufficient clarity in relation to budget assumptions from both parent bodies to allow 3 Year Financial Plans to be developed and approved.</p>			

Proposed improvement actions	We aim to align the budget setting timescales in future years across both parent bodies, enabling budgets to be set by 31 st March 2020.
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Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating		Partly Established		
Evidence / Notes	<p>The Older People and Unscheduled Care Board has set out developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget. A methodology for calculating the hospital budget and set aside has been agreed and financial figures and workings are available from the recent work carried out by Audit Scotland.</p> <p>The Older People and Unscheduled Care Board and the PRI Clinical Forum have been critical in helping us to understand the impact of changes in service provision and performance on the hospital budget and set aside. There is also joint working around service design in relation to some clinical pathways.</p> <p>The 3 Year Financial Plan for Core Health and Social Care Services sets out an anticipated shift in resources from bed-based to community services over the three year period.</p>			

Proposed improvement actions	We will ensure that the Older People and Unscheduled Care Board will be supported and resourced to take a strong leadership role in delivering the shift in the balance of care anticipated over the next three years.
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Proposal 2.4 Each IJB must develop a transparent and prudent reserves policy				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating		Partly Established		
Evidence / Notes	<p>In 2016/17 and 2017/18 under spends in social care were either carried forward by PKC or by the IJB to be utilised against social care priorities, or to support the overall financial position. All IJB reserves carried by Perth and Kinross Council have been fully utilised to manage projected overspends within 2019/20.</p> <p>In 19/20 the IJB will only hold earmarked reserves in relation to Action 15/ ADP/PCIF which both NHST and PKC fully support.</p>			
Proposed improvement actions	There is no likelihood of reserves being accrued in the short to medium term, given increased demand, recruitment challenges and the financial pressures on delegated and hosted budgets.			

Proposal 2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating			Established	
Evidence / Notes	<p>The Chief Finance Officer works closely with colleagues in PKC and NHS Tayside to develop an integrated finance function to support the IJB. A core team is now in place based in the HSCP offices. Finance staff employed by both parent bodies, work as one team and provide strong and timely support to budget holders, to the CFO/CO and to the parent bodies.</p> <p>The breadth of the CFO role and the need for supporting capacity was recognised by the CFO in the early days after establishment and a proposal for a Partnership Accountant was put forward and strongly supported by both NHST and PKC.</p> <p>The good relationships developed with PKC and NHST colleagues ensure that conflicts of interest are avoided.</p> <p>At present, finance support to the hosted Inpatient Mental Health Service is not part of the HSCP integrated finance team and is not aligned to the CFO. The Deputy Director of Finance and the CFO are in discussion around the re-alignment of support from the NHST Finance Team to the HSCP.</p>			

Proposed Improvement actions	<p>Agreement with NHST to be reached on the effective alignment of finance support for Inpatient Mental Health which will improve the financial information available to the IJB.</p> <p>We are looking to develop a new structure below the Chief Finance Officer to ensure sufficient capacity.</p>
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Proposal 2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		Partly established		
Evidence / Notes	The risk sharing arrangements for the first three years of the partnership combined with the very public financial difficulties being faced by NHST have resulted in our resources being considered in an 'aligned' way than as a total delegated and integrated resource.			
Proposed improvement actions	Review our financial risk sharing arrangements to support the consideration of the budget as a total delegated resource. Convene a workshop for IJB Members and Senior Officers to better understand the use of Directions Review our budgets allocation and budget-holding responsibilities in the context of our Strategic Plan, better reflecting our strategic priorities and responding to locality needs assessment and inequalities. Ensure integrated performance locality data in place to support financial monitoring.			

Key Feature 3 Effective strategic planning for improvement				
Proposal 3.1 Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
Our Rating			Established	
Evidence / Notes	<p>Perth and Kinross Council and NHS Tayside have provided a high level of support to the IJB and to the Chief Officer. The Chief Officer is a Director in the parent organisations, a member of the Executive Teams, attends the Board and Council and is directly accountable to both Chief Executives, who provide regular one to ones.</p> <p>The recently-appointed Chief Officer is considering the future organisational structure and will respond to the anticipated inspection findings by ensuring that there is sufficient infrastructure and capacity to support him in a range of key functions, such as; performance review; strategic and financial planning; clinical and care governance; audit and risk; communications; organisational and workforce development.</p>			

	As well as the support from both parent bodies Executive Group, the Chief Officer benefits from the support of the Council's Chief Social Work Officer, who is a member of the IJB and the Clinical and Professional Governance Forum.
Proposed improvement actions	<p>Continue to engage with Chief Executives of both parent bodies to;</p> <ul style="list-style-type: none"> - advance the HSCP's Strategic Plan - seek appropriate levels of support and continued commitment from both statutory parties - ensure adequate capacity in the Senior team to support the HSCP's range of responsibilities - ensure alignment between the parent bodies' programmes, plans and strategies with those of the IJB/HSCP - progress organisational restructure to deliver an integrated structure and to ensure that behaviours, values and culture are aligned to a shared vision and purpose.

Proposal 3.2				
Improved strategic inspection of health and social care is developed to better reflect integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

Proposal 3.3 National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4 Improved strategic planning and commissioning arrangements must be put in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	<p>Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide some support for strategic planning and commissioning.</p>	<p>Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.</p>	<p>Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs.</p> <p>The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.</p>
Our Rating		Partly Established		
Evidence / Notes	<p>Since May 2018, the HSCP has been developing a new strategic delivery model made up of four strategic programmes of care, involving a range of stakeholders in strategic planning and operational developments.</p> <p>Recognising that there are challenges around our current approach to Strategic Planning, as well as the imminent publication of an inspection report, the IJB and both parent bodies have agreed that we can defer the production and publication of our next Strategic Plan until later in the year. This will inform a review of the current structures and systems for planning and commissioning.</p> <p>At locality level the Partnership offers representation and support to Local Action Groups as part of the Community Planning Partnership arrangements. This has been particularly evident through participatory budgeting.</p>			

Proposed improvement actions	<p>We anticipate that the findings from the recent inspection of Perth and Kinross HSCP will highlight areas for improvement in our current approach to strategic planning and to performance management. We are aware of the improvement necessary and plans are being developed to address these. This coincides with the development of our next Strategic Commissioning Plan over the next few months.</p> <p>This will provide an opportunity to reflect on how we might develop more effective arrangements for strategic planning that better analyses, anticipates and meets future need, through more effective engagement with citizens, communities and stakeholders, by advancing new models of care and new service offers, that help to address inequalities and to improve outcomes.</p> <p>In addition, further action will be required by the IJB and both parent bodies to take forward actions that achieve the ambition of the MSG's Review of Integration, as well as the recommendations from the Audit Scotland report.</p>
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Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	<p>Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.</p> <p>Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.</p>	<p>Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.</p> <p>There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.</p>
Our Rating		Partly Established		
Evidence / Notes	<p>Through 'Transforming Tayside', the establishment of a Clinical Forum and our Unscheduled Care Pathway we are working with NHS Tayside and other stakeholders to review, consolidate and improve the range of services provided from the Perth Royal Infirmary site.</p> <p>The Older People and Unscheduled Care Board and the PRI Clinical Forum are considering changes in service provision and the impact this can have on the hospital budget and set aside. Dedicated programme and project management resources have been committed to support this work.</p>			

Proposed improvement actions	<p>We will review the progress of the work of the Older People and Unscheduled Care Programme Board and ensure that plans are fully developed and implemented.</p> <p>We will link this work to the activity being advanced under 'Transforming Tayside' and will further develop our approach to avoidable hospital admissions, reducing length of stay and support early discharge.</p>
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Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	<p>Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
Our Rating		Partly Established		
Evidence / Notes	<p>We have in place systems and structures to support effective governance and define clear accountabilities. These include; the Perth and Kinross Integration Scheme; reporting arrangements to the IJB, Council, NHS Board and to the Audit and Performance Committee; Clinical and Care Governance arrangements; Strategic Risk Management Group; Staff Partnership fora; Complaints Procedure.</p> <p>We benefit from effective financial monitoring and reporting, across the aligned budgets allocated by both parent bodies.</p>			

Proposed improvement actions	<p>The IJB has agreed that a Care Governance Sub-Committee be convened and this will commence in the next month. We will develop a regular Performance Report and Review to aid managers, teams and Committee in their scrutiny of our performance against priorities.</p> <p>Further work is necessary to develop regular, robust and meaningful performance reporting and review for managers, teams and Committee.</p> <p>We have a local Joint Working Agreement which we will implement and which will support greater integration. This will enable us to better align HR processes, policy and procedure.</p> <p>With increased locality working we will explore local governance arrangements and the potential for further devolved budget. The introduction of a more integrated organisational structure will require us to enhance our clinical and care governance support to professional groups.</p> <p>With the governance and accountability structures of both parent bodies, as well as those of the IJB there is considerable duplication in reporting to potentially 5-6 different committees/fora/groups and thus great potential to explore a more integrated and efficient approach. We will review current arrangements and work with partners to explore the potential to reduce duplication.</p> <p>Health and safety and risk will be given greater focus, as a standing item on all team agendas.</p>
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Indicator 4.2 Accountability processes across statutory partners will be streamlined.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating		Partly Established		
Evidence / Notes	<p>The Chief Officer is a Director in NHS Tayside and Perth and Kinross Council, with direct accountability to both CEOs for performance. The Chief Officer has direct accountability to the Chair of the IJB and the Integration Scheme clarifies powers and accountabilities of each partner organisation. There is a clear understanding that decisions about the planning and strategic commissioning of delegated health and social care functions and hosted health functions sit with the IJB. However, there remains a degree of 'triple-tracking' across the three bodies, where decision made by the IJB are then considered by the Council and NHS Board.</p> <p>All minutes and IJB papers are published. All IJB meetings and Audit and Performance Committees are recorded and placed on You Tube for public record. IJB meetings are open to the public.</p> <p>Public Partners are active IJB members and take part in scrutiny and governance activities, as well as our Strategic Planning process.</p>			

Proposed improvement actions	<p>We aim to develop a more effective Communication Strategy to create a stronger identity for the HSCP, promote the work that is being progressed and the engagement being undertaken, while highlighting the new models of care being designed and delivered and the different ways that citizens can expect to interact with these.</p> <p>We will develop more effective Performance Reporting that aligns with strategic priorities and, if possible, with the requirements of both statutory partners, to reduce duplication and provide greater transparency.</p> <p>With partners we will consider whether it is appropriate to review the Integration Scheme.</p>
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Proposal 4.3 IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			Established	
Evidence / Notes	<p>The Chief Officer meets with the IJB Chair and Vice Chair regularly to discuss operational issues of significance and any matters that might have a wider public or political interest. The Chief Officer and Chief Financial Officer also meet the IJB Chair regularly to discuss progress on the strategic priorities for assurance, governance and accountability. The IJB Chair works with officers to set the IJB agenda and chairs a pre-Agenda meeting. The IJB Chair, and wider membership, has access to advice and support from the Council's Chief Social Work Officer.</p> <p>There are regular development sessions and visits for IJB members and the Chair, which induct new members, clarify their roles and responsibilities in respect of strategic planning, governance and scrutiny and orientate members to HSCP services.</p> <p>Public partners, representing service users and carers, participate fully as IJB members and benefit from additional support in their role, where this is necessary.</p>			

Proposed improvement actions	<p>The early reporting from the Joint Inspection has highlighted that some IJB Members do not feel fully included in decision making and have a degree of confusion around their roles and responsibilities. This may reflect a significant turnover in IJB Members over the three years since inception. However, the current induction and training/development programme is being refreshed and will include a IJB Member training needs assessment. This will inform a revised development programme for IJB members.</p> <p>To explore the development of objectives for IJB Members and appraisal by the Chair.</p> <p>We are looking at how to include independent sector representation on the IJB.</p>
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Proposal 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		Partly Established		
Evidence / Notes	IJB Members are engaged in the work of the Budget Review group and have a good understanding of the IJB's financial position and actions being taken to achieve strategic shifts and to balance the budget. While directions are provided to partners around budgetary decisions, these are high level and do not direct change. The HSCP is aware that greater focus is required on implementing the use of Directions from the IJB to partner and parent organisations.			
Proposed improvement actions	<p>Two workshops have been arranged with Senior Management and IJB Members in May and June 2019 to ensure a full understanding of the legislation in respect of Directions and the process required to initiate such.</p> <p>We will benchmark with other IJBs and learning from their experience of using Directions. This, combined with the forthcoming statutory guidance, will inform and enhance our use of Directions.</p>			

Proposal 4.5 Effective, coherent and joined up clinical and care governance arrangements must be in place.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood.</p> <p>Necessary clinical and care governance arrangements are not well established.</p>	<p>There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.</p> <p>Arrangements for clinical and care governance are not clear</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.</p> <p>Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.</p>
Our Rating		Partly Established		
Evidence / Our Notes	<p>The HSCP has a structure for overseeing clinical, care and professional governance, which provides scrutiny, assurance and advice. This is supported by the Chief Social Work Officer from the Council, as well as the Associate Medical Director, Lead Nurse and Lead AHP. Our response to the findings of an internal audit report will provide us with opportunities to refine and enhance our arrangements in this regard.</p> <p>The HSCP also reports into NHS Tayside arrangements for Clinical and Care Governance and Strategic Risk, as well as to Perth and Kinross Council's Committees.</p>			
Proposed improvement actions	<p>The IJB has agreed that a Clinical, Care and Professional Governance Committee be convened to apply scrutiny, assurance and improvements to our governance arrangements.</p> <p>There is a need to look to streamline the arrangements between the HSCP and both parent bodies to ensure efficiency and</p>			

	effectiveness, align reporting arrangements, and reduce duplication.
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Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating		Partly Established		
Evidence / Notes	<p>The HSCP has published Annual Performance Reports, the contents and focus of which have evolved to seek to provide more relevant and meaningful data on the Partnership's performance. It is recognised that further work needs to be done to move away from quantitative measures, to report more effectively and regularly on outcomes, impact, experience.</p> <p>The imminent publication of a report into the inspection of our HSCP highlights the need for us to review and develop our approach to performance reporting and to develop more routine, regular reports on performance in relation to functions and localities, with a focus on impact and outcomes.</p>			
Proposed improvement	In delivering a revised Strategic Commissioning Plan we will consider the arrangements, systems and structures in place to support this and enhance these to deliver better data and intelligence, pertaining to local and national outcome measures.			

actions	<p>We welcome the MSG proposal to benchmark Chief Officer's Annual Performance Reports nationally to report on impact and progress across local systems and to provide greater transparency and accountability. We will also work with HSCPs across Tayside to agree common measures and data and to achieve greater consistency in reporting.</p>
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Proposal 5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.</p>	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating		Partly Established		
Evidence / Notes	<p>We are about to receive the report of a recent Joint Inspection from HIS and the Care Inspectorate. This will necessitate a comprehensive Improvement Plan, with many of the required actions linked to the MSG Review of Integration and therefore the aspects covered elsewhere in this self-evaluation (for example, governance, performance, workforce planning, strategic commissioning and leadership).</p> <p>The inspection report will also identify areas where we have made good progress and where there is evidence of good practice, which we will recognise, promote and consolidate.</p> <p>In developing our Improvement Plan we will look to the progress and success achieved elsewhere in Scotland through benchmarking activity, a review of others' inspection reports, the Chief Officer's involvement in the National Chief Officers' Group</p>			

	and the improvement support available from both inspectorates.
Proposed improvement actions	<p>In response to the inspection findings we will introduce a robust, regular Performance Review and Report and will achieve ownership of this across the HSCP, in functional areas, teams and localities to ensure the 'golden thread' between individual objectives and performance, operational delivery and strategic priorities, monitoring. We will develop a model that provides monthly and quarterly reports, thus informing the Annual Performance Review.</p> <p>We will look to market the work of the HSCP internally and externally by; developing a Communication Strategy; achieving a stronger brand identify; improving communication; promoting our achievements; developing a positive, supportive, learning culture; strengthening employees' connection to our purpose and priorities; optimising the proactive use of media and social media.</p>

Proposal 5.3 A framework for community based health and social care integrated services will be developed.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating		Partly Established		
Evidence / Notes	<p>We engage effectively with a range of key stakeholders in the course of our work, be this local communities, communities of interest, professional groups, the third and independent sector, advocacy organisations or minority ethnic groups.</p> <p>The HSCP is committed to developing both strategic and operational links between the HSCP and Stronger Communities to engage with communities effectively. This will support a range of activity that will enable the HSCP to contribute to key strategic objectives such as early intervention and prevention, working with communities and making the best use of resources.</p>			
Proposed improvement actions	<p>We will revise our communication and engagement strategy and enhance our approach to ensure that meaningful engagement runs throughout our strategic and operational planning and developments.</p> <p>We will look to include an independent sector representative on our IJB and will ensure that we support all Public Partners more effectively to enable them to contribute more fully in influencing our work activity.</p>			

Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>Work is required to improve effective working relationships with service users, carers and communities.</p>	<p>Work is ongoing to improve effective working relationships with service users, carers and communities.</p> <p>There is some focus on improving and learning from best practice to improve engagement.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place.</p> <p>There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.</p>	<p>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB.</p> <p>There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.</p>
Our Rating		Partly Established		
Evidence / Notes	<p>(As 6.1 above) We are working well with carers, people using services and communities through;</p> <ul style="list-style-type: none"> - the development of our locality approach - our work in Community Planning and through Local Action Partnerships - the recruitment of Public Partners onto the IJB through third sector-led elections - our further plans to consult locally on our revised Strategic Commissioning Plan - the inspection reports on our regulated services 			
Proposed improvement actions	<p>Our Strategic Plan will challenge us to further develop our work in and engagement with local communities and the transformation work that follows will require us to redesign services together with citizens and communities.</p> <p>We will explore further community development opportunities, promoting social enterprises, building community capacity and developing greater use of volunteering. We will design further methods of garnering feedback on service quality.</p>			

Proposal 6.3 We will support carers and representatives of people using services better to enable their full involvement in integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	<p>Carers and representatives on the IJB are supported by the partnership, enabling engagement.</p> <p>Information is shared to allow engagement with other carers and service users in responding to issues raised.</p>	<p>Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities.</p> <p>Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.</p>
Our Rating		Partly Established		
Evidence / Notes	<p>One of our four Programmes of Care features on Carers, with a focus on the ambition of the previous National Carers Strategy and now on the provisions of the new Carers Act. In progressing this work we are engaging effectively with carers and the groups that represent and support them.</p> <p>The Carers Programme Board approved a HSCP Short Break Services Statement on 6 December 2018, in line with the requirements of the Carers Scotland Act 2016. A summary version of the Statement and an information leaflet is being produced to raise awareness of the short breaks that are available to carers in the area, to minimise carer breakdown and support carers in their role. We plan to consult further as we develop a local Carers Strategy.</p>			

Proposed improvement actions	<p>Further support the Public Partners to understand their roles as Board Members and to contribute effectively to the work of the IJB and HSCP. Develop a Reference Group to work behind the Public Partners to increase representation on IJB business and decisions.</p> <p>Further develop our communication and feedback to ensure that Partnership planning and service delivery remains in step with public aspirations.</p> <p>We will review the impact of our Carer's strategy to measure and report on the difference it is making to identifying unpaid carer's and supporting them to carry on with their caring role, while enjoying a life out with caring.</p>
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PERTH & KINROSS INTEGRATION JOINT BOARD

26 JUNE 2019

PERTH & KINROSS ALCOHOL & DRUG PARTNERSHIP UPDATE REPORT

Report by Clare Mailer, ADP Chair (Report No. G/19/114)

PURPOSE OF REPORT

The purpose of this report is to update the IJB on the new national substance use strategy; Rights, Respect & Recovery, the Alcohol Framework 2018, and to provide an update on the redesign of substance use services and the implementation of a Recovery Oriented System Of Care (ROSC) in Perth and Kinross.

1. BACKGROUND

1.1 NATIONAL

MEMORANDUM OF UNDERSTANDING

- 1.1.1 In 2009, COSLA and Scottish Government agreed a framework on supporting Alcohol and Drug Partnerships. This is currently under review and an updated Memorandum of Understanding will provide a framework to support planning in local areas.
- 1.1.2 Governance and oversight regarding the delivery of the Alcohol and Drug Partnerships (ADP) strategic and financial plans is expected to be provided at Chief Officer Level by the Chief Officers Group, the Integrated Joint Board or the Community Planning Partnership. ADPs have also been advised that a robust relationship is required between the IJB and the ADP to ensure that the direction issued by the IJB delivers the (ADP) strategic plan.

1.2. FINANCE

- 1.2.1 In September 2018, Scottish Government, as part of its “programme for government 2018-19: additional investment in services to reduce problem drug and alcohol use” announced an additional investment of £20m to Alcohol & Drugs Partnerships in Scotland.

- 1.2.2 Of this £20m, Perth & Kinross was allocated £464,188, returning funding to almost pre-2016 levels. A Financial plan for recurring spends and slippage was endorsed by the IJB and submitted to Scottish Government in October 2018. This £464, 188 is in addition to the core £3.6m budget for alcohol & drugs in Perth & Kinross which is managed in partnership by the IJB and ADP.

1.3 NATIONAL STRATEGIES

- 1.3.1 In November 2018 Scottish Government published its new national substance use strategy; Rights Respect & Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths. This is a follow up to the 2008 strategy; Road to Recovery, and continues to promote a Public Health approach to problematic substance use in Scotland.
- 1.3.2 The Strategy has four key priorities; Prevention & Early Intervention (of/to problematic drug use); Developing Recovery Orientated Systems of Care (ROSC); Getting it Right for Children & Families, and a Public Health approach to Justice. Its overall vision is;

“Scotland is a country where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities:

- *have the right to health and life - free from the harms of alcohol and drugs;*
- *are treated with dignity and respect;*
- *are fully supported within communities to find their own type of recovery*

- 1.3.3 The Alcohol Framework 2018 was also published in November 2018. Whilst Rights, Respect & Recovery is a treatment and recovery focussed strategy, the Alcohol Framework has a broader lens and is concerned with changing societal attitudes towards alcohol, using means such as minimum unit pricing and responsible marketing in an effort to reduce consumption of alcohol in Scotland.

1.4 LOCAL CONTEXT

1.4.1 PREVALENCE AND ASSOCIATED HARMS

Figures produced by ISD suggest that Perth & Kinross has a similar prevalence of drug use amongst adults at 1.6% compared to the overall prevalence rate for Scotland of 1.62%.

Drugs

- There were 99 drug related Hospital Admissions for Perth and Kinross Residents in 2017/18; approximately 65.5 per 100, 000 population.

- In the same period, total drugs crimes equalled 364 (Inc. possession, cultivation and supply)

Alcohol

- Perth and Kinross is ranked 8th out of 30 local authority areas for alcohol outlet availability in Scotland (6th for on-sales and 23rd for off-sales outlets).
- Alcohol-related hospitalisation rates in the neighbourhoods with the most alcohol outlets were 3.9 times higher than in neighbourhoods with the least.
- Crime rates in the neighbourhoods with the most alcohol outlets were 5 times higher than in neighbourhoods with the least.
- The link between alcohol outlet availability and harm was found even when other possible explanatory factors, such as age, sex, urban/rural status and levels of income deprivation, had been taken into account.
- The most deprived neighbourhoods had 5.8 times the number of alcohol outlets than the least deprived neighbourhoods.
 - All data is Perth & Kinross specific and is available at <https://creshmap.com/shiny/alcoholtobacco/>

1.4.2 ALCOHOL & DRUG PARTNERSHIP

The Alcohol Drug Partnership (ADP) is a strategic but non-constituted body established to oversee issues around substance use within Perth and Kinross. Activities include governance around alcohol and drugs, implementation of Government policies, implementation of local strategies, performance management, engaging stakeholders and communication with partners and the public. There are four groups within the ADP structure;

- ADP Strategy Group
- ADP Adult Delivery Group
- ADP Children, Young People & Families Group
- ADP Finance & Commissioning Group

The ADP is supported by 1 0.5 WTE Lead Officer and 1 F/T Development Officer and is chaired by Head of Housing in Perth & Kinross. Its membership is diverse, with representatives from Police Scotland, Third Sector, people with lived and living experience of substance use/caring for someone using substances problematically, NHS and Social Work. Plans to expand membership are underway to include a representative from Fire Service, Scottish Ambulance Service and PKC Communities team. Links between the ADP and other Protecting People Partnerships are also in place.

2. PROGRESS UPDATE

- 2.1 As noted within Rights, Respect & Recovery, the development of a Recovery Orientated System of Care (ROSC) is a priority for all ADPs in Scotland and for the Scottish Government. In the previous report to the IJB, the ADP highlighted the five work streams of the redesign that were initiated in late

2017. Strategically, this redesign work sat separately from the core ADP business during the initial planning and redesign stages. Over the past year, these work streams have been rationalised from five to three; Communication & Engagement; OD, Training & Learning, and Process and Performance. All redesign activity now sits within the Adult Delivery Group and/or the Children, Young People & Families Group and is reported to the ADP Strategy Group on a quarterly basis. Having these work streams as core business will ensure a clear and consistent approach to the redesign of the ROSC. The timescale for fully implementing the ROSC is March 2020. It should be noted that the ROSC will continue to evolve after this date as its constituent parts will be monitored and reviewed on an ongoing basis.

- 2.2 The ADP has continued to develop the ROSC in Perth & Kinross over the course of 2018. A Recovery Pipeline has been produced, which details the various recovery support organisations available in Perth & Kinross, as well as community resources that may provide complementary or stand-alone support. Alongside this a workforce development plan has been developed to provide guidance regarding the knowledge base expected for different roles within the pipeline. This work is very much informed by the National Trauma Training Framework and the ADP is working alongside Scottish Government to support the development of a similar framework for Substance Use and Recovery.
- 2.3 A weekly multi-agency “drop-in clinic” was initiated in March 2018. This currently operates from Highland House on a Monday morning. The purpose of the clinic is to support ease of access to services and to ensure that an individual receives the “right support at the right time”. The “clinic” is staffed by statutory and third sector workers from the Social Work Drug & Alcohol Team, Tayside Council on Alcohol and Gowrie Care. Typically, the clinic runs in the morning and the afternoon is used for a multi-agency meeting to review referrals/initial assessments and agree allocation to the most appropriate organisation. This clinic is a test of change and is evaluated on a continual basis to identify improvements. The plan is to roll out a similar model across the three localities in Perth & Kinross. The Social Work Drug & Alcohol team is currently engaged with Scottish Prison Service staff to introduce a similar model within HMP Perth.
- 2.4 It is of note, that this work was undertaken in the context of significant financial pressures as savings were applied directly to ADP budgets by Scottish Government in 2016. The additional investment received at the end of 2018 has provided the ADP with an opportunity to invest across the entire ROSC to address gaps identified in service provision e.g. development of a Recovery Community and support for short term prisoners. Monies have also been used to create additional capacity in existing services to reduce delays e.g. additional staffing for both the Social Work Drug & Alcohol Team and the NHS Substance Misuse Service (including Prisoner Healthcare) as well as additional counselling capacity in Tayside Council on Alcohol. Of particular note, is the investment in peer support, with both peer worker posts and peer advocacy posts being funded by the ADP.

- 2.5 In addition to specific posts, Perth & Kinross ADP has, in partnership with colleagues from the Sexual Health & BBV MCN, made investment in the continued development of our harm reduction and injecting equipment provision, as well as in Recovery activities throughout Perth & Kinross. In taking this wider, strategic and evidence based approach to investment, Perth & Kinross ADP has ensured that each of the four priorities noted within the national strategy has received additional resource. Progress regarding investment is reported to the ADP Finance & Commissioning Group quarterly with twice yearly returns to Scottish Government.

A copy of the ROSC model is contained in appendix 1 which shows the supports available to people with substance use issues in Perth and Kinross. A list of projects funded by the 'new' monies to support the ROSC is shown in appendix 2.

3. MAIN ISSUES

3.1 REVIEW AND REDESIGN OF PATIENT DETOX BEDS AT KINCLAVEN

The 2018 report to the IJB stated that the model for inpatient detox beds, which service the whole of Tayside, will undergo a redesign. The Health & Social Care Partnership, as the host body for the beds, has responsibility for commissioning this review.

3.2 PERFORMANCE MEASUREMENT

A dataset has been devised for use by the ADP to measure performance in 6 key domains which are linked to The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services. This dataset has been developed in partnership with key stakeholders and alongside datasets for our neighbours, Dundee and Angus ADPs. A performance management tool and resources to administer it need to be identified to enable its full implementation.

As part of the Partnership Action on Drugs workstream with Scottish Government, the ADP is currently developing, with partners, a self-evaluation framework for ADPs which brings together the Health & Social Care Standards and the Quality Principles to provide a robust framework for self-evaluation as a follow up to the 2016 Supported self-evaluation by the Care Inspectorate.

3.3 DAISy

ISD are developing a Drug and Alcohol Information System (DAISy) to enable comprehensive, high quality data collection at a local and national level in order to support service delivery, improvement and planning, quality improvement and national policy development. DAISy will collect a variety of information about a service user, including social and demographic information and treatment and recovery data. Data shall be shared with

Service Providers, providing Tier 3 and Tier 4 interventions, which have been commissioned by the council or NHS Board.

The DAISy Data Sharing Agreement requires the signature of a senior responsible officer in the council, NHS Board (and then ISD) and DAISy, as a system will require to be endorsed and promoted by Senior Officers from each of these organisations in order to support implementation and continued use.

3.4 ALCOHOL BRIEF INTERVENTIONS

The provision of Alcohol Brief Interventions (ABI, see Appendix 3) in primary care settings is evidenced to be effective in reducing alcohol consumption among those drinking at harmful levels, particularly. The long-term aim of the ABI programme in Scotland has been to ensure that ABI delivery becomes part of routine practice.

The Scottish Government recently issued guidance and national and local targets for ABI's, encouraging ABI leads to identify any risks to delivery and provide support where necessary. The guidance confirmed that delivery figures for ABI's will remain at 61,081 nationally with the local target for Tayside remaining at 4,758. The ABI standard for 2019/20 states that:

NHS Boards and their ADP partners will sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E and antenatal) and broaden delivery in wider settings.

Performance for Tayside shows a decline placing Tayside as the 5th lowest performer nationally:

- 2015/16 – 142%
- 2016/17 – 114%
- 2018/19 – 88%

A range of improvements are progressing to ensure delivery of the target in the current year. This includes work with the GP / Primary Care Forum, encouraging delivery in settings wider than primary care and research into the situation across Tayside to identify gaps and inform further improvements.

3.5 RESPONDING TO OVERDOSE

An Overdose Prevention plan is currently in development. This is based on the recommendations made within the Tayside Drug Death Report 2017 and highlights the relevance of this agenda to all partners. This plan will be a working document with quarterly updates reported to the ADP and will provide assurance that these recommendations are being put into practice.

In addition to this, a non-fatal overdose pathway is currently in development. It is anticipated (based on pilots in other areas) that this pathway will require joint working between Police Scotland, NHS Tayside, Scottish Ambulance

Service and the Health & Social Care Partnership. The ADP has invested in a fixed term Strategic Development Officer to support this work.

4. CONCLUSION

It is recommended the IJB

- Notes progress to date
- Provides endorsement of the DAISy Information system
- Directs host organisations to implement a robust performance management system so information is available to determine the impact of services and supports for people with substance use issues in Perth and Kinross.

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. BACKGROUND PAPERS/REFERENCES

**Rights, respect and recovery: alcohol and drug treatment strategy
Alcohol Framework 2018
The Quality Principles: Standard Expectations of Care and Support in
Drug and Alcohol Services
Health and Social Care Standards: my support, my life
Drug Deaths in Tayside, Scotland 2017 Annual Report**

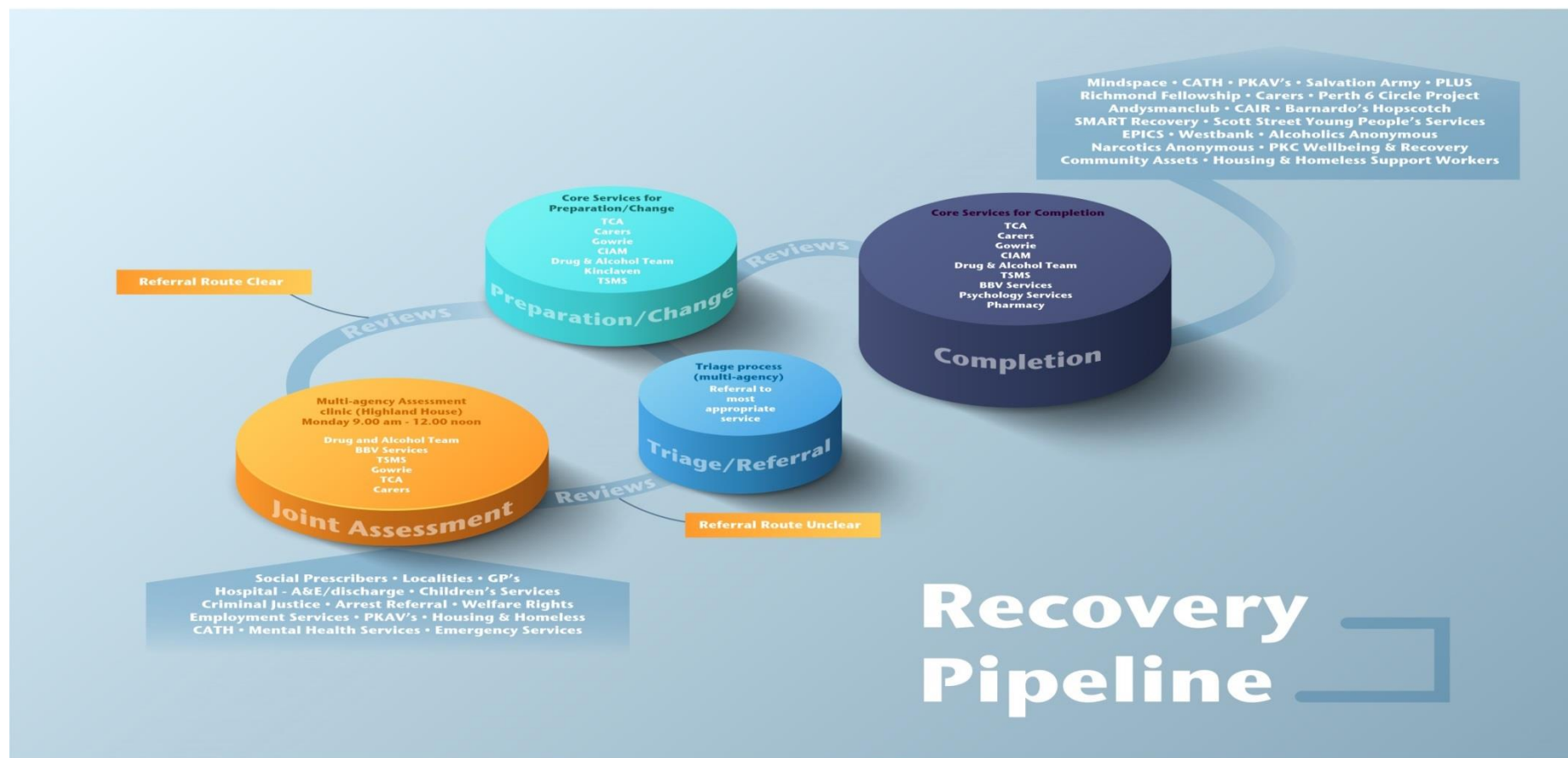
2. APPENDICES

*P&K ROSC
P&K ADP 'new monies' projects
ABI crib sheet*

APPENDIX 1

Perth and Kinross Recovery Oriented System of Care (ROSC)

"Our preventative approaches reduce the adverse impact of alcohol and drug use. Our communities actively promote health, well-being and encourage recovery". ADP Strategy 2015 -2019



APPENDIX 2

#	Funded initiatives
1	Substance misuse team – three band 5 / band 6 roles
2	Addictions teams – three TAS6 social work assistants
3	Gowrie – funding for 0.2 support worker for community response to overdose prevention
4	TCA – funding for a resource worker to support whole family approach
5	TCA – funding for counselling sessions
6	Drug death information analyst for a Tayside wide role
7	Non-fatal overdose pathway coordinator for a Tayside wide role
8	1.5 Non-medical prescribers to be based in Perth Prison
9	Gowrie – funding for a coordinator / paid peer role to support the recovery community
10	Funding for advocacy support
11	Recovery fund (PKAVS)
12	Training material for toolbox talks



Delivering an ABl:

Process, screening tools
and guidance notes

Alcohol brief interventions

Primary care pack

We are happy to consider requests for other languages or formats. Please contact 0131 314 5300 or email nhs.healthscotland-alternativeformats@nhs.net

Please note: To take account of different settings that ABIs are performed in NHS Health Scotland refers to the 'individual', instead of other associated terms, such as, 'patient', 'client' and 'service user'. This is found throughout the text only and not within intervention models (which, because of copyright, cannot be changed).

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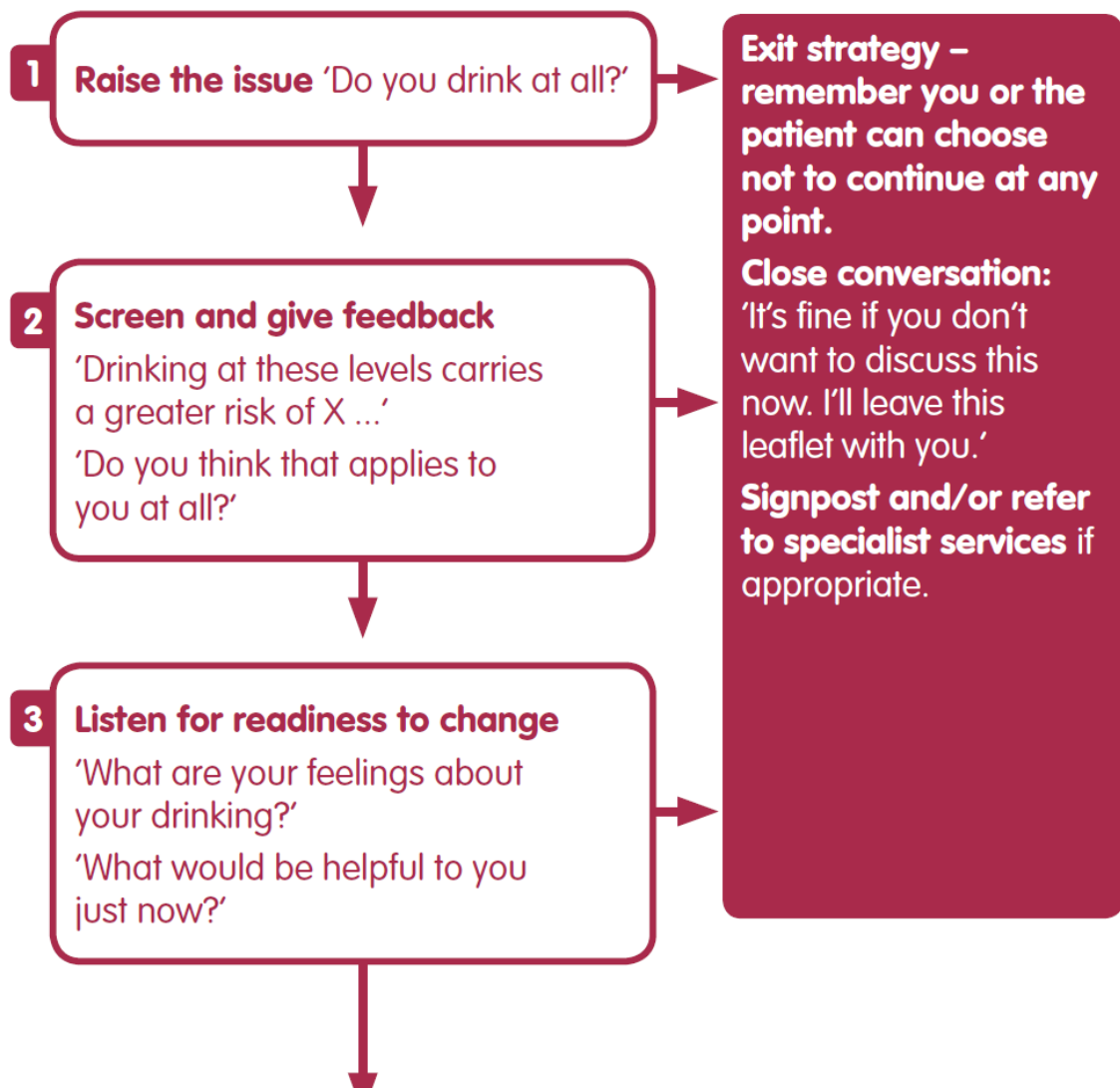
NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

Stages of an alcohol brief intervention

Stages of an ABI

Throughout the brief intervention remember to:

- maintain rapport and empathy
- emphasise the individual's personal responsibility for their decisions.



4

Choose a suitable approach. Use one or more of the following:

Information and advice

'Would you like more information?'

Enhance motivation

'What are the pros and cons of your drinking just now?'

Coping strategies

'How can you prepare to avoid problems and difficult situations?'

Build confidence

'How confident do you feel?'
'What might help?'

Menu of options

'What goals might work for you?'



Stages of an alcohol brief intervention

The diagram overleaf describes the stages of an alcohol brief intervention (ABI) which are described in more detail below. These are based on motivational questioning approaches for the delivery of an effective alcohol brief intervention.

What is an alcohol brief intervention?

‘A short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.’

The following key elements should be established at the start of the conversation and maintained throughout the brief intervention:

- **Ask open questions** – to find out what is important to the individual and what their level of knowledge regarding alcohol currently is; for example, ‘What do you know at the moment about the guidance on safe levels of drinking?’
- **Maintain rapport and empathy** – that is, listening reflectively (using open questions where appropriate, and positively reflecting back to the individual) without trying to persuade.
- **Emphasise the individual’s personal responsibility for their decisions about drinking** – not letting them say ‘I have to do this’ or ‘The doctor says I have to.’ You can say ‘It’s up to you to decide what you want to do.’

1. **Raise the issue** – you may raise the issue with all individuals you see, or as part of a planned consultation; the individual may raise the issue; or it could be in response to their presenting condition. You should seek permission from the individual to discuss their drinking further, as detailed in the FAST, AUDIT and CAGE crib sheets in this booklet.*
2. **Screen and give feedback** – give factual information on the potential effects their level of drinking may have on their health and wellbeing (this may include providing harm-reduction messages) and ask how the individual feels about this. Ask if they would like to discuss this further.
3. **Listen for readiness to change** – use open questions, reflect and summarise the discussion and, from the individual's response to the information provided, choose a suitable approach.
4. **Choose a suitable approach** – if the patient has not thought about change at all, start with 'Information and advice', if you have permission to do so. If the patient is already trying to change, use one or more of the subsequent approaches:
 - **Information and advice** – on the effects of alcohol on health and wellbeing and the benefits of cutting down or abstinence.
 - **Enhance motivation** – build the patient's motivation to change by helping them to weigh up the pros and cons of their drinking.
 - **Menu of options** – for changing drinking behaviour. Ask the patient if they can suggest ways to change their drinking pattern (e.g. lower-strength drinks, having drink-free days, taking up other activities). Try to let the individual come up with the ideas. Perhaps lead with some or all of these questions: 'What are some of your options?', 'What changes might work for you?' and 'Would you be interested in knowing about what some other people have found useful?'

*Please note: the new CMOs' guidelines recommend a weekly drinking guideline that is the same for both men and women; note that these intervention models were validated against different drinking thresholds.

Stages of an ABI – guidance notes

- **Build confidence** – using a questioning style that enhances the individual's belief in their ability to change (their self-efficacy). For example, identifying their previous successes, role models they can learn from and other people who can support them.
- **Coping strategies** – help the individual to identify times when they might find it more difficult to stick to their plans to cut down and to come up with strategies for coping with these situations.

Exit strategy – at any point during the intervention, you or the individual may decide not to continue. If so, ensure the conversation is closed sensitively and, if appropriate, signpost or refer the individual to further information or services.

Alcohol consumption questions and the Fast Alcohol Screening Test (FAST)

Alcohol consumption questions and the Fast Alcohol Screening Test (FAST)

FAST

Consumption questions

Get a clear picture of what the person normally drinks in a week by asking what they drink and in what quantities. The Drinks Calculator will help you work out:

- a) average number of units consumed per week
- b) units consumed on the heaviest drinking day in the last week

No. of
units

FAST questions

Record the scores in the boxes on the right.

1

How often do you have:

6 or more units on one occasion? OR 8 or more units on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

0 1 2 3 4

Score

If the response to this question is 'Never', the person is **at low risk** for alcohol-related problems, but bear in mind the drinking limits.

If the response to this question is 'Less than monthly' or 'Monthly', go on to ask the questions in **Steps 2, 3 and 4.**

If the response to this question is 'Weekly' or 'Daily or almost daily', the person is a risky (hazardous), harmful or dependent drinker.

2

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never

0

Less than
monthly

1

Monthly

2

Weekly

3

Daily or
almost daily

4

Score



3

How often during the last year have you failed to do what was normally expected of you because you had been drinking?

Never

0

Less than
monthly

1

Monthly

2

Weekly

3

Daily or
almost daily

4

Score



4

In the last year, has a relative, friend, GP or health worker been concerned about your drinking or suggested that you cut down?

No

0

Yes, on one
occasion

2

Yes, on more than
one occasion

4

Score



Add up the scores to the above questions and record below. The minimum score is 0 and the maximum score is 16.

Total score:

The score for hazardous drinking is 3 or more.

Consumption questions

To accurately assess what an individual drinks in a week and to help answer question 1 of FAST, it is recommended that you ask the individual what they usually drink in a week, and in what quantities. This will help you to establish how many units of alcohol they typically consume in a week and how many units they consumed on their heaviest drinking day in the last week. You may find it useful to use the Drinks Calculator¹ to work out consumption in terms of units of alcohol. The Units of alcohol table (page 21) and the box here also give examples of units of alcohol in some typical drinks. Record the information in the boxes on pages 12–13. This will also assist with ABI data reporting and will provide a measure at follow-up appointments, if offered, to assess whether the individual has cut down their drinking.

Fast Alcohol Screening Test (FAST)

FAST is for the detection of probable hazardous drinking.

Once you have asked the appropriate questions, if the individual agrees, give them factual feedback on the results of screening:

- It might be helpful to describe the result of their screening in terms of risk in relation to drinking limits.
- Explain what this means for the individual, e.g. risks to their health and general wellbeing.
- Give clear advice and emphasise personal responsibility.
- Ask how they feel about the information, or if they would like to find out more – for example, ‘What do you make of this?’, ‘Would you be interested in any more information?’.

If the individual scores 3 or more it is appropriate to carry on delivering an alcohol brief intervention – see ‘Stages of an alcohol brief intervention’ (pages 4–5) for the next steps in delivering a brief intervention.

¹ www.healthscotland.com/documents/5843.aspx

Alcohol dependence

Brief interventions are not recommended for those who may be alcohol dependent.

If, from the answers given to the consumption questions and question 1 of FAST, you have reason to believe an individual is (or may be) dependent on alcohol, they should be thoroughly assessed. Some practitioners will choose to carry out this assessment themselves, while others will prefer to refer the individual to a specialist service for assessment.

Units of alcohol



1 pint of normal-strength beer/lager/cider (568 ml)

**4% abv =
2.2 units of alcohol**



Bottle of medium-strength beer/lager/cider (330 ml)

**5% abv =
1.7 units of alcohol**



1 pint of strong beer/lager/cider (568 ml)

**6.5% abv =
3.6 units of alcohol**



Alcopop (275 ml)

**5% abv =
1.4 units of alcohol**



Can of super-strength beer/lager/cider (440 ml)

**9% abv =
4 units of alcohol**



Standard glass of wine (175 ml)

**12.5% abv =
2.2 units of alcohol**



Large glass of wine (250 ml)

**12.5% abv =
3.1 units of alcohol**



Bottle of wine (75 cl)

**12.5% abv =
9.4 units of alcohol**

Alcohol Use Disorders Identification Test (AUDIT)

AUDIT

AUDIT is for the detection of hazardous or harmful drinking and identifying mild dependence, and is designed to be used as a brief structured interview or self-report questionnaire.

How to complete

These questions will help you ask the individual about the amount of alcohol they have consumed in the last six months. The questions ask about how many standard drinks they have consumed. See below for the number of units of alcohol in some typical drinks.

1 unit of alcohol = 1 standard drink

- e.g. • Half a pint of normal-strength beer, lager or cider (4% abv)
- Half a 175 ml glass of average-strength wine (12.5% abv)
 - One single (25 ml) measure of spirits (40% abv).

The following drinks contain more than one unit of alcohol:



1 pint of normal-strength beer/lager/cider (568 ml)

4% abv =

2.2 units of alcohol



Bottle of medium-strength beer/lager/cider (330 ml)

5% abv =

1.7 units of alcohol



1 pint of strong beer/lager/cider (568 ml)

6.5% abv =

3.6 units of alcohol



Alcopop (275 ml)

5% abv =

1.4 units of alcohol



Can of super-strength beer/lager/cider (440 ml)

9% abv =

4 units of alcohol



Standard glass of wine (175 ml)

12.5% abv =

2.2 units of alcohol



Large glass of wine (250 ml)

12.5% abv =

3.1 units of alcohol



Bottle of wine (75 cl)

12.5% abv =

9.4 units of alcohol

AUDIT questions

Record the scores in the boxes on the right.

1

How often do you have a drink containing alcohol?

Never	Monthly or less	2–4 times a month	2–3 times a week	4 or more times a week
0	1	2	3	4

Score

2

How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7–9	10 or more
0	1	2	3	4

Score

3

How often do you have six or more standard drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

Score

4

How often during the last year have you found that you were not able to stop drinking once you had started?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

Score

5

How often during the last year have you failed to do what was normally expected from you because of your drinking?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

0

1

2

3

4

Score

6

How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

0

1

2

3

4

Score

7

How often during the last year have you had a feeling of guilt or remorse after drinking?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

0

1

2

3

4

Score

8

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

0

1

2

3

4

Score

AUDIT

9

Have you or has someone else been injured as a result of your drinking?

No

0

Yes, but not in the last year

2

Yes, during the last year

4

Score

10

Has a relative or friend, GP or other health worker been concerned about your drinking or suggested you cut down?

No

0

Yes, but not in the last year

2

Yes, during the last year

4

Score

Add up the scores to the above questions and record here. The minimum score (for non-drinkers) is 0 and the maximum score is 40.

Total score:

A score of 0–7 indicates low-risk drinking or abstinence therefore eligible for **education only**.

A score of 8–19 indicates a strong likelihood of hazardous or harmful consumption therefore eligible for a **brief intervention**.

A score of >19 indicates possible alcohol dependence and these clients should be **referred to a specialist service** for diagnostic evaluation and possible treatment.

CAGE screening tool

CAGE

- C** Have you ever felt you should **C**ut down on your drinking?
- A** Have people ever **A**nnoyed you by criticising your drinking?
- G** Have you ever felt bad or **G**uilty about your drinking?
- E** **E**ye opener: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

The **CAGE** screening tool (opposite) can be used to identify when an alcohol brief intervention might not be appropriate and when onward referral would be the most appropriate course of action. Two positive responses are considered to represent a positive result, and indicate that further assessment for alcohol dependence would be beneficial. As with FAST, you may find that you get answers to these questions as part of the discussion with an individual, rather than having to ask them directly.

Alcohol dependence

Alcohol dependence is a medical condition which can be diagnosed if an individual shows a range of symptoms. These symptoms should also act as triggers for practitioners to consider further investigation or referral. Three or more of the following symptoms presenting at some time during the previous 12 months may indicate alcohol dependence:

- A strong desire or sense of compulsion to take alcohol.
- Difficulty in controlling one's drinking – starting, stopping or how much is consumed.
- Physical withdrawal symptoms or drinking to relieve or avoid withdrawal symptoms.
- Evidence of alcohol tolerance.
- Progressive neglect of other pleasures or interests due to drinking and increased time used to obtain or take alcohol, or to recover from drinking.
- Persisting with alcohol use despite awareness of its harmful consequences, such as liver damage, depression or impairment of cognitive functioning.

CAGE – guidance notes

The information on the previous page is intended to provide practitioners with a list of 'red flags' to keep in mind, which may indicate possible alcohol dependence and the need for referral. **If in doubt, remember that there may be little point in referring an unwilling individual – be led by the individual's feelings about this.**

If an individual is, or may be, dependent on alcohol, they should be thoroughly assessed. Some practitioners will choose to carry out this assessment themselves, while others will prefer to refer the individual to a specialist service for assessment.

What is a unit of alcohol?

- A unit is equivalent to 8 g or 10 ml of pure alcohol (ethanol).
- This corresponds to approximately:
 - one 25 ml measure of spirits (40% abv)
 - half a 175 ml glass of average-strength wine (12.5% abv)
 - half a pint of normal-strength beer, lager or cider (4% abv).

The box below shows the number of units of alcohol in some typical drinks:

In the pub:		At home:	
A pint (568 ml) of normal-strength lager (4% abv)	2.2 units	A 500 ml can of cider (5.3% abv)	2.7 units
A 330 ml bottle of medium-strength lager (5% abv)	1.7 units	A 70 cl bottle of gin (40% abv)	28 units
A large (250 ml) glass of wine (12.5% abv)	3.1 units	A 75 cl bottle of tonic wine (15% abv)	11.25 units

Units of alcohol and drinking guidelines

The CMOs' alcohol guidelines

To keep health risks from alcohol to a low level it is safest for **both men and women** not to drink more than 14 units a week on a regular basis. If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over three or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long-term illness and from accidents and injuries.

The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.

If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

Importantly, for individuals that are pregnant or those that think they could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to their baby to a minimum. Drinking in pregnancy can lead to long-term harm to the baby, with the more the individual drinks the greater the risk.

On single occasion drinking episodes

The CMOs' advice for men and women who wish to keep their short-term health risks from single occasion drinking episodes to a low level is to reduce them by:

- limiting the total amount of alcohol you drink on any single occasion
- drinking more slowly, drinking with food, and alternating with water
- planning ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you.

Pros and cons of change

Pros and cons of change

1. Advantages of current drinking	2. Disadvantages of current drinking
<ul style="list-style-type: none">• What do you enjoy about your drinking right now?• What are the good things about your drinking at the moment?• How does this make you feel?	<ul style="list-style-type: none">• Is there anything that is not so good about your drinking at the moment?• What are the disadvantages of your current drinking patterns?• What impact does this have?
3. Disadvantages of change	4. Benefits of change
<ul style="list-style-type: none">• What would be the worst thing about changing what/how you drink?• What effect would this have?• What other negative aspects would there be?	<ul style="list-style-type: none">• What would be the benefits of changing your drinking habits?• What difference would this make to you?• What other advantages might there be?

If an individual raises barriers to change, it is important to acknowledge them. However, avoid correcting them or offering solutions. Try to discuss the benefits of change last so that this part of the conversation finishes on a positive note.

Building motivation to change

Lack of motivation to change is often the result of ambivalence – that is, ‘feeling two ways’ about something. Encourage the individual to discuss both sides of the argument from their own point of view.

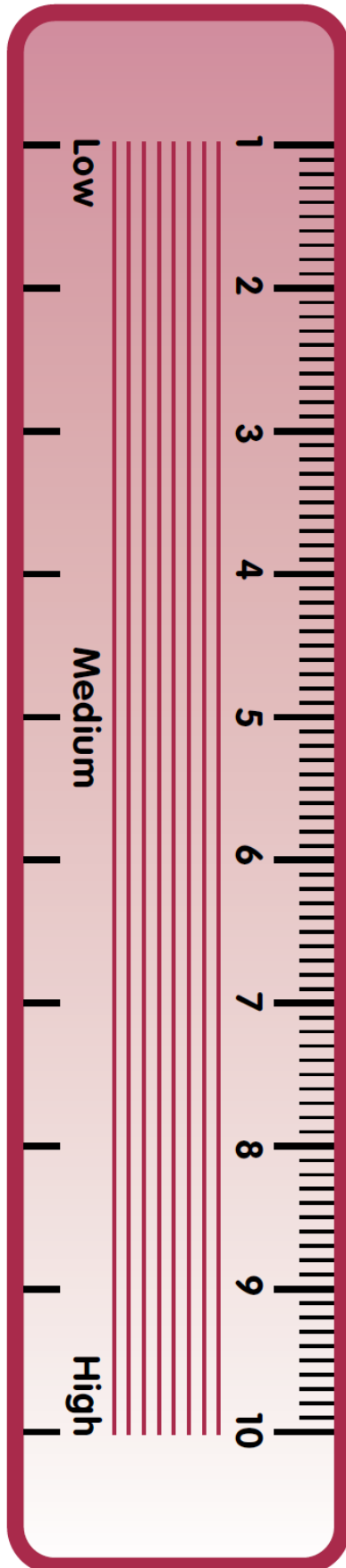
Weighing up the pros and cons of change

The box below gives suggestions that you can use to prompt discussion. Remember it is best if the individual generates the ideas themselves:

1. Advantages of current drinking	2. Disadvantages of current drinking
<ul style="list-style-type: none"> • Get to meet up with great friends. • Helps me cope when things are difficult. 	<ul style="list-style-type: none"> • My drinking sometimes causes arguments. • My drinking sometimes leaves me short of money.
3. Disadvantages of change	4. Benefits of change
<ul style="list-style-type: none"> • I might not be able to do it. • My friends will think I can't handle my drink. 	<ul style="list-style-type: none"> • I will feel healthier. • I will be able to spend more time with my family.

Building confidence to change

Building confidence to change



How confident do you feel about making a change to your drinking?

Choose a number from 0 to 10 below.

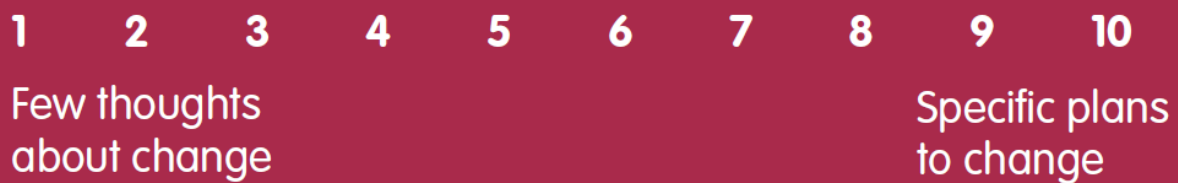
Using the readiness ruler

When discussing lifestyle with an individual, there are two main questions that provide a lot of information about 'readiness' for change. Ask the individual:

1. How **important** is it for you to make a change?
2. How **confident** do you feel that you can make changes to your lifestyle?

Ask individuals to indicate their best answer to each question (remember they may be at different stages of readiness to change for each lifestyle behaviour you may discuss).

Use the 1–10 scale to help you quantify ‘readiness’, whereby lower numbers on the **importance scale** represent fewer thoughts about change and higher numbers represent specific plans to change.



Explore their response.

Importance

Ask what factors made them choose their score and what would help increase their score. This highlights potential obstacles to change. You can discuss these with the individual and help them to consider ways of overcoming these barriers.

Focus as well on why the score was not lower. This brings out the positive aspects of the person's thoughts about their importance and confidence with regard to behaviour change.

Confidence

Sometimes a person scores higher in importance but lower in confidence. The **confidence scale** helps to measure the person's belief in their ability to comply with the changes required to have a healthier lifestyle. A low score requires further discussion. It may be due to a lack of confidence and motivational skills and the individual may need more support in developing a plan of action. Alternatively, you may find that the person is not confident because they have other priorities in their lives at the moment and feel unable to commit to lifestyle behaviour change.

This is not a fixed numerical assessment but a tool to quickly identify readiness.

Options for change

Options for change

Evidence suggests that people are more likely to successfully change behaviour if they come up with potential solutions themselves. Ask the individual how they might reduce their alcohol intake. What might work for them? Here are some suggestions, but avoid telling the individual what to do:

Options for reducing overall alcohol consumption

Drink on fewer occasions

- Work out why you drink and plan to do something else instead.
- Plan ahead each week which days you will avoid alcohol.
- Attend social events that do not revolve around alcohol.
- You should have several drink-free days each week.

Drink fewer alcoholic drinks

- Pace yourself – plan how long you will be out and how many drinks you will have and stick to your plan.
- Take smaller sips.
- Put your glass down between sips.
- Occupy yourself – don't just drink but participate in other activities, e.g. darts, bowling, reading, talking or eating.
- Avoid joining in rounds, or when it is your round, have a non-alcoholic drink.
- Try to drink at the same pace as a slower-drinking friend.
- At home, don't finish the bottle – keep some for another day.

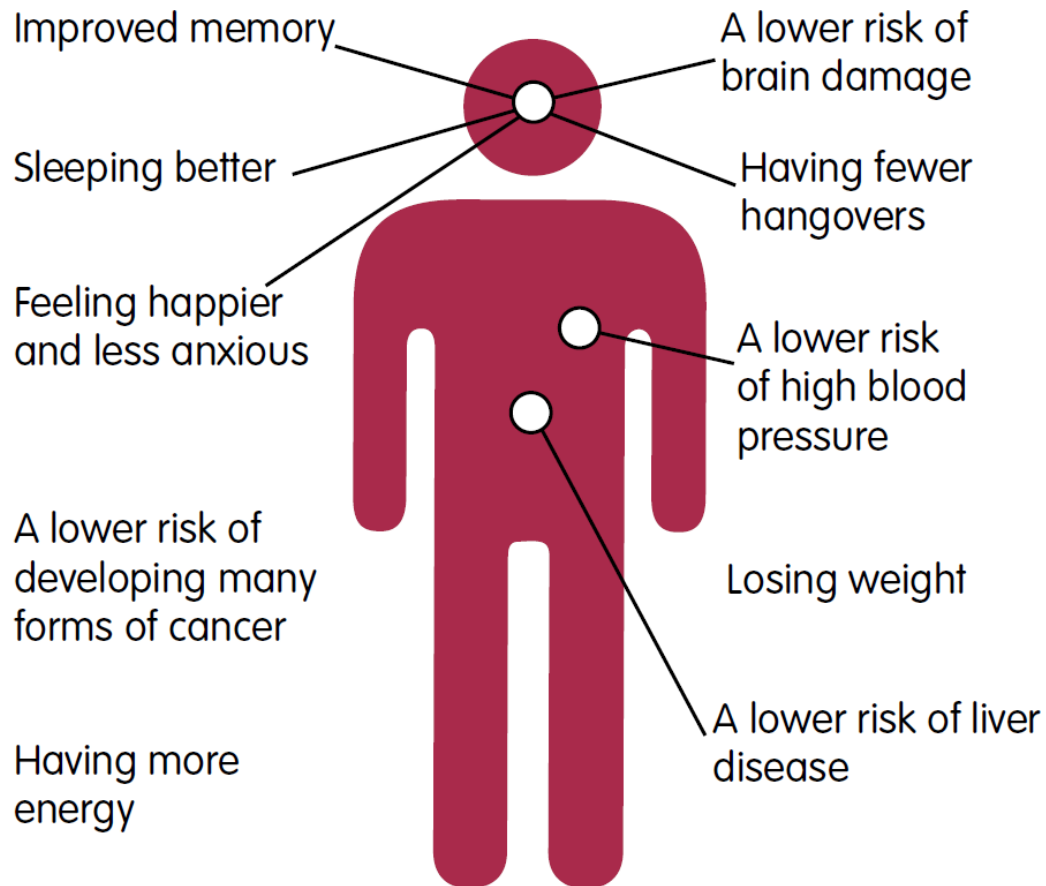
Reduce the amount of alcohol in each drink

- Switch from a higher alcohol content to a lower one, e.g. from medium-strength beer/lager/cider (5% abv) to normal-strength beer/lager/cider (4% abv).
- Introduce some drinking rules; e.g. don't drink before 8.00 pm.
- Switch to smaller measures:
 - from a large glass of wine (250 ml) to a standard glass (175 ml)
 - from pints to bottles of beer
 - use a smaller glass at home
 - use a spirit measure at home.

The suggestions shown may help individuals who want to cut down their drinking, or who have already started to do so.

Benefits of change

Physical benefits:



Psychological, social and financial benefits:

- A lower risk of accident or injury.
- Less chance of getting involved in fights.
- A lower risk of drink-driving.
- Developing better relationships.
- Feeling more positive about yourself.
- Having more time for other interests.
- Being more successful at work.
- Saving money.

When someone is thinking, and perhaps ambivalent, about changing their drinking behaviour, it can be helpful for them to consider some of the benefits of change. With the individual's permission, you may wish to discuss the facts regarding the benefit of reducing their alcohol intake. It is important to do this from a non-judgemental perspective. Then ask them how they feel about this. The benefits of change may include physical, psychological, social and financial benefits.

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PERTH & KINROSS INTEGRATION JOINT BOARD

26 June 2019

PROGRESS REPORT ON THE DEVELOPMENT OF JOINT CARERS' STRATEGY FOR 2019-2022

**Report by Diane Fraser, Head of Adult Social Work and Social Care
(Report No. G/19/115)**

PURPOSE OF REPORT

This report presents an update on the development of the Joint Carers' Strategy 2019-2022, for Young and Adult Carers which will be presented to a later meeting for consideration and direction by the Integration Joint Board.

The report also details the needs of our carers and the consultation activity undertaken to ensure that the views of carers were taken into consideration to inform the strategy.

The strategy will also be presented to the Lifelong Learning Committee of Perth and Kinross Council for their consideration.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- Note the contents of the report regarding the development of the Carers' Strategy which will further improve outcomes for carers living and caring in Perth & Kinross;
- Directs Perth & Kinross Council & NHS Tayside to make the necessary arrangements to complete the Carers' Strategy 2019 – 2022.

2. SITUATION / BACKGROUND / MAIN ISSUES

- 2.1 The Carers Act requires each local authority and health board to develop a local carer strategy. The duty applies to local authorities and relevant health boards but is delegated to Integration Joint Boards.
- 2.2 In Perth and Kinross we have decided to have one carer strategy across all age groups. As a consequence there is collaboration between Health and

Social Care Partnership and Education and Children's Services to prepare the strategy. Further work is required to complete the young carers section within the strategy.

- 2.3 Unpaid carers make a vital contribution to the lives of the people they support and the communities they live in. This contribution is often overlooked or taken for granted. Carers take on their caring role to support someone, usually a family member, friend or neighbour, due to disability, illness, age, frailty, mental health or substance misuse. In undertaking a caring role, they assume responsibility for the care of someone else, through compassion and selflessness, often at a cost to their own health and wellbeing. The impacts of caring often result in a reduction in income as working hours are decreased or employment surrendered, an increase in isolation, loss of sleep and the resulting effect on health, a sense of guilt and the change in the dynamic of the relationship with the person being cared for. For young carers, who may care for siblings, parents or other relatives this can impact on their life chances; the caring role can impact on school attendance and educational attainment, missing out on playing or having time out, being bullied and the resultant isolation and inhibitors to social development.
- 2.4 In Perth and Kinross there is a commitment to working in partnership to improve the health and wellbeing of all carers. A wide range of partners including unpaid carers, PKAVS, Health and Social Care Partnership, Education and Children's Services are collaborating in the preparation of the carers strategy and to make the best use of resources available. A carers single point of access has been developed through the Carers Hub to improve access.
- 2.5 The Carers (Scotland) Act 2016 (the Act), which came into force in April 2018, gave the Health and Social Care Partnership and Perth and Kinross Council new responsibilities for providing specific supports to Young and Adult Carers. These are outlined in report 9.3.

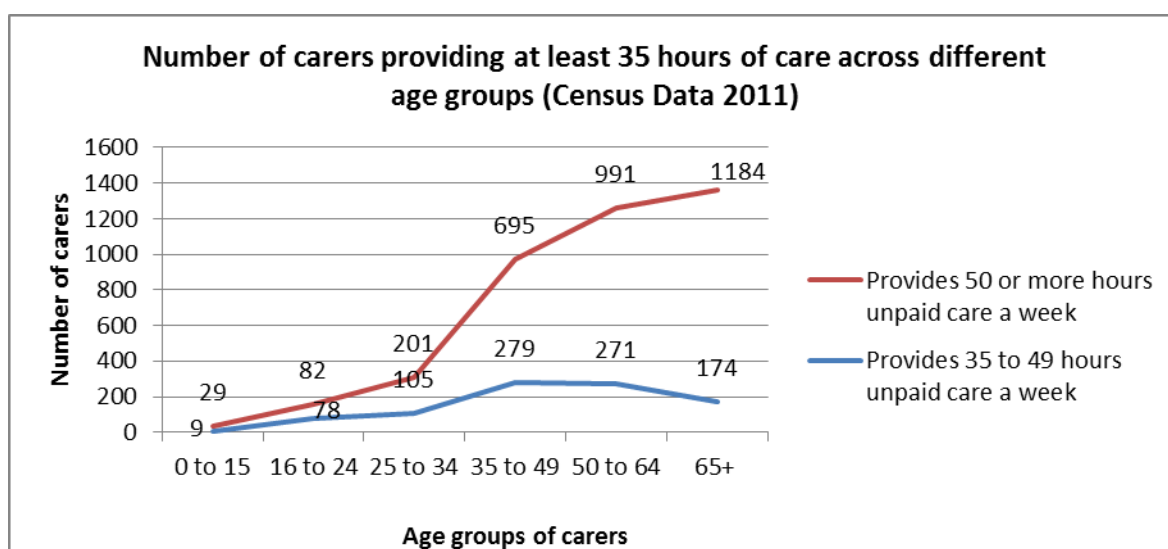
3. Carers in Perth & Kinross

- 3.1 The strategy has been informed by needs assessment to understand who our carers are and what matters most to them and from this key strategic themes have been identified. The number of carers identified in the census is likely to be an underestimation, but is still significantly greater than those who have been referred through the Partnership or our commissioned services. We are working to ensure that the reported number of carers who are supported is accurate and reliable, this is challenging as the definition of carers has changed as a consequence of the legislation. Using current figures for those registered at PKAVS and who have been supported by the Partnership following the implementation of the Act, we estimate that there are approximately 2100 carers who are supported. This identifies that approximately 85% of carers providing unpaid care may be missing out on preventative support, information and advice that is available.

- 3.2 The projected increase in the numbers of carers in the area means that we need to work even harder to identify hidden carers and provide preventative support to those who need this. Perth & Kinross also had the largest gypsy/traveller population resident in Scotland on census day. We have made progress in supporting carers within the gypsy traveller community and we plan to make further progress in this new strategy.
- 3.3 The most recent national census in 2011, noted 13,308 of the 146,652 people who responded in Perth and Kinross (9%) identified themselves as carers. Of these people:
- 3.5% of these carers provide over 20 hours of care per week
 - 59% of these carers are female
 - 2% of these carers are under 16 and 23% are aged 65 or over
 - 54.5% of these carers are employed (excluding full-time students)
 - 16% of households have one or more carers resident

Diagram 1 shows the number of carers providing 35 hours or more of care per week across different age groups.

Diagram 1



- 3.4 The 2011 census data indicated that the health and wellbeing of carers who spent more hours caring was reported as bad or very bad. This may partly be the result of older carers providing longer hours of care when they themselves are becoming increasingly frail. Population projections noted that the proportion of the Perth & Kinross general population over 65 providing care will decline by 4% during the lifetime of the strategy, conversely, a projected growth of 8% in the number of carers aged 50-64 is estimated.
- 3.5 We have invested in a number of projects to provide information and support to carers, promoting equity of access. This has included supporting carers at the point of diagnosis for the cared-for person through our carer support workers and hospital link worker based in localities and in hospital.

4. Consultation to inform the Carer Strategy

- 4.1 A robust consultation process was undertaken between October 2018 – January 2019. This was completed through social media, letter, email, focus groups, consultation stalls and events.
- 4.2 The consultation was developed by a group of carers and carer support professionals. We held three main events:
- The initial consultation took place for three weeks from 1 October 2018 and 324 responses were received from carers across the area; which was the most successful consultation of the views of carers undertaken in this area. Responses included the views of young and adult carers and groups who sometimes may be marginalised or suffer indirect discrimination.
 - A further event to identify the support that would be valued best took place at the Carers Conference in November 2018.
 - In December 2018, we held a workshop with carers and professionals from both the public and third sector who support carers to develop the Strategy, in line with the EPiC (Equal Partners in Care) Principles but addressing our key themes. In developing the strategy we also sought the views of carers, as critical readers to ensure that it met their needs.

The table below highlights what carers shared about the support they receive and how it could better meet their needs. From this information developments have been made to ensure their needs are met.

Carers Stated:	Strategic outcomes developed in response
	By 2022, unpaid carers can expect:
I want better support for the person I care for and to be more involved in the discussions around their care.	Opportunities to participate as active partners to the planning and shaping of carer services in their local areas including services for the people who are cared for
I want more specialist support for the person I care for.	
I want the same worker to provide care for the person I look after as much as possible.	
I want to be able to access clear information from one person or place	Clear, reliable and accessible information about local and national support to be made available across a range of locations within Perth and Kinross
I want to be supported to have a life outside of caring.	Promoted awareness about the Carers Act in the community, schools and workplaces to improve early identification and support of carers

I want to be able to contact someone for support in the evenings and at weekends.	Improved provision of flexible and personalised support, to support their emotional/physical wellbeing and to have a life alongside caring
I want to be updated when there are changes that affect my support.	To be listened to and have their opinions Valued by professionals
I want professionals to listen to me more.	
I want there to be a variety of support options in rural areas of Perth & Kinross.	The development of wider carer networks including enriched peer support.

In addition to the above, young carers will be supported to achieve their educational potential, to have similar opportunities as their peers, and to enjoy their childhood.

4.3 Strategic Priorities

Taking into account the responses and experiences shared by carers, six priorities for the strategy have been identified and we are in the process of finalising these within the Carers Strategies. The feedback from the group is that they would like to turn the priorities into commitments to derive the necessary action:

- Carers will be supported with clear information and consistent and flexible support to empower them to manage their caring role.
- Everyone will have the information, opportunities and support to be identified as a carer.
- Carer's voices will be critical to influencing the planning, development and improvement of supports.
- Carers will be supported to actively participate in developing a course of supports within the local community to enable them to have a life alongside their caring role.
- Carers will be valued, listened to and empowered to share their experiences.
- We will provide specialist and person centred support to avoid disadvantage to the carer.

5. PROPOSALS

The Carers' Strategy (2019 – 2022) will present ambitious plan to provide better support to carers of all ages, living in or providing care in Perth and Kinross. Key to this is to ensure that carers are aware of what help and support is available and where to find information which will enable them to manage better, and have a life alongside caring.

The Carers Strategy (2019- 2022) will be completed and presented to Integration Joint Board and Lifelong Committee for consideration and approval.

6. CONCLUSION

This report presents progress in the development of the Carers' Strategy to the Integration Joint Board. The strategy will represent the culmination of activity over the last eight months, including ongoing consultation and engagement with local carers to ensure their views are listened to and represented. It will set out the plans to ensure that unpaid carers, of all ages, living or caring in Perth and Kinross have the information and support, to enable them to sustain their caring role for as long as they are willing and able to do so and to have a life alongside caring.

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.

IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report and its proposals relate to the achievement of the following Perth and Kinross Strategic Commissioning Plan themes:

- 1 prevention and early intervention,
- 2 person centred health, care and support
- 3 work together with communities
- 4 inequality, inequity and healthy living
- 5 best use of facilities, people and resources

2. Resource Implications

2.1 Financial

Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.

2.2 Workforce

Finance from the carer's budget has been allocated for a workforce model to support the strategy for 2019-20 and ongoing work to support carers in Perth and Kinross.

3. Assessments

3.1 Equalities & Fairness 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 Equalities and Fairness Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

The Equalities & Fairness Impact Assessment will be undertaken in relation to the implementation of the strategy. This report will be considered under the Corporate Equalities & Fairness Impact Assessment process (EFIA) and assessed as relevant and the following positive outcomes are expected following implementation:

Carers with protected characteristics will be supported to have equal access to information and support, and to minimise discrimination.

3.2 Risk

There is a risk that the partners comprising the Health and Social Care Partnership may breach their legal duties to ensure that a Carers' Strategy is in place to support local carers in line with the Strategic Commissioning Plan.

3.3 Other Assessments

Not applicable.

4. Consultation – Patient/Service User first priority

4.1 External

As described in Section 4 of this report.

4.2 Internal

As described in Section 4 of this report.

4.3 Impact of Recommendations

The progress of the Carers' Strategy to completion will ensure that carers living and caring in Perth and Kinross will be better supported to sustain their caring role with the improvements identified and delivered by the Health and Social Care Partnership.

5. Legal and Governance

- 5.1 This report presents an update relating to the progress of the development of the Carers' Strategy 2019 – 2022 to further implement statutory duties under the Carers (Scotland) Act 2016, to support carers in their caring role and to have a life alongside caring.
- 5.2 The Carers Programme Board has delegated responsibility for the implementation of the Act, to ensure the adequacy and monitoring of the arrangements for Carers and the management of risks.

6. Directions

Perth & Kinross Council and NHS Tayside are directed to make the necessary arrangements to complete the Carers' Strategy 2019 – 2022.

7. Communication

- 7.1 A Communications Plan for the Carers Strategy 2019-2022 will be produced.

8. BACKGROUND PAPERS/REFERENCES

Not applicable.

9. APPENDICES

Appendix 1 – Directions for Perth and Kinross Council
Appendix 2 – Directions for NHS Tayside



DIRECTION FROM PERTH & KINROSS INTEGRATION JOINT BOARD

1	Reference Number	
2	Date of direction issued by Integration Joint Board	26 June 2019
3	Date from which direction takes effect	26 June 2019
4	Direction to:	Perth & Kinross Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number (s)	No
6	Functions covered by direction	In terms of the Perth and Kinross Integration Scheme, this Direction relates to the following adult social work functions: Carers (Scotland) Act 2016 - duty to prepare a carer strategy.
7	Full text of direction	Perth & Kinross Council is directed to make the necessary arrangements to support the development of the Carers' Strategy 2019 – 2022.
8	Budget allocated by Integration Joint Board to carry out direction	Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.
9	Performance monitoring arrangements	Carers Programme Board
10	Date direction to be reviewed.	26 June 2020



DIRECTION FROM PERTH & KINROSS INTEGRATION JOINT BOARD

1	Reference Number	
2	Date of direction issued by Integration Joint Board	26 June 2019
3	Date from which direction takes effect	26 June 2019
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number (s)	No
6	Functions covered by direction	In terms of the Perth and Kinross Integration Scheme, this Direction relates to the following health board functions: Carers (Scotland) Act 2016 - duty to prepare a carer strategy
7	Full text of direction	NHS Tayside is directed to make the necessary arrangements to support the development of the Carers' Strategy 2019 – 2022.
8	Budget allocated by Integration Joint Board to carry out direction	Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.
9	Performance monitoring arrangements	Carers Programme Board
10	Date direction to be reviewed.	26 June 2020



PERTH & KINROSS INTEGRATION JOINT BOARD

26 June 2019

PROGRESS MADE BY THE CARERS PROGRAMME BOARD IN THE IMPLEMENTATION OF CARERS (SCOTLAND) ACT 2016

**Report by Diane Fraser, Head of Adult Social Work and Social Care
(Report No. G/19/116)**

PURPOSE OF REPORT

This report presents information about progress in the implementation of the Carers (Scotland) Act 2016 as part of the work which is now being undertaken by the Carers' Programme Board.

1. RECOMMENDATION(S)

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

- Notes the progress made in implementing the Carer's (Scotland) Act 2016 outlined at section 2 of the report.
- Direct Perth & Kinross Council to make the necessary arrangements to continue to implement the Carer (Scotland) Act 2016 with particular regard to commissioning, community engagement and statutory services.
- Direct NHS Tayside to make the necessary arrangements to continue to implement the Carer (Scotland) Act 2016 with particular regard to activities surrounding hospital discharge planning, bereavement and Primary Care.

2. SITUATION / BACKGROUND / MAIN ISSUES

- 2.1 The Carers (Scotland) Act 2016 (the Act) makes provisions for unpaid carers of all ages to ensure that carers are better supported. It seeks to ensure that they are sustained in their caring role, their health and wellbeing is improved or maintained and that they have a life alongside caring. Arrangements for young carers aim to ensure that they should be a child first and foremost. The Act was implemented in April 2018.

2.2 The Act places certain duties on Local Authorities and Health Boards to improve the support available to unpaid carers. In particular these include:

- To provide advice and information to carers about the services and supports that are available to them;
- Publication of local eligibility criteria (Appendix 1), to ensure fairness and consistency;
- To develop and make available Adult Carers Support Plans which are agreed with individual carers, identifying their outcomes and the support which is to be provided to enable them to meet those outcomes;
- To develop and make available Young Carers Statements which are agreed with the young carers identifying the young carer's outcomes, individual needs and the support which is to be provided to meet those outcomes;
- To publish a Short Breaks Services Statement (Appendix 2) providing information about the short breaks services available in the area;
- Where the carer meets the threshold of the eligibility criteria, to offer support to carers, based on their outcomes and to waive charges for that support;
- When the person who is cared for is admitted to hospital there is now a duty to involve the carer in planning for their discharge, where possible, ensuring that both the cared for person and the carer are properly supported on their return home;
- To enable carers to be involved in the planning of services in the area;
- To prepare a local Carers Strategy, involving carers of all ages, in the process.

2.3 Significant progress towards implementation of the Act as at April 2019 to improve outcomes for carers is detailed below:

Duties under the Carers (Scotland) Act 2016	Timeline	Progress Towards Implementation by Perth & Kinross Integration Joint Board
Local Eligibility Criteria	Completed January 2018	The Adult Carer Eligibility Criteria Framework was agreed by the IJB on 26 January 2018, following consultation with local adult carers. The Eligibility Criteria Framework for Young Carers was agreed by Lifelong Learning Committee. These documents are available on the pkc.gov.uk website.
Short Breaks Services Statement	Complete at December 2018	Following consultation with local carers, we developed our Short Breaks Services Statement, which was published online for both PKC and PKAVS websites. A one-page easy-read summary document has also been prepared in response to feedback. The statement is under six month review to ensure accuracy and relevance.

Adult Carer Support Plans	Ongoing from April 2018	<p>Adult Carer Support Plans were established in line with the requirements of the legislation. The plans form the basis of a conversation between the carer and a care worker and enable the impact of caring on the health and wellbeing of the carer to be articulated. Plans also identify the best way of reducing any negative impact, the carers outcomes which are agreed and supports put in place to meet those outcomes.</p> <p>From implementation of the Act on 1 April 2018 to 31 March 2019, 912 Adult Carer Support Plans were prepared across Adult Social Work/Social Care and services commissioned from PKAVS.</p>
Waiving of Charges	Ongoing from April 2018	<p>In accordance with the Waiving of Charges Regulations, the costs of care to support a carer, where that support is identified in an Adult Carers Support Plan, are waived.</p> <p>From June 2018 to March 2019, a short-life working group was established to ensure the consistency of the application of the regulations. Having received guidance from Scottish Government, decisions are now delegated to localities. Future monitoring to ensure compliance is planned.</p>
Local Carers Strategy	To be presented for approval at a future meeting of the IJB	<p>The local Carer Strategy is being developed to articulate the direction, activity and outcomes for our carers over the next 3 years. This document is informed by the consultation we carried out with the participation and involvement of local carers.</p>

2.4 Finance

P&K HSCP net investment of £56,000, together with Scottish Government investment of £535,000 has enabled commissioning of a range of services from PKAVS and other voluntary sector providers, including information and advice services. Those carers, whose caring role impacts on them most, have been able to access help and support to enable them to have a life alongside caring and to ensure that charges for support to those carers can be waived. Total expenditure for the first year of implementation of the Act was £481,600 resulting in an underspend of £109,400 partly due to slippage on staffing. However, all are now currently in place to work with carers to help identify what supports are needed to enable them to sustain their caring role, as required.

2.5 Key Areas of Investment

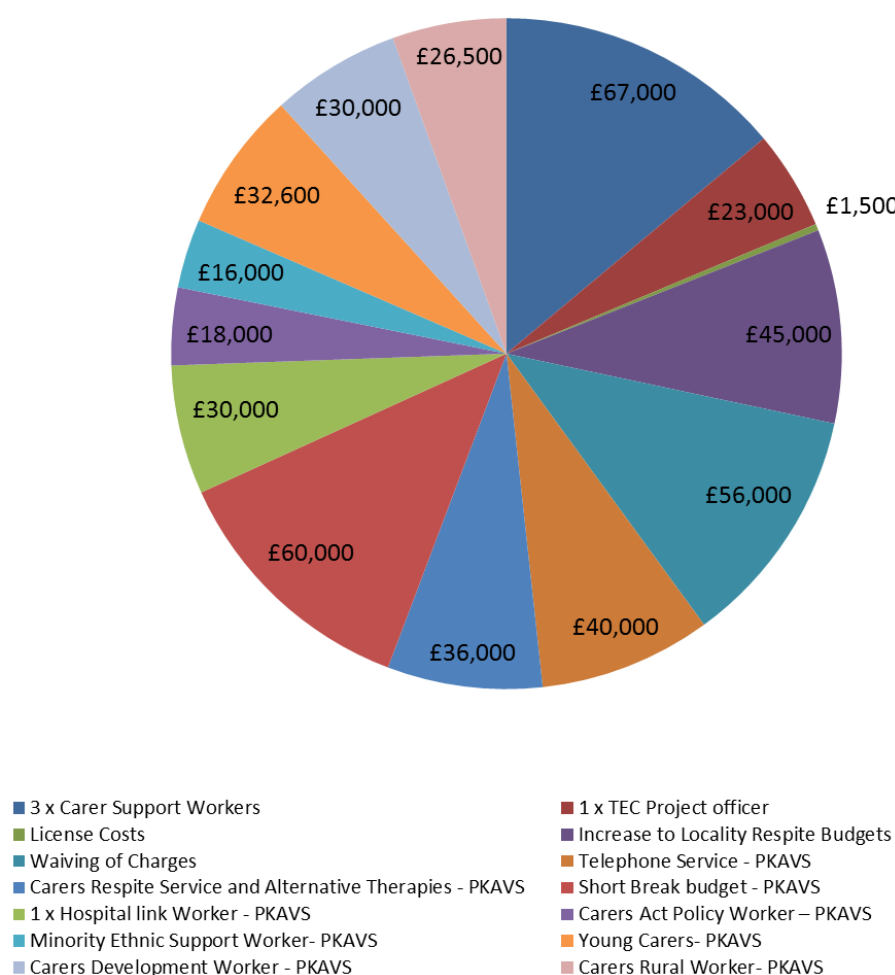
Investment into capacity was key to the success of the implementation of the Act, ensuring that the support was in place to meet the needs of carers in the area. To this end we commissioned from PKAVS, including the establishment of a Carers Support Telephone Service, and three new Carer Support Workers were recruited. The Carer Support Workers are now each dedicated to work with carers in localities, serving the needs of the local population. Training was carried out in advance of the implementation of the Act raising awareness amongst social care, health and commissioned voluntary sector professionals about the duties and powers the Act introduced.

We also invested in providing support through voucher schemes to enable carers to take breaks from their caring role and waiving the charges. This means that where the eligibility criteria are met for high or very high impact on the health and wellbeing of the carer, and the carer is willing and able to continue caring, there are no charges for the care that is provided to replace the care they give.

Investment in ensuring carers were able to find the support that best met their needs is shown in Diagram 1:

Diagram 1

Investment in Carers Programme 2018-19



2.6 **Audit**

In February and March 2019, Perth & Kinross Council's Internal Audit Department undertook an audit of the implementation of the Carers (Scotland) Act 2016. The audit reviewed the arrangements which were put in place to meet the legislative requirements in advance of the implementation of the Act, and the subsequent activity. The report concluded that there were strong internal controls in place to ensure the implementation of the Act, with no further action needed. The Audit report will be presented to Audit & Performance Committee on 18 June 2019.

2.7 **Risk**

Risk Management processes have identified that there may be insufficient financial resources to provide adequate support for carers in Perth & Kinross. 13,308 people in Perth & Kinross (9%) identified themselves as carers in the National Census in 2011. Based on population growth estimates, the General Registrar of Scotland projects this to be 14,106 in 2019 and 14,373 in 2022. We are working to ensure that the reported number of carers who are supported is accurate and reliable, this is challenging as the definition of carers has changed as a consequence of the legislation. Using current figures for those registered at PKAVS and who have been supported by PKC following the implementation of the Act, we estimate that there are approximately 2100 carers who are supported. This identifies that approximately 85% of carers providing unpaid care may be missing out on preventative support, information and advice that is available.

Furthermore, external care providers are often unable to recruit staff to meet the current levels of demand; this will mostly affect carers whose caring role has either a high or very high impact. Carers have told us that service providers may not be prepared to travel to provide support to outlying areas, which will impact on the ability of the carer to sustain their caring role. Therefore where we currently have the financial resources to provide care some of the market does not meet that need. This may be exacerbated with increased uptake of the support entitlement. We will continue to develop markets and resources in localities as part of the implementation of the revised Strategic Commissioning Plan.

2.8 **Community Engagement**

We have engaged and consulted with our stakeholders throughout the implementation of the Act, in particular as part of our research in preparation for the Eligibility Criteria, our Short Breaks Services Statement and the Carers Strategy 2019-22. Responses to the Strategy consultation revealed that the level of awareness of the resources that are available to carers, is a cause for concern. This identified that our carers do not know where to find information about the resources and help that is available for them. Further promotion around the support that is available for carers in communities is required, and a communications and participation plan has been developed and will be kept under continual review.

3. PROPOSALS

The Integration Joint Board is asked to note the challenges and progress of the Carers Programme Board in implementing the Carers (Scotland) Act 2016.

4. CONCLUSION

This report presents the work undertaken to date by the Carers Programme Board to implement the Carers (Scotland) Act 2016, supporting unpaid young and adult carers across Perth & Kinross, to sustain them in their caring role and have a life alongside caring.

Author(s)

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report and its proposals relate to the achievement of the following Perth and Kinross Strategic Commissioning Plan themes:

- 1 prevention and early intervention,
- 2 person centred health, care and support
- 3 work together with communities
- 4 inequality, inequity and healthy living
- 5 best use of facilities, people and resources

2. Resource Implications

2.1 Financial

Within budgeted resource as detailed in 2.4.

2.2 Workforce

Within budgeted resources.

3. Assessments

3.1 Equalities & Fairness 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.

EFIA or IAT screenings have been carried out for the Eligibility Criteria and the forthcoming Carers Strategy. The EFIA for the Strategy will be presented at the June Board meeting.

3.2 Risks

As set out in Section 2.7

3.3 Other assessments

Not relevant

4. Consultation – Patient/Service User first priority

4.1 External

As detailed within the report.

4.2 Internal

As detailed within the report

4.3 Impact of Recommendation

The implementation of the Carers (Scotland) Act 2016 is considered to have had a positive impact on service users, carers and the third sector. The implementation of the Act has been subject to ongoing engagement throughout, in accordance with the legislation and good practice, as described in Section 2.8.

5. Legal and Governance

5.1 This report provides an update on progress towards implementing statutory duties under the Carers (Scotland) Act 2016.

5.2 The Carers Programme Board has delegated responsibility for the implementation of the Act, to ensure the adequacy and monitoring of the arrangements for Carers and the management of risks.

6. Directions

Perth & Kinross Council is directed to make the necessary arrangements to continue to implement the Carer (Scotland) Act 2016 with particular regard to commissioning, community engagement and statutory services.

NHS Tayside is directed to make the necessary arrangements to continue to implement the Carer (Scotland) Act 2016 with particular regard to activities surrounding hospital discharge planning, bereavement and Primary Care.

7. Communication

- 7.1 A Communication Plan is currently being developed to support the Carers' Strategy 2019 – 2022.

8. BACKGROUND PAPERS/REFERENCES

- 8.1 Not relevant.

9. APPENDICES

Appendix 1 – Eligibility Criteria

Appendix 2 – Short Breaks Services Statement

Appendix 3 – Directions for Perth and Kinross Council

Appendix 4 – Directions for NHS Tayside

LOCAL CARERS ELIGIBILITY CRITERIA

PERTH & KINROSS COUNCIL



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1. Introduction to the Eligibility Framework

Background

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Unpaid carers¹ of all ages provide a vital contribution to society. It is important that carers have the opportunity to achieve a better life balance.

The Carers (Scotland) Act 2016 comes into force from 1 April 2018. It introduces new rights for unpaid carers of all ages. Adult carers have the right to have Adult Carer Support Plans. Unpaid carers are given the opportunity to define their own needs and personal outcomes and have a say on the support they need.

Before 1 April 2018	From 1 April 2018
Perth & Kinross Council has the power to provide support to all unpaid carers, but it does not have a legal duty to do so.	Perth & Kinross Council has the power to provide support to all unpaid carers and an additional legal duty to provide support to those unpaid carers whose caring responsibilities have a 'high' or 'very high' impact ² on the carer.

This eligibility criteria framework sets out how a staff member and an unpaid carer will **agree** on the support given to that and whether the support is provided to the carer under a power to support or a duty to support by Perth & Kinross Council.

¹ **Unpaid carers** are carers who do not provide care under a work contract or as voluntary 'work', regardless of whether they receive welfare benefits, pensions or income from another type of employment. If an individual looks after a family member, relative, friend or neighbour, they are likely to be an unpaid carer.

² The word '**impact**' is used in this framework to refer to the effect of caring on the carer *as well as* the carer's ability to sustain the caring role.

2. Definitions given under the Carers (Scotland) Act 2016

Meaning of “carer”

A “carer” means an individual who either currently provides care or intends to provide care for another individual. The cared-for person might be elderly, or might have an illness, disability, a mental health problem or a substance misuse problem.

Meaning of “adult carer”

An adult carer is a carer who is at least 18 years old and not still at school.

Please see Appendix 1 (page 15) for the actual and full wording of these definitions under the Carers (Scotland) Act 2016.

3. Explaining the Assessment Process

Step One: Request an Adult Support Plan

A carer who wishes to access support can be offered, or they request, an Adult Carer Support Plan.

Step Two: Identify carers needs and personal outcomes

The carer's needs and outcomes will be identified in the carer's Adult Carers Support Plan via conversations between a staff member and the carer.

Step Three: Support is agreed between staff and carer

Staff and the carer will agree on the type and level of support the carer needs to best achieve their personal outcomes.

Step Four: Council provides support to carer

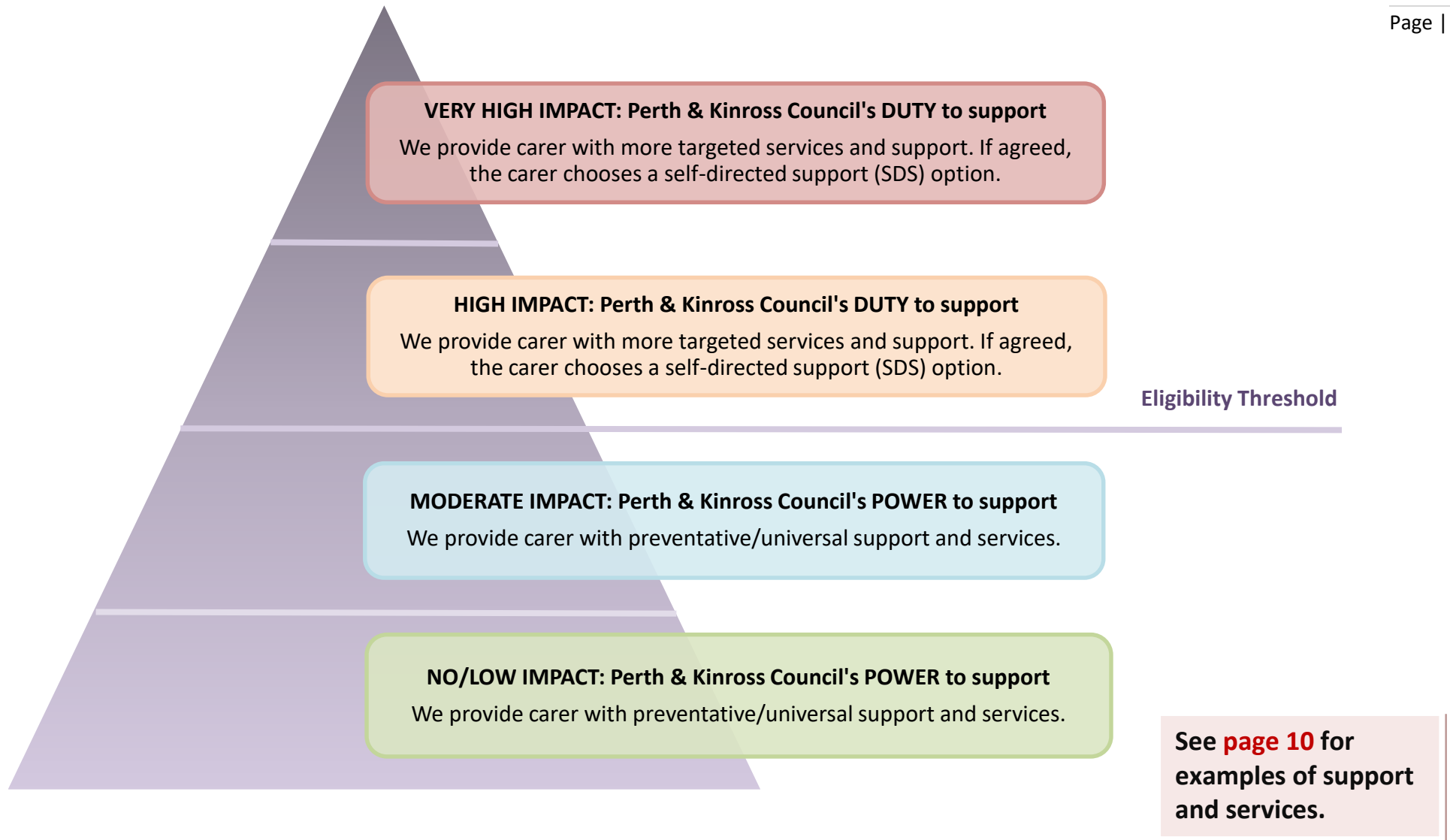
If the caring situation has a high or very high impact on the carer, Perth & Kinross Council will have a duty to provide support to the carer. If the caring situation has low or moderate impact on the carer, Perth & Kinross Council will have power to provide support to the carer. Carers would, as a minimum, have access to universal services.

If 'Self-Directed Support' (SDS) is agreed to meet the support needs of the carer, the carer would choose from the four SDS options allowing them the choice to control, if they wish, how the money is spent on their support (please see footnote of page 10 for more information).

Step Five: Setting a future review date of the assessment

A review date for the Adult Carer Support Plan will be agreed between staff and the carer at this point.

4. Eligibility Thresholds: Overview of the Assessment



5. Eligibility Criteria Framework

	POWER TO SUPPORT: The carer can receive support through preventative or universal support and services			DUTY TO SUPPORT: The carer can receive self-directed support in addition to preventative/universal support	
	NO/LOW IMPACT	MODERATE IMPACT		HIGH IMPACT	VERY HIGH IMPACT
PHYSICAL OR MENTAL HEALTH & EMOTIONAL WELLBEING	Caring has no/little effect on carer's health or wellbeing.	Caring is beginning to have a negative effect on carer's health and wellbeing. Carer's health could be at risk of some deterioration.	T H R E S H O L D	Caring has a negative effect on carer's health and wellbeing. Carer's health is at risk of significant deterioration.	Caring has a very negative effect on carer's health and wellbeing. Carer may be at risk of breakdown.
RELATIONSHIP WITH CARED-FOR PERSON AND OTHERS	Carer has a good relationship with the cared-for person. And/Or Carer mostly feels acknowledged and valued by health and social care professionals.	Carer's relationship with the cared-for person is beginning to have problems. And/Or Carer sometimes does not feel acknowledged and valued by health and social care professionals.		Carer finds some aspects of caring role difficult to sustain, and this has a negative impact on carer's relationship with the cared-for person. And/Or Carer does not feel acknowledged and valued by health and social care professionals.	Carer finds most or all aspects of caring role difficult to sustain. Carer's relationship with the cared-for person is at risk of breaking down or has already broken down. And/Or Carer feels isolated and excluded by health and social care professionals.
EMPLOYMENT, EDUCATION, AND/OR TRAINING	Carer is able to manage caring alongside work/studies. Or Carer does not want to be in paid work or education at the moment.	Carer is beginning to have difficulties managing caring with work/studies/training. Or Carer intends to be in paid work or education later.		Carer experiences difficulty in managing caring with work/studies, which is likely to be difficult to sustain. Or Carer wants to find paid work or education soon.	Carer is unable to manage caring alongside work/studies and faces an imminent risk of giving up work/studies, or has already given them up. Or Carer wants to be in paid work or in education now.

	POWER TO SUPPORT: The carer can receive support through preventative or universal support and services			DUTY TO SUPPORT: The carer can receive self-directed support in addition to preventative/universal support	
	NO/LOW IMPACT	MODERATE IMPACT		HIGH IMPACT	VERY HIGH IMPACT
FINANCES	Caring has no/little negative effect on the carer's personal or household finances.	Caring sometimes has a negative effect on the carer's finances. There is a risk that the carer might start to experience difficulties in meeting basic costs of living.	T H R E S H O L D	Caring has a negative effect on carer's finances. The carer is unable to meet some main basic costs of living.	Caring causes carer to have financial hardship. The carer is unable to meet basic costs of living and the risk of financial crisis is imminent.
LIVING/CARING ENVIRONMENT	Carer's living environment or the place the carer provides care is usually suitable and poses no/little risk to the health and safety of the carer and/or cared-for person.	Carer's living environment or the place the carer provides care is not always suitable and could pose a risk to the health and safety of the carer and/or cared-for person.		Carer's living environment or the place the carer provides care is mostly unsuitable, and poses a risk to the health and safety of the carer and/or cared-for person.	Carer's living environment or the place the carer provides care is very unsuitable, and poses a serious risk to the health and safety of the carer and/or cared-for person.
LIFE BALANCE AND FUTURE PLANNING	Carer is mostly satisfied with their life balance. Carer has plenty of opportunities to take breaks from caring and to take part in things they want. Carer feels supported and is able to plan their time and their future.	Carer sometimes feels they do not have life balance. Carer has some opportunities to take breaks from caring and to take part in things they want. Carer sometimes feels they lack support or people to turn to. Carer is sometimes able to plan their time but may be concerned about future plans.		Carer mostly feels they do not have life balance. Carer has few and irregular opportunities to take breaks from caring and to take part in things they want. Carer often feels unsupported, and that there is a lack of people they could turn to. Carer is often unable to plan their time or to make plans for their future.	Carer does not feel they have life balance. Carer has no opportunities to take breaks from caring and to take part in things they want. Carer feels isolated, and do not have people to turn to in their locality. Carer is unable to plan their time or to make plans for their future.

6. Summary of Framework for Adult Carers

Very High Impact	<p>Indicates that the carer feels the caring role has a very high impact on the carer. This means that the carer is finding it extremely difficult to sustain their caring role without immediate support. The carer does not have a healthy life balance at all.</p> <p>There is likely to be need for very urgent or immediate support to be given to the carer.</p>
High Impact	<p>Indicates that the carer feels the caring role has a high impact on the carer. This means that the carer would have difficulties in sustaining their caring role without support. The carer mostly does not have a healthy life balance.</p> <p>There is likely to be need for relatively urgent support to be given to the carer.</p>
Moderate Impact	<p>Indicates that the carer feels the caring role has a moderate impact on the carer. This means that the carer is starting to find it to sustain some parts of their caring role and would need support to prevent it from getting worse. The carer mostly does not have a healthy life balance.</p> <p>There is likely to be need for support to be given to the carer to prevent things from getting worse.</p>
No/Low Impact	<p>Indicates that the carer feels the caring role has little or no impact on the carer. This means there is little or no impact on the carer's ability to sustain their caring role.</p> <p>The carer may like some information and advice, or access to some universal or preventative support or services to prevent things from getting worse.</p>

7. Eligibility Thresholds: Types of Services and Support

Universal Services (examples of services generally available to all in the Perth & Kinross area)	Power to Support (examples of services in addition to examples given under universal services)	Duty to Support (examples of services in addition to the examples given under universal services/power to support)
<ul style="list-style-type: none"> Information and advice services (e.g. carers' rights, education and training, income maximisation, carer advocacy, emergency care planning and future care planning) 	<ul style="list-style-type: none"> Access to a support worker (moral support and for information/advice) 	<ul style="list-style-type: none"> Self-directed support (SDS)³ cost package for personalised support for the carer depending on the carer's needs
<ul style="list-style-type: none"> Day care services 	<ul style="list-style-type: none"> Course on emotional wellbeing 	<ul style="list-style-type: none"> Home adaptations and/or equipment
<ul style="list-style-type: none"> Leisure centres 	<ul style="list-style-type: none"> Carer advocacy 	<ul style="list-style-type: none"> Replacement care/residential care
<ul style="list-style-type: none"> Walking/running clubs 	<ul style="list-style-type: none"> Short breaks 	<ul style="list-style-type: none"> More regular short breaks/respite
<ul style="list-style-type: none"> Libraries 	<ul style="list-style-type: none"> Support to access leisure pursuits 	
<ul style="list-style-type: none"> Community cafes 	<ul style="list-style-type: none"> Carer cafes 	
<ul style="list-style-type: none"> Victim support services 	<ul style="list-style-type: none"> Complementary social therapies 	
<ul style="list-style-type: none"> Befriending services 	<ul style="list-style-type: none"> Training on moving and handling 	
<ul style="list-style-type: none"> Volunteering 	<ul style="list-style-type: none"> Transport to activities 	
<ul style="list-style-type: none"> Counselling services 	<ul style="list-style-type: none"> Adult carers activities/groups 	
<ul style="list-style-type: none"> Bereavement support services 	<ul style="list-style-type: none"> Social Care Services 	
<ul style="list-style-type: none"> Health and wellbeing services 		
<ul style="list-style-type: none"> Mental health services 		
<ul style="list-style-type: none"> Drug and Alcohol services 		

³ The carer chooses from **the four SDS options** allowing them to control how their support is delivered.

Option 1: Carer can choose to have a Direct Payment and receive money to pay for the support they need.

Option 2: Carer can choose to 'direct' how the available support is arranged and delivered.

Option 3: Carer can choose that the local authority arranges their support and arranges it on their behalf.

Option 4: Carer can choose a mixture of options 1-3 to arrange the support they receive.

8. Our Aims and Clarification of Terms

Perth & Kinross Council, NHS Tayside, the Health & Social Care Partnership and a range of voluntary organisations will work together with carers of all ages. The framework aims to create a fair and transparent system for determining eligibility. It is designed so that the Perth & Kinross Council's level of support is proportionate and consistent with the carer's level of support needs. Carers with different needs will be treated equally in accessing support and services.

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Staff will **agree** with the carer on:

1. the carer's **needs** and **personal outcomes**, and
2. the **type and level of support** that needs to be given by Perth & Kinross Council to meet those needs and outcomes.

This framework uses a **preventative approach**. This means that assessments should identify whether there is a foreseeable and likely risk of deterioration in the carer's health or their caring situation. If identified, the steps that will be taken to prevent further deterioration should be noted.

In the case where the carer has **fluctuating needs**, the carer's needs should be considered over an appropriate⁴ period of time to ensure that all their needs have been accounted for when eligibility is being determined. The review date agreed between staff and the carer will be used to assess whether the carer's needs and outcomes are being appropriately met or whether changes need to be made.

It is important that the carer is given a say into what support they feel is appropriate for their needs. A carer may have high support needs in one area (for example, health and wellbeing) and a low support need in another (for example, living environment). Perth & Kinross Council will have a duty to support those needs of the carer that fall into the high or very high impact categories. Perth & Kinross Council will also have the power to support any additional needs of the carer that falls into the low or moderate impact categories.

⁴ What is deemed appropriate depends on the individual and how their needs fluctuate.

Appendix 1: Definitions under the Carers (Scotland) Act 2016

1. Meaning of “carer”

(1) In this Act “carer” means an individual who provides or intends to provide care for another individual (the “cared-for person”).

(2) But subsection (1) does not apply—

a) in the case of a cared-for person under 18 years old, to the extent that the care is or would be provided by virtue of the person's age, or

b) in any case, to the extent that the care is or would be provided—

i) under or by virtue of a contract, or

ii) as voluntary work.

(3) The Scottish Ministers may by regulations—

a) provide that “contract” in subsection (2)(b)(i) does or, as the case may be, does not include agreements of a kind specified in the regulations,

b) permit a relevant authority to disregard subsection (2)(b) where the authority considers that the relationship between the carer and the cared-for person is such that it would be appropriate to do so.

(4) In this Part “relevant authority” means a responsible local authority or a responsible authority (see section 41(1)).

2. Meaning of “adult carer”

In this Act “adult carer” means a carer who is at least 18 years old but is not a young carer.

SHORT BREAKS SERVICES STATEMENT SUMMARY

This is a summary of our [Statement](#) that lets unpaid carers know how we can support them to have a break from their caring roles, and how a break can be personalised so that it is meaningful to them.

1. AN UNPAID CARER IS...

A person of any age who looks after someone else ('cared-for person') such as a child, parent, sibling, partner or friend, typically due to any type of illness, disability, disorder, or because the person is elderly or frail. They may provide emotional support, practical support or physical support to the person they look after. They are not employed to do this.

2. A SHORT BREAK IS...

Anything that can help carers to have a break from their caring role, to help support the caring relationship, and promote the health and wellbeing of the carer. This could range from going to the cinema, a day or longer trip away, or taking up dance classes. A 'break' could even be a piece of equipment such as a laptop, which may help to reduce social isolation or to retain independence. It may be help to allow the carer and cared-for person to go out for a nice dinner or it may fund short term residential care for the cared-for person so that the carer could have a complete break.

3. THE ELIGIBILITY CRITERIA...

Is used to determine the level of impact the caring role has on the carer in their lives. If the carer has significant support needs, Perth & Kinross Health and Social Care Partnership (PKHSCP) commit to finding a way to support the carer to meet their identified needs. This may be through a Self-directed support (SDS) package, in which the carer can choose an option that would best help them to meet their needs.

If there are low or moderate support needs, Perth & Kinross Association of Voluntary Services (PKAVS) can help with advice or access to other funds to meet those needs. Depending on the needs of the carer, this could be going on trips or joining activity groups for young carers, or a weekend break or social therapies for adult carers.

4. TO ACCESS A SHORT BREAK...

A carer can contact PKAVS Carers Centre or the Access Team at PKHSCP for an [Adult Carer Support Plan](#) or a [Young Carer Statement](#). Adult carers are at least 18 and have left school. Young carers are aged under 18, or are 18 and still at school. Carers do not need to have either of these to access short breaks at PKAVS but will need one to access funded support at PKHSCP.

There are also other organisations that provide a range of services, which we could put the carer in touch with.

5. FOR MORE INFORMATION...

Contact [PKAVS Carers Centre](#) on 01738 567076 or the [Access Team at PKHSCP](#) on 0345 30 111 20. To view our full short breaks services statement online, visit: www.pkavscarershub.org.uk.



DIRECTION FROM PERTH & KINROSS INTEGRATION JOINT BOARD

1	Reference Number	
2	Date of direction issued by Integration Joint Board	26 June 2019
3	Date from which direction takes effect	26 June 2019
4	Direction to:	Perth & Kinross Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number (s)	No
6	Functions covered by direction	In terms of the Perth and Kinross Integration Scheme, this Direction relates to the following adult social work functions: Carers (Scotland) Act 2016 - duty to implement the Act.
7	Full text of direction	Perth & Kinross Council is directed to make the necessary arrangements to continue to implement the Carer (Scotland) Act 2016 with particular regard to commissioning, community engagement and statutory services
8	Budget allocated by Integration Joint Board to carry out direction	Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.
9	Performance monitoring arrangements	Carers Programme Board
10	Date direction to be reviewed.	26 June 2020



DIRECTION FROM PERTH & KINROSS INTEGRATION JOINT BOARD

1	Reference Number	
2	Date of direction issued by Integration Joint Board	26 June 2019
3	Date from which direction takes effect	26 June 2019
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number (s)	No
6	Functions covered by direction	In terms of the Perth and Kinross Integration Scheme, this Direction relates to the following health board functions: Carers (Scotland) Act 2016 - duty to implement the Act.
7	Full text of direction	NHS Tayside is directed to make the necessary arrangements to continue to implement the Carer (Scotland) Act 2016 with particular regard to activities surrounding hospital discharge planning, bereavement and Primary Care.
8	Budget allocated by Integration Joint Board to carry out direction	Within resources allocated through annual budgeting processes (for 2019-20) of £811,488.
9	Performance monitoring arrangements	Carers Programme Board
10	Date direction to be reviewed.	26 June 2020



PERTH & KINROSS INTEGRATION JOINT BOARD

26 June 2019

PRESCRIBING UPDATE REPORT

Report by Dawn Fraser and Chris Jolly, Programme Managers, Perth and Kinross Health and Social Care Partnership (Report No. G/19/117)

PURPOSE OF REPORT

The purpose of this report is to update the Perth and Kinross Integration Joint Board on the current financial position in respect to primary care prescribing and to update the board on progress to date in respect of the 2018/19 programme.

1. RECOMMENDATION(S)

The Integration Joint Board is asked to:

- 1) Note the progress to date in managing the financial position via the 2018/19 programme;
- 2) Note the update with respect to the 2019/20 programme.

2. SITUATION/BACKGROUND / MAIN ISSUES

FINANCIAL POSITION

The final position for 2018/2019 has improved, with a year-end over spend of £0.842m reported for prescribing. This is £0.383m less than last reported. Overall, the prescribing overspend compares to a gap of £0.438m set out in the approved 2018/19 Financial Plan. The deterioration from plan relates to growth above expectation, a level of undelivered savings and the significant impact of an unanticipated national reduction in funding and an unexpected

Significant progress is being made with the Quality, Safety and Efficiency in Prescribing (QSEP) programme in Perth and Kinross. Of note, there has been increased engagement with all G.P. practices, to understand and address prescribing variance across Perth and Kinross, with a positive response from the QSEP 2018/19 prescribing initiatives. These are discussed further within the report.

Performance

Overall expenditure in P&K, against the rolling 12 month reference period, has reduced by 3.61%.

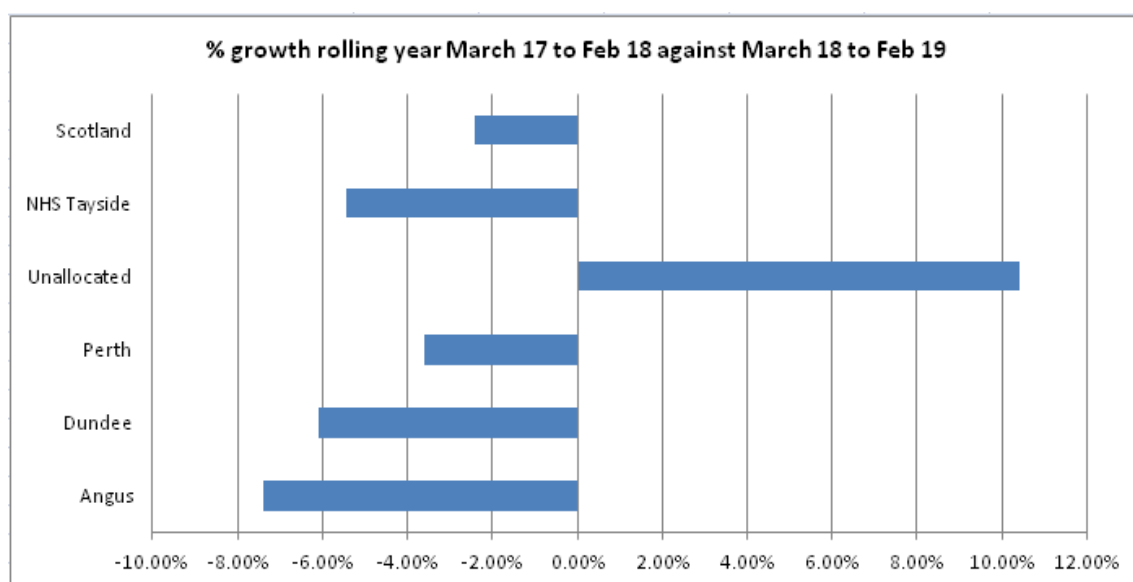
When compared to Scotland, Perth and Kinross has shown a greater reduction (Table 1 and 2).

Table 1 - % Growth in prescribing indicators as at February 2019

Comparison of rolling 12 months, March 2017 to February 2018 vs March 2018 to Feb 2019

Performance Indicator	Angus	Dundee	Perth & Kinross	Unallocated	Tayside	Scotland
% Growth – No. of Items	-2.04%	-1.21%	-0.23%	3.85%	-1.00%	0.30%
% Growth – Cost Per Item	-5.45%	-4.95%	-3.39%	6.34%	-4.50%	-2.69%
% Growth – Gross Expenditure	-7.38%	-6.11%	-3.61%	10.43%	-5.45%	-2.40%

Table 2 – Comparison % growth in gross expenditure (Comparison of rolling 12 months, March 2017 to February 2018 vs March 2018 to Feb 2019)

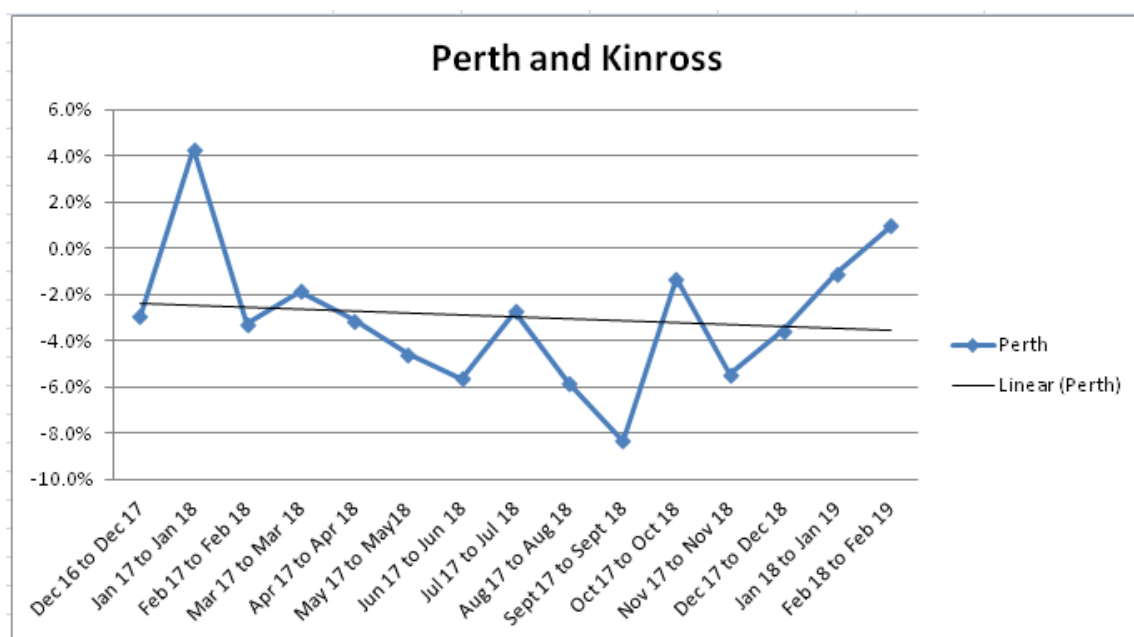


Unallocated items, represents items that have not been allocated to a practice, for example mis-scanned or damaged scripts. It also includes CPUS prescriptions, i.e. out-of-hours, minor ailments, urgent supply, smoking cessation and emergency contraception prescriptions by community pharmacists, which are not allocated to a particular practice.

The promotion of smoking cessation and a shift in the balance of care has shown an increase in community pharmacy prescribing and therefore unallocated items. It is anticipated that this will continue to increase as patient's are encouraged to seek advice and obtain treatment for some minor ailments from their community pharmacist, rather than their G.P.

Table 3 – Trend in Overall Expenditure

(Month to month % change in overall expenditure when compared to the same month in the previous year)

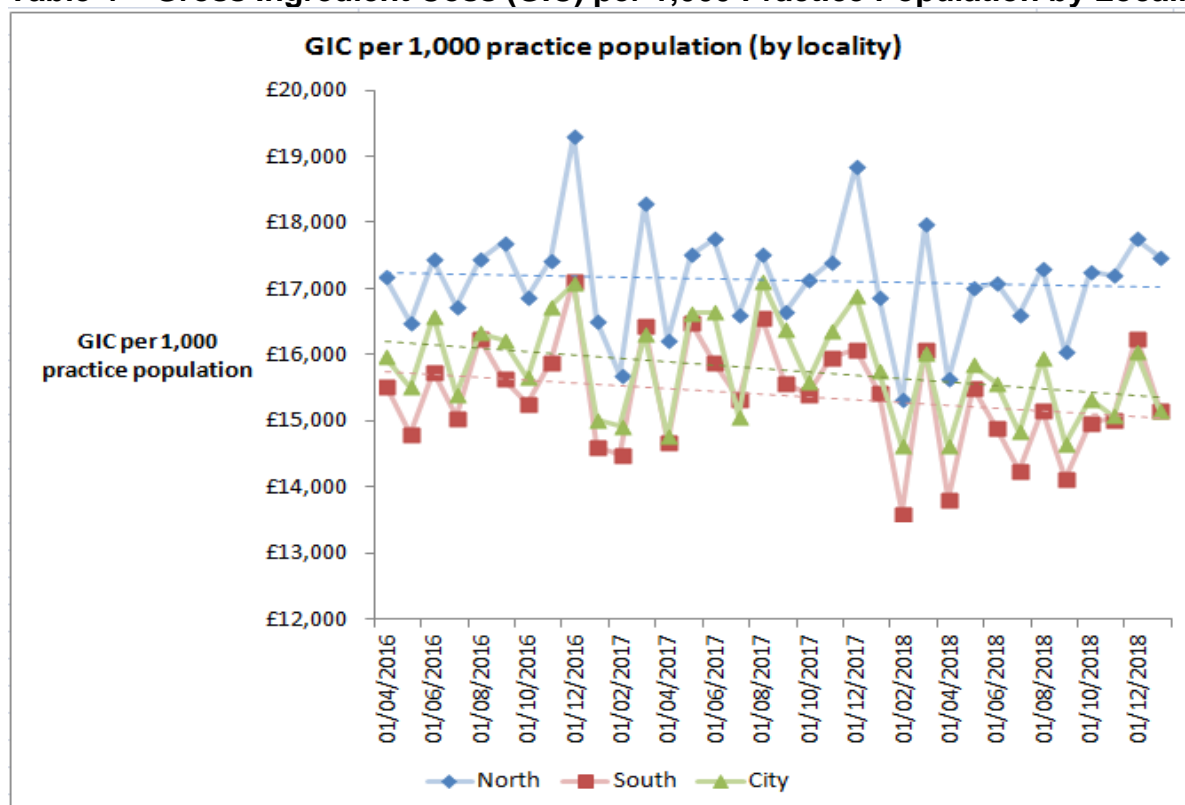


In Table 3, a decreasing trend overall is noted, however, from November 2018 to February 2019, a steady increase in gross expenditure is shown, when compared to the same period in the previous year. This corresponds to a similar increase in cost per item and number of items, during the same period. This is discussed in more detail below but includes the effect of changes in dispensing frequency and manufacturers pricing in response to Brexit planning.

It is useful to look at the trends in prescribing expenditure at both locality and cluster level (Table 4). The trends in prescribing follow a similar pattern and are all declining, albeit at differing rates. These declining trends are notable, particularly when considering Perth and Kinross's growing elderly population.

When drawing comparisons between localities, it is important to understand that practice, cluster and locality demographics are not uniform.

Table 4 – Gross Ingredient Coss (GIC) per 1,000 Practice Population by Locality



Looking at prescribing, has mostly to date been done at practice level, however providing cluster-based data to the GP Quality clusters may be a useful tool for G.P.'s to consider inter-practice variance and to explore the reasons behind it.

Table 5 – Gross Ingredient Cost (GIC) per 1,000 Practice Population by Cluster

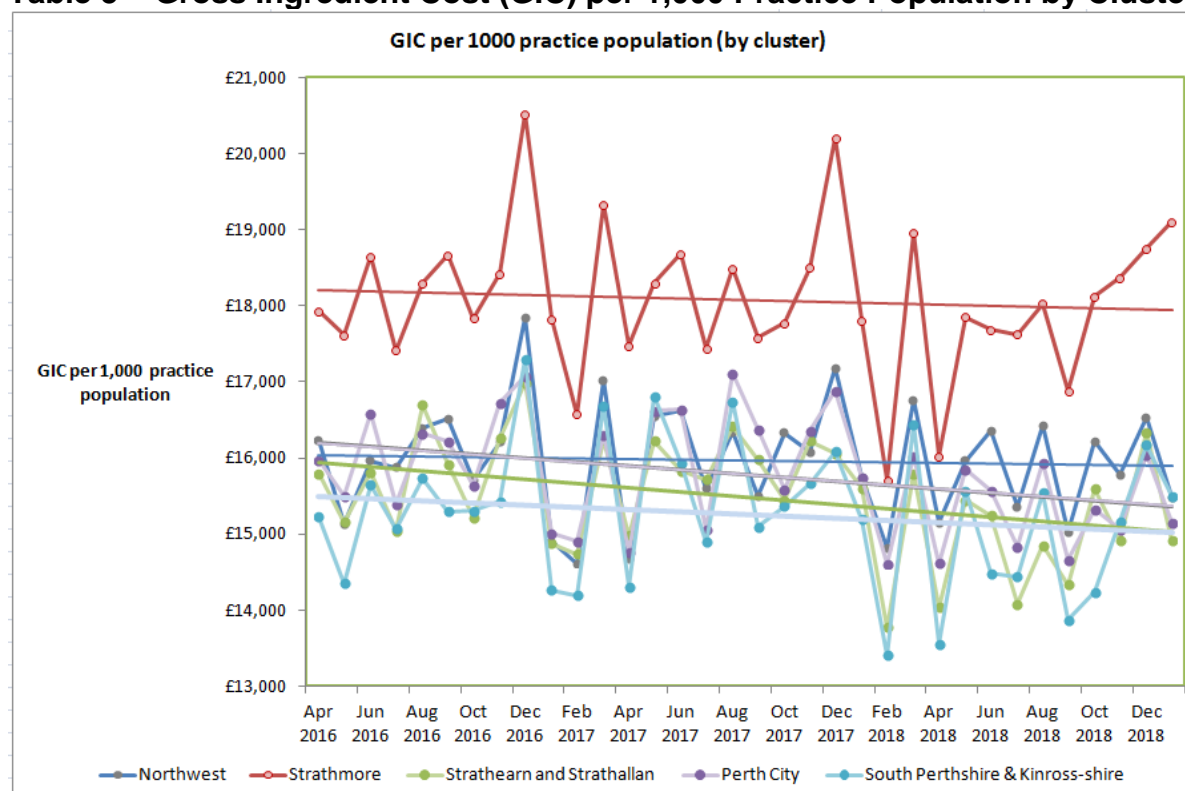
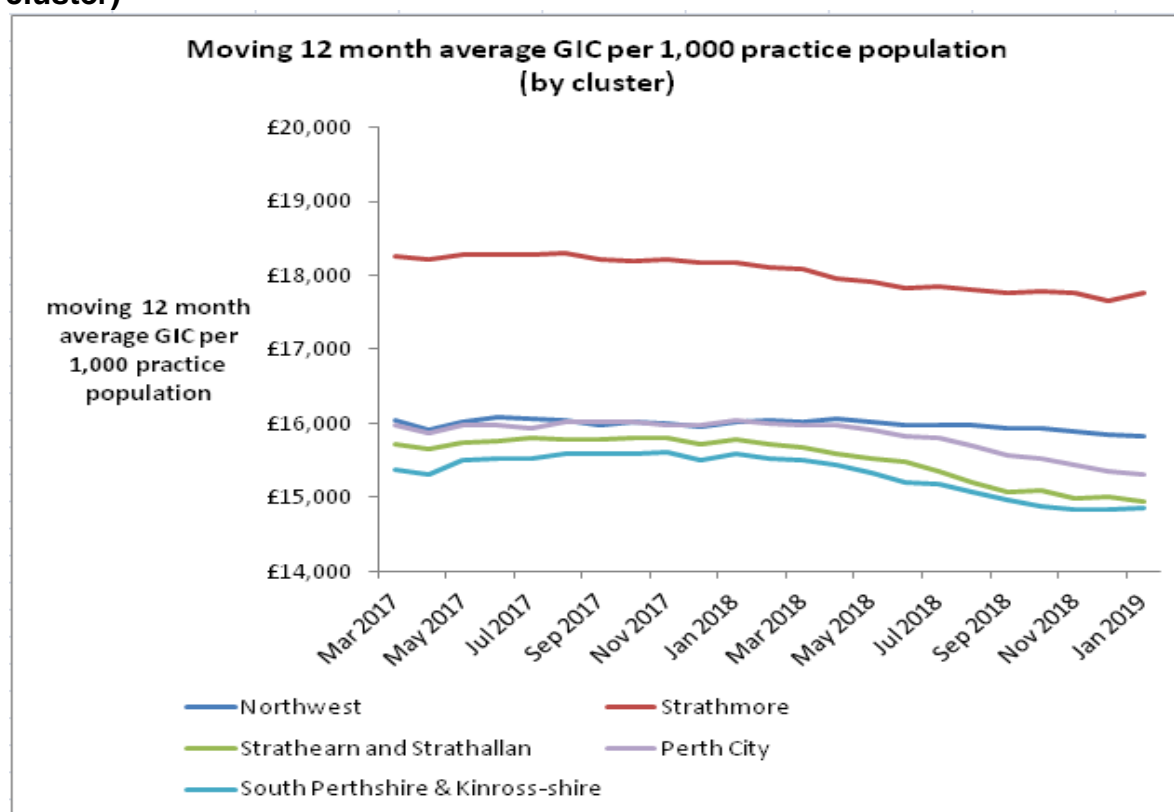


Table 6 – Moving 12 Month Average GIC per 1,000 Practice Population (by cluster)



In Table 5 and 6 above, the Strathmore cluster is demonstrated as an outlier. The exact reason for this is not fully understood at this time and further analysis is required, however there are several factors which most likely contribute to this as follows:

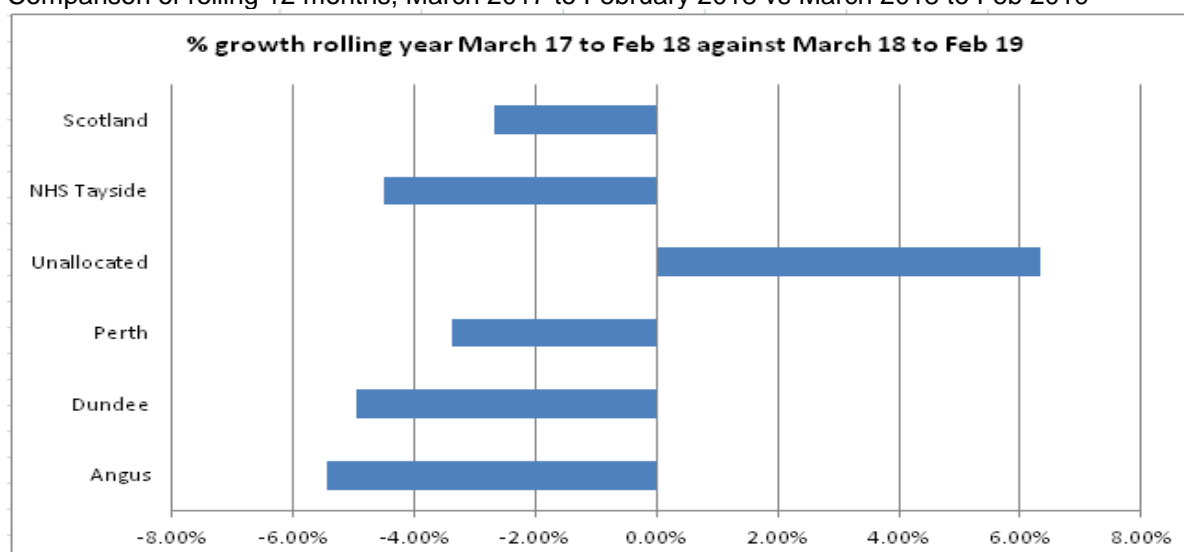
1. Strathmore GP practices deliver health and care to one of the highest populations of patients aged 65 years and over. 50% of the patient list size in Ardblair Medical Practice and 40% of the patient list size in Strathmore Surgery are aged 65+
2. When considering all five cluster areas, Strathmore has one of the largest % patient population who reside in care homes (0.8%). Only Strathearn exceeds this at 1%.
3. Two of the postcode areas within the Strathmore cluster area, sit within the first and second deciles of the deprivation index. These areas are ranked 8% and 17% within the index of multiple deprivation; this represents some of the highest areas of deprivation.

The combination of these factors will have a significant impact on prescribing in this area.

As will be discussed within this report, the Quality, Safety and Efficiency in Prescribing (QSEP) team have developed a programme of work to establish contact with all G.P. practices and clusters. Discussion with practice quality leads in combination with further analysis of the factors discussed above and variation in inter-practice prescribing behaviours, will get closer to identifying the reasons for the data demonstrated in Tables 5 and 6 above.

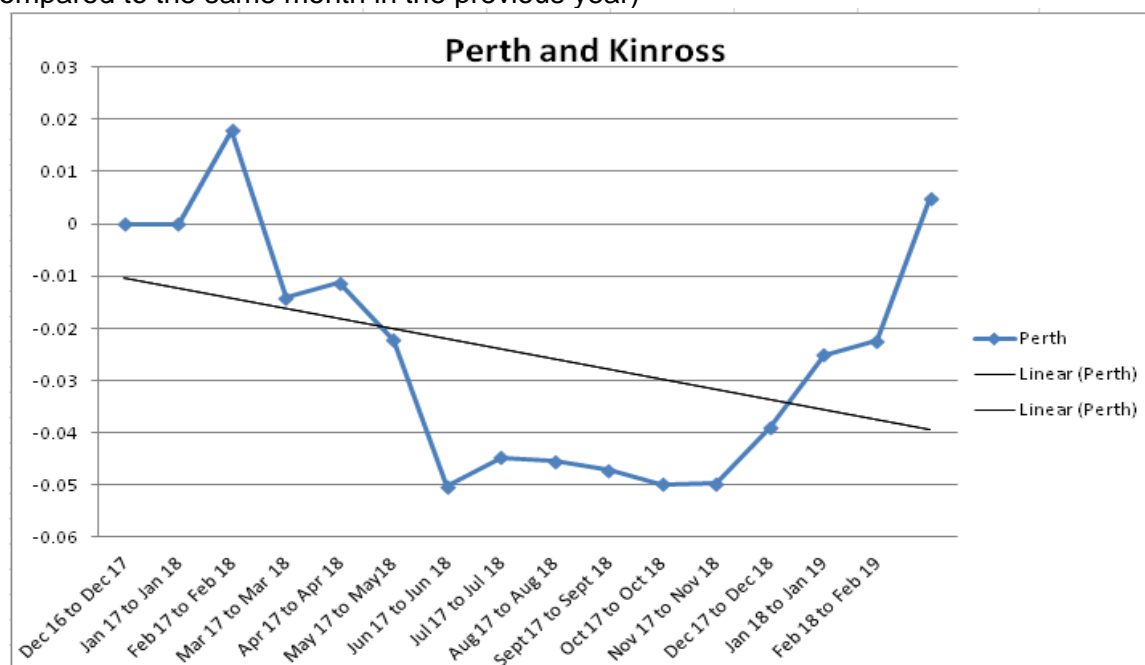
Table 7 – Comparison % growth in cost per item

Comparison of rolling 12 months, March 2017 to February 2018 vs March 2018 to Feb 2019



The cost per item indicator shows negative growth of -3.39% (Table 7). This is positive and is comparable with NHS Tayside, albeit slightly increased when compared to the growth documented at January 2019 (-3.53%). It is worth noting that this figure is influenced by the total number of items prescribed, and should be considered with this in mind.

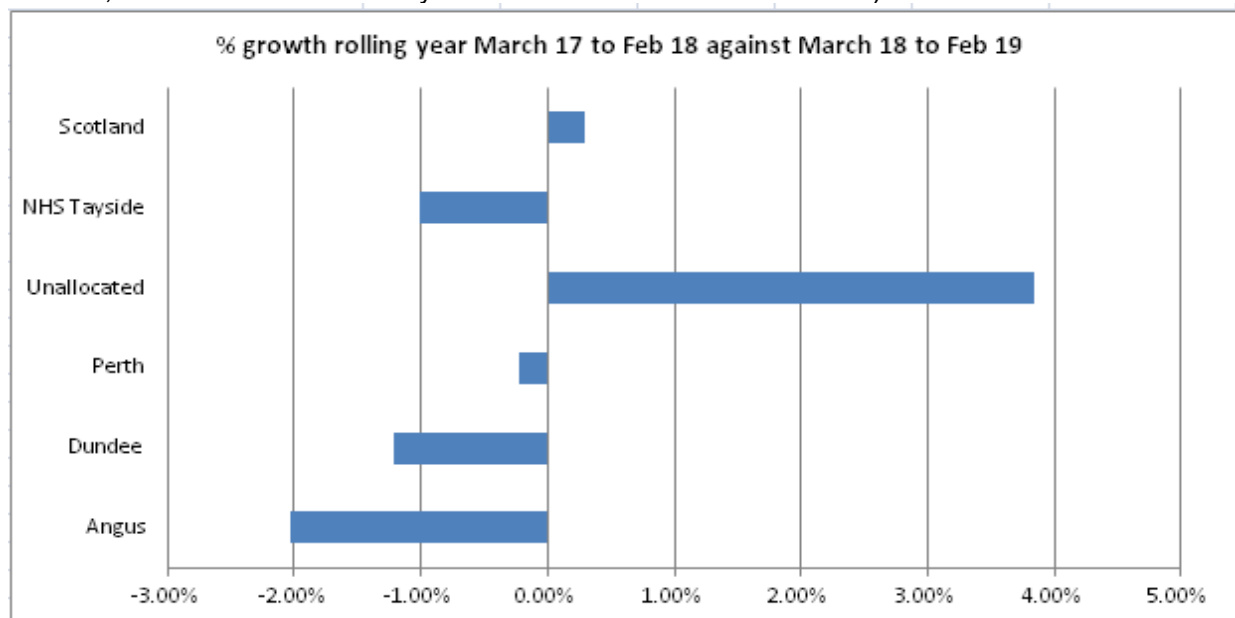
Table 8 – Trend in Cost per Item (Month to month % change in cost per item when compared to the same month in the previous year)



A trend of increasing cost per item has been seen more recently from November 2018 to February 2019. Analysis of the Scottish drug tariff has shown that this is largely linked to a small number of drugs which have seen a large increase in price. Most notably Losartan, which increased in price in the order of 700%. This increased our expenditure on this product from around £4000 per month to around £27,000 per month. The reasons given for this increase include:

- Production issues as a consequence of batch contamination;
- Stock piling for Brexit.

Table 9 - Comparison % growth in number of items (Comparison of rolling 12 months, March 2017 to February 2018 vs March 2018 to Feb 2019)



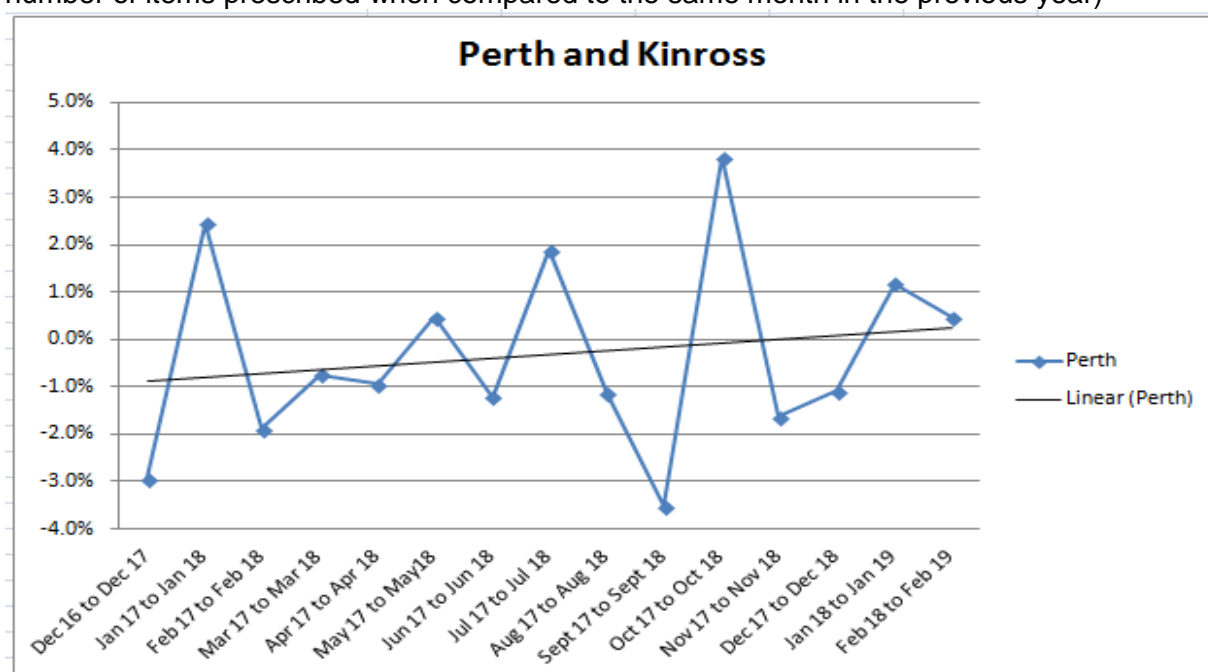
Despite showing negative growth of 0.23% over a 12 month period and that the rate of decline has been slowing, there is now a slight increase in the number of items prescribed (table 10). The reason for this increasing trend is not fully known but a rising elderly population will have an impact. Additionally, and compounding that influence, is a move from 56 day to 28 day prescriptions in some areas.

This move stemmed from the desire to reduce medicines waste, particularly in care homes, therefore if patients had a 56 day supply on repeat, it was changed to 28 days. This was also affected by the change in status of gabapentin and pregabalin due to a change in legislation. When they became controlled drugs, the quantity issued on repeat prescription had to be reduced to a maximum of 30 days. As a consequence of the change in the classification of pregabalin and gabapentinoids from April 2019, it is likely that a new “norm” in terms of the number of items prescribed will be established in the coming months. After this, it will be easier to chart the impact of work being done to suppress this growth i.e. polypharmacy reviews and engagement with individual practices in respect to variances.

In some cases, quantities for other repeats may have been adjusted in a similar way so as that supply times are aligned. This is not necessarily so for every patient or every drug.

This boosts item growth but is perceived as good prescribing practice for certain patients.

Table 10 – Trend in Number of Items Prescribed (Month to month % change in number of items prescribed when compared to the same month in the previous year)



3. G.P. Engagement Funds

The original fund agreed by the IJB for G.P. engagement was £312k per year for 3 years.

These funds are currently being utilised as follows:

1. Salaried G.P.

It is hoped to recruit a salaried GP to recruit a salaried G.P enhance the capacity available to practices, allowing them to engage more fully in the quality, safety and efficiency in prescribing work;

2. G.P. for Quality Improvement Work

A salaried GP provided capacity support to two practices between April and November 2018. From November 2018, the same level of support was spread across four practices.

The effect of this support can be seen in a year-on-year reduction in prescribing expenditure. The table below shows the expenditure in these practices against the reduction in expenditure, as well as their relative budget position in the 2018/19 financial year.

	Investment from engagement funds in total (17/18 & 18/19)	Growth in prescribing (wtd) expenditure over previous 4 qrts	Actual growth in expenditure Q1 v Q1	To date 2018 budget position (at Q1)
Practice 1 *	£6178	-11.54%	-15.49	-8.99% (£16K)
Practice 2	£6178	-4.02%	-4.31	-1.4% (£6K)

*NHSTayside also supported this practice in late 2017 prior to engagement funding being utilised.

This has proven to be successful with one of the practices performing particularly well in reducing their year-on-year prescribing expenditure by over 15%;

3. Prescribing Lead GP

An experienced Perth G.P. has been funded to provide dedicated leadership for prescribing. They have driven forward the programme and are steering future direction, as well as actively engaging practices which may be reluctant to undertake projects;

4. Career Start G.P

It is intended that a career start G.P. may be employed to carry out six sessions of work per week. This is intended to increase G.P. capacity, improving engagement with quality prescribing work. Recruitment is anticipated in August 2019;

5. Edoxaban

There were seven G.P. practices within P&K, who demonstrate a low rate of engagement with the DOAC's (Edoxaban) initiative. These practices showed switch rates of less than 30%, which accounted for a large amount of the undelivered savings on this project. Previously, practices were offered funding for the time spent with the additional work involved in reviewing patients. For practices who had shown a low level of engagement, and who had not previously claimed these monies from the engagement fund, the QSEP management team felt it would be appropriate, following discussion with individual practices, to extend the time period that this support would be available.

6. ONS Project (baby milk) - 1/3 share of £55k across Tayside

Perth and Kinross HSCP were asked to support this specific pan NHS Tayside project, by providing a share, calculated according to NRAC allocation. The total cost to recruit a project officer/nurse to support implementation of the project is £55K across Tayside over 2 years. P&K HSCP will contribute their share of funds to this project.

7. G.P. Research Work by St. Andrews University

A researcher from the University of St Andrews School of Medicine has been supported to undertake a qualitative evaluation, to enhance understanding of the factors which influence local GP practice engagement with the prescribing priorities of the P&K IJB. The evaluation will help determine the acceptability and utility of the G.P. prescribing and locality engagement programme and shape it going forward. It is anticipated that the evaluation report will be complete by summer 2019;

8. G.P. Initiatives

Each G.P. practice was offered an incentivised payment for engagement in the initiatives developed by the QSEP team (noted in previous report). Each practice was asked to engage with three projects from the five offered and report their results via the audit tools provided, to the QSEP management team by the end of the 2018/19 financial year, 30th March 2019. The incentivised payment is an approximate reflection of two sessions of G.P time

plus additional administrative support. To date, 19 out of 24 practices have engaged with these initiatives.

9. Backfill for QSEP Work

On an ongoing basis, the QSEP team will provide support to individual practices to encourage engagement in the QSEP programme. Previously, G.P. colleagues have stated that they are often unable to engage in prescribing initiatives due to a lack of capacity as they prioritise core clinical activity with patients. In order to maximise the savings which are required to be delivered, and address areas of significant variance, monies will be invested on a case-by-case basis for those practices who require additional support. This would be allocated in a similar way to that described above, which appears to have shown a positive impact.

4. PROPOSALS

In an attempt to address the current gap between the prescribing budget and forecast expenditure, significant progress is being made with the QSEP programme, in respect of the following:

- increased engagement with all G.P. practices, to understand and address prescribing variance across Perth and Kinross;
- practice engagement with the QSEP 2018/19 prescribing initiatives;
- development and implementation of a 2019/20 prescribing plan;
- progressing the appointment of a salaried G.P, in order to offer backfill for practices who have identified that reduced capacity is impacting on their ability to engage with quality initiatives.

G.P. Practice Visits

To understand the drivers for the gap between the budget and the forecast expenditure, it has been necessary to analyse the variances in prescribing behaviour across G.P. practices. Analysis of this data has provided opportunities to engage with the practices which are most at variance and discuss the drivers for this variance, specific to each practice.

A programme of work was developed to establish contact with practices, in a prioritised order. This process has engaged practices in respect to the following:

1. Tackling areas of significant variance where prescribing practice is not maximally cost-effective;
2. Identifying the practice needs in respect of support required to carry out the quality work necessary to maximise savings.

In each case, meetings have been undertaken with the Practice Quality Lead (PQL), practice pharmacist, the HSCP G.P. prescribing lead and the programme manager. In some practices, several of the G.P. partners chose to attend the meeting and welcomed the QSEP team positively. The meetings have been invaluable in opening dialogue and building relationships with key personnel within each practice, whilst also gathering intelligence and understanding from G.P.'s and practice staff about their current prescribing and practice position, including any requirements for additional support identified. Of note, many of the practices at high variance

identified that they have several patients with chronic conditions, who require high cost medicines. In many cases, many of the high cost medicines are initiated by secondary care clinicians, making it difficult for G.P.'s to effect change in a primary care environment.

Follow-up meetings have been arranged following each visit and a summary report of the discussion and proposed action plan sent to the key personnel, with whom the discussions took place. Where possible, G.P.'s are encouraged to develop a robust programme of continual review of their patient's, discontinuing or decreasing medication if it is no longer deemed necessary or appropriate. Furthermore, these practice visits have led to detailed analysis of prescribing variance on a practice-by-practice basis, and discussion of this with the PQL and locality pharmacist . Following each meeting, an individualised list of initiatives has been developed between the QSEP team and PQL/Pharmacist. It is hoped that this will reduce variance by targeting practice specific issues in a more focussed way.

This will form an ongoing schedule of visits with all practices, which will hopefully encourage continued, and more focussed engagement with quality prescribing work. This in turn, should provide positive outcomes in respect of attempts to address the current gap between the prescribing budget and forecast expenditure.

In order to support practices which have identified that reduced capacity is impacting on their ability to engage with quality initiatives, the QSEP team are continuing to progress the appointment of a salaried G.P. In the meantime, as approved by the Perth and Kinross Primary Care Board in January 2019, monies will be invested on a case-by-case basis for those practices who require additional support.

Portfolio of Interventions

A portfolio of prescribing initiatives was developed by the QSEP team, primarily to target the priority areas identified as some of the highest cost areas of prescribing expenditure within 2018/19. In January 2019, the QSEP management team were given approval from the P&K Primary Care Board to offer an incentivised payment of £500 to each of the 24 G.P. practices for engagement with these prescribing initiatives.

G.P.'s were requested to select three from five initiatives and provide feedback and data to the QSEP management team by 31st March 2019. Positively, 19 out of the 24 practices have engaged with these initiatives. Some of the practices indicated that it was likely that the work would extend beyond 31st March. In recognition of this, data will be returned and accepted when the projects are complete. However, the practices have been asked to provide a schedule of their work with regular updates and a proposed date for completion.

Thirteen practices have completed these projects and have returned the data with accompanying narrative, outlining their processes in carrying out this quality work. This information shows engagement in good practice, which will be shared among clusters and individual practices. Whilst the development of these initiatives was primarily to improve the quality of prescribing by encouraging patient review, early analysis of the data shows that in some cases, this has led to the de-prescribing of some medicines and/or technical switches to more cost effective alternatives. A

summary of this is demonstrated in Table 8 below. On receipt of the data from the remaining five practices, the data will fully analysed and reported, showing any financial impact of engagement with these initiatives.

Table 8 – Summary of available data from prescribing initiatives 2018/19

Initiative	No. of Patient's Reviewed	No. of patient's discontinued	No. of Patient's switched	Description
Liothyronine	21		1	Patient was switched from Liothyronine to Levothyroxine
Lidocaine	66	15		15 patient's are no longer prescribed this medication
Carbocisteine	155	10	98	Patient's were switched from Carbocisteine to NACYS. 10 patient's are no longer prescribed this medication.
Asthma Review	80			Benefits mean higher number of asthma patients reviewed and also targets/prompts those with poor control
Emollients Review	TBC			Emollient review was undertaken and discussed by G.P.'s within practices, to improve the prescribing of emollients and adherence to current formulary choices. All repeat prescriptions for emollients have been reviewed and where possible, patients were changed to the formulary choices. On the whole, the switches were successful and allowed for the reduction in prescribing of non-formulary emollients.

Quality, Safety and Efficiency in Prescribing (QSEP) 2019/20 Programme

In each financial year, NHS Tayside Prescribing Management Group (PMG) approve a programme of cost saving prescribing projects, which inform the financial plan for that current year for each of the HSCP's. NHS Tayside have indicated that there is little opportunity for projects initiated by PMG and/or led by the Prescribing Support Unit (PSU) in 2019/20, as the scope for cost-saving technical medication switches is minimal.

With this in mind, and also with reference to the requested £500K QSEP savings to be achieved within the 2019/20 prescribing financial plan, the P&K QSEP team discussed the potential to develop a plan specific to P&K, in order to progress the approach to improvements in quality, safe and cost effective prescribing. A four stage methodology was developed to filter the available prescribing data and

develop quality initiatives. This was predominately formed based on medicines prescribed at high cost and/or high volume. These are currently being developed by the QSEP team and will be subsequently reported with supporting information, showing the potential financial benefits which may be realised from this work. This is often difficult to quantify, as it is more art than science and requires economical consideration.

Furthermore, initiatives have also been developed by the sharing of good practice in other NHS Tayside partnership areas where benefits have been realised.

With consideration of all of the ongoing work described above, the initiatives being developed within the P&K prescribing financial plan 2019/20 are as follows:

Table 9 – Perth and Kinross Prescribing Initiatives 2019/20

Interventions	Comment
Individualised practice projects	Following each practice visit, individualised practice-specific initiatives are developed based on medicines at high variance
Polypharmacy reviews targeting care homes	A quality-driven initiative which encourages and increased polypharmacy reviews in care homes. This requires a collaborative approach by G.P.'s, locality pharmacists and MfE Consultants. This initiative should improve the quality of prescribing in care homes and allowed the de-prescribing of particular groups of medicines e.g. Statins, Anti-hypertensive medication.
Polypharmacy reviews within practices / DQUIP	Encourage the use of DQUIP to identify patients at high risk who require comprehensive polypharmacy review
Reduction in the prescribing of high dose opiates	Encouraging a reduction in the dose and/or de-prescribing of high-dose opiates e.g. Morphine
De-prescribing of Gabapentinoids/Pregabalin	This is a Tayside-wide initiative, but requires more access to alternative care and support, with input from e.g. social prescribers, chronic pain pathway, Alcohol and Drug Partnership
Reduction in the prescribing of analgesic medicines	This initiative is based on a pilot project undertaken in Angus which saw a reduction in the prescribing of analgesics (Tramadol and Co-Codamol) by changing prescription labels and making patients aware of dangers. This prompted realistic medicines conversations between GPs and patients. Reduction in prescribing of these drugs ranged from 6% to 14%
2019/2020 Projects	P&K quality projects currently being developed by the QSEP team, based on the four stage methodology used to target areas of high variance across P&K

4. CONCLUSION

Significant progress is being made in an attempt to address the current gap between the prescribing budget and forecast expenditure in respect of the following:

- increased engagement with practices;
- positive engagement with the 2018/19 prescribing initiatives, which 19 G.P. practices have shown engagement with and documented the effect of patient reviews;
- ongoing development of a 2019/20 prescribing plan.

The impact of these steps will continue to be documented in all subsequent reports.

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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 & KINROSS INTEGRATION JOINT BOARD

26 JUNE 2019

EQUALITY OUTCOMES PROGRESS REPORT

Report by Chief Officer (Report No. G/19/118)

PURPOSE OF REPORT

To provide the Board with an annual update to the Equality Outcomes Report which was required to be published by all Integration Joint Boards by 30 April 2016.

1. RECOMMENDATION(S)

It is recommended that the Board notes the strong basis for continuing Joint Equalities activity and notes the annual progress report in relation to the Integration Board Joint Equality Outcomes.

2. SITUATION/BACKGROUND / MAIN ISSUES

Both NHS Tayside and Perth & Kinross Council have published their next 4 year mainstreaming report and equality outcomes (2017-2021) and have their own respective organisational reporting and governance structures which will still be required in the future. These were updated recently in accordance with legislative requirements.

The Integration Joint Board Equality Outcomes have been established to ensure there remains an element of consistency with the equality outcomes which were in place for each organisation at that time.

There are 5 Equality Outcomes which were agreed by the Integration Joint Board and they were cross-referenced as appropriate to the equality outcomes for NHS Tayside and Perth & Kinross Council at that time.

It was proposed that progress in response to these Equality Outcomes was reported on an Annual Basis to the Integration Joint Board using an agreed format which evidences the outputs / actions, timeframes, targets or other measurement criteria to address any specific inequalities. This format has been agreed between both organisations and is included in this report.

The agreed Integration Joint Board Equality Outcomes are detailed in full in Appendix 1.

The Integration Joint Board Equality Outcomes and Mainstreaming Report were shared in draft format with the Community Equality Advisory Group (CEAG) at their meeting on 18 February 2016. The CEAG comprises of a range of equality interest groups and individuals working across all of the equality characteristics (including both local and national organisations). This progress report will also be shared with CEAG members when approved.

The Integration Joint Board Equality Outcomes and Mainstreaming Report (2016-2020) were shared with the Equalities and Human Rights Commission (EHRC) during their preparation and whilst they have made it clear that they are not currently resourced to provide bespoke feedback on draft equality outcomes / mainstreaming reports ahead of the April 2016 publication date they did provide some informal feedback which has been taken into account both now and for the reporting period ahead.

3. PROPOSALS

It is recommended that the Board notes the strong basis for continuing Joint Equalities activity and notes the annual progress report in relation to the Integration Board Joint Equality Outcomes.

4. CONCLUSION

This report provides an overview of the national context with regards to the Equalities agenda, as well as the development of the Integration Joint Board Equality Outcomes.

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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

The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed. Where the answer is 'no', the relevant section(s) should be marked 'not applicable (n/a)'.

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

9. APPENDICES

Appendix 1 – Equality Outcomes

Appendix 2 – Equality Outcomes Action Plan

HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

EQUALITY OUTCOMES

Background

The public sector equality duty in the Equality Act 2010 came into force in Scotland in April 2011 – this is often referred to as the general duty. Scottish public authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

The Public Bodies Specific Duties lay out that all Scottish Public authorities must publish a report on mainstreaming the equality duty; a set of equality outcomes; employee information; gender pay gap information (for authorities with more than 150 staff) and a statement on equal pay (for authorities with more than 150 staff).

The Integration Joint Board is now classed as a public body under the regulations, albeit with less than 150 employees, and must therefore; publish a set of equality outcomes and an Equality Mainstreaming Report by 30 April 2016.

This report outlines the proposed Equality Outcomes for the Health and Social Care Integration Joint Board in Perth and Kinross.

Services within health and social care integration

The services provided by the new partnership will include services provided by Perth & Kinross Council and NHS Tayside as set out in the table below. A key challenge for the partnership will be to ensure services are integrated and meet the needs of people with protected characteristic(s) and communities in our localities and make the shift towards prevention and early intervention.

Services currently provided by Perth & Kinross Council	Community Services currently provided by NHS Tayside	Hospital Services currently provided by NHS Tayside (for planning purposes)
<ul style="list-style-type: none"> • Social work services for adults with physical disability and older people • Services and support for adults with learning disabilities • Mental Health Services • Drug and Alcohol Services • Adult Protection and Domestic Abuse 	<ul style="list-style-type: none"> • District nursing services • Substance misuse services • Primary medical services • General dental services • Ophthalmic services • Community geriatric medicine • Primary medical services to patients out-of-hours 	<ul style="list-style-type: none"> • Accident and Emergency services provided in a hospital • Inpatient hospital services relating to the following areas: <ul style="list-style-type: none"> - general medicine; - geriatric medicine; - rehabilitation medicine; - respiratory medicine; and- psychiatry of learning disability. • Palliative care services provided in a hospital • Inpatient hospital services provided by GPs

<ul style="list-style-type: none"> • Carers Support Services • Health Improvement Services • Housing Support Services (in Sheltered Housing) • Aids and adaptations equipment and telecare • Residential care homes/nursing care home placements • Care at Home • Reablement services Respite and day care 	<ul style="list-style-type: none"> • Community palliative care services • Community learning disability services • Community mental health services • Community continence services • Community kidney dialysis services • Public health promotion • Allied health professionals • Community hospitals 	<ul style="list-style-type: none"> • Services provided in a hospital in relation to an addiction or dependence on any substance • Mental health services provided in a hospital, except secure forensic mental health services • Pharmaceutical services
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The following services are currently planned and delivered on a pan-Tayside basis, and are included in the Integrated Functions. The Perth and Kinross Integration Joint Board will host these services on behalf of the other Tayside Integration Joint Boards:

- Learning disability inpatient services
- Substance misuse inpatient services
- Public dental services/Community dental Services
- General Adult Psychiatry (GAP) inpatient services
- Prisoner healthcare
- Podiatry

Current Position

Both NHS Tayside and Perth & Kinross Council have published existing equality outcomes and mainstreaming reports. The equality outcomes for each organisation remain relevant and are noted below.

NHS Tayside Equality Outcomes (Extract from [NHS Tayside's Mainstreaming Report and Equality Outcomes 2017-2021](#))

NHS Tayside currently has four equality outcomes. A decision was taken through the Equality and Diversity Steering Group in December 2016 that NHS Tayside will continue to work on meeting the requirements of the current equality outcomes so further progress can be made for each outcome.

The learning from NHS Tayside and the Equality and Human Rights Commission Section 23 Agreement (2014-2016) requires to be embedded into meeting the objectives of the current equality outcomes, this will allow NHS Tayside to build an infrastructure with robust systems and processes in place for equality and diversity so NHS Tayside can monitor and show continuous improvement in delivering on meeting the current outcomes.

Equality Outcome 1 - We will ensure that care is person-centred and meets the service needs of people with relevant protected characteristic(s).

Equality Outcome 2 – Data Collection and Monitoring Patient Diversity Information

Equality Outcome 3 – Accessible Information and Inclusive Communication

Equality Outcome 4 – Workforce Data Collection and Equality of Opportunity in Employment Policy and Practice

Perth & Kinross Council Equality Outcomes (Extract from [Equalities Outcomes Progress Report](#))

Each service in the Council has a Business Management and Improvement Plan (BMIP) which annually reports on progress and performance, including specific actions which have been progressed to meet one or more of the Equality Outcomes, thus ensuring a fully mainstreamed approach. The responsibility for this lies with lead service equality contacts in each individual service. Additionally, everyone working for, or with Perth & Kinross Council has responsibility for promoting equality of opportunity in their everyday business activity, be it through day-to-day service delivery, strategic planning systems, service support or partnership work.

Equality Outcome 1 – The Council will ensure its services are accessible to individuals and community groups with relevant protected characteristics

Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate and influence Council decisions

Equality Outcome 3 – Employees in Perth & Kinross Council will have opportunities to achieve their full potential in an equal opportunity workplace

Equality Outcome 4 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area

There is clearly some correlation between the respective equality outcomes from each organisation and in addition all must satisfy at least one aspect of the General Duty of the Equality Act, 2010, namely:

- *Eliminate discrimination, or*
- *Advance equality of opportunity, or*
- *Foster good relations between communities*

By setting Equality Outcomes for the Health and Social Care Integration Joint Board in Perth and Kinross we have strived to ensure that there is an element of consistency with the existing equality outcomes for each organisation and how they are reported.

Health and Social Care Integration Board Equality Outcomes

Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics *(Cross reference to NHS Tayside Equality Outcome 1 and PKC Equality Outcome 1)*

Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate in and influence Integration Joint Board decisions *(Cross reference to PKC Equality Outcome 2)*

Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice *(Cross Reference to NHS Tayside Equality Outcome 3 and PKC Equality Outcome 3)*

Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive *(Cross reference to NHS Tayside Equality Outcomes 2 and 3)*

Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership *(Cross reference to PKC Equality Outcome 4)*

Each of these outcomes will contribute towards the ensuring the overall Health and Wellbeing Outcomes within the Joint Strategic Plan are achieved.

Progress in response to these Equality Outcomes will be reported on an Annual Basis to the Integration Joint Board using an agreed format which evidences the outputs / actions, timeframes, targets or other measurement criteria to address any specific inequalities.

Perth and Kinross Health and Social Care Integrated Joint Board - Equality Outcomes Action Plan

	Equality Outcome 1 – Health and social care partners will ensure that care is person-centred and services are accessible to individuals and community groups with relevant protected characteristics (Cross reference to NHS Tayside Equality Outcome 1 and PKC Equality Outcome 1)		
	<i>Context: Many people do not know how to get help from the Partnership. Many people do not know which services the Partnership provides or whether those services are available for them. Many people face barriers such as living in rural areas where transport and internet connectivity may be more difficult to access or because their age may prevent them having access to services. Some communities or individuals may not seek help if information is not available in relevant formats or community languages (for people with disabilities or minority ethnic groups) and may struggle at first point of contact if interpreting support is not available to them.</i>		
	Relevant Strategic Plan Priorities: <i>Prevention and Early Intervention</i> <i>Person centred health, care and support</i> <i>Inequality, inequity and healthy living</i>	*Relevant Protected Characteristics: Age, Disability, Gender reassignment, Race, Religion or Belief, Sex, Sexual Orientation	Relevant Aspects of General Duty: <i>- Eliminate Discrimination</i> <i>- Advance equality of opportunity</i> <i>- Foster Good Relations between communities</i>
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC	All clients assessed by the Social Work Early Intervention and Prevention team are subject to an individual needs assessment	Client details recorded on SWIFT system	Ongoing
PKC	All staff in the Council have access to Council Guidance and Standards on Translation, Interpreting and Communications in other formats for use as required	Perth & Kinross Council monitor usage of Language Line (telephone interpreting support) and Language Base (face-to-face interpreting/translation support) Main service usage (Housing/Homelessness and Welfare Rights) Main Language usage – Polish, Arabic, Romanian	Ongoing
PKC/NHS	Production of BSL Action Plan for both partner organisations in accordance with Scottish Government requirements	Both NHST and PKC have published a BSL plan. PKC - https://www.pkc.gov.uk/BSL NHST- https://youtu.be/m43T-N2e-4c	

NHS	To ensure that all staff within the IJB are aware of their responsibilities in relation to identifying and meeting the reasonable adjustment needs of patients with communication requirements.	<p>It is important that all staff know that it is not an option or choice to have an interpreter, but a legal requirement to provide an interpreter to ensure the delivery of fair, equitable and non-discriminatory services for patients that are safe, effective and person centred.</p> <p>The Interpretation and Translation LearnPro module is now available for all staff to complete.</p> <p>All GP practices have been informed of the LearnPro and are encouraged to complete it.</p> <p>The module contains a section on Discrimination Law and our legal responsibilities with regard to making reasonable adjustments for profoundly deaf patients and their carer's, and in some circumstances where family and friends who have Power of Attorney or legal guardianship of a patient. It highlights the roles and responsibilities for all staff along with their accountability and responsibilities to ensure that I&T services are provided at point of need.</p> <p>The number of completed passes in Interpretation and Translation Module to date is 3480.</p>	Reinforce the key message to all staff who have contact with patients and members of the public, about the importance of staff undertaking and completing the Interpretation and Translation LearnPro module.
NHS	To ensure that all services within the IJB are able to provide reasonable adjustment needs of patients with communication requirements.	<p>NHS Tayside now have their own in-house Interpretation & Translation Service which from 01 November 2017. There are currently have 5 BSL Interpreters within the team and 5 Language Interpreters (3 Polish and 2 Arabic Interpreters). This is to ensure that there are interpreters who cover the top three languages Polish, Arabic and BSL. As these are NHS Employees they work closely with GP practices in the Tayside area:-</p> <ul style="list-style-type: none"> • Delivery of Deaf awareness / How to work with a Sign Language Interpreter training sessions. Also encourage GP practices to be accessible for their Deaf patients (i.e. have a mobile phone so that patient can text direct to the Surgery). • BSL Contact Scotland have arranged training sessions for all NHS Tayside Services • Production of information in BSL upon request. 	

		<ul style="list-style-type: none"> On occasions if a GP practice needed to contact the patient urgently to let them know about a change of appointment – the Interpretation & Translation Service would contact them on behalf of the GP Practice OR help the GP Practice word a text message to the Deaf person (as BSL is their first preferred language). 	
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	Equality Outcome 2 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to participate in and influence Integration Joint Board decisions (Cross reference to PKC Equality Outcome 2)		
	Context: Some individuals or community groups may be under-represented in different parts of the local community and may not have the same opportunity to have their 'voice' heard or understand how they can put their points of view forward.		
	Relevant Strategic Plan Priorities: Person centred health, care and support Inequality, inequity and healthy living Work together with communities Making the best use of available facilities, people and resources	*Relevant Protected Characteristics: All	Relevant Aspects of General Duty: - Eliminate Discrimination - Advance equality of opportunity
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC	Undertake consultation events with equalities groups as part of strategy/policy development	<p>Continuation of a Safe Place programme of meetings for adults with disabilities in partnership with Centre for Inclusive Living. 2017/18 sessions focussed on Self-Directed Support; Access to Ambulance services; Access to social care services.</p> <p>Establishment of a new Equalities Governance Structure reporting to the Community Planning Partnership Executive Officer Group - this involved Perth & Kinross Council and NHS Tayside membership of the 2 key groups (Equalities Strategic Forum and Community Equalities Advisory Group)</p>	

		<p>Continued participation in the Multi-Agency Working Group in relation to issues affecting migrant workers</p> <p>Establishment of an LGBT+ Development Group with representation from statutory and third sector groups to respond to issues affecting the local LGBT+ community</p> <p>Approving revised Gypsy/Traveller Strategy for Perth and Kinross for 2018-21</p> <p>Monitoring of those voluntary organisations which have a Service Level Agreement that work specifically with an equality protected characteristic group</p> <p>Continued participation with Syrian Refugee families and Unaccompanied Asylum Seeker programme in Perth and Kinross</p> <p>Continued engagement with Perth Islamic Society regarding relocation to new Mosque and development of a Muslim burial space in Perth Cemetery</p> <p>Us and the Housing Group for people with learning disabilities continues</p> <p>Homeless Voice Group continues</p> <p>Regular tenant participation continues</p>	
NHS		Community Engagement Workers recruited through PKAVS who are linking with communities across P&K, and this includes minority groups. These workers now form part of the partnership planning and commissioning service.	The feedback feeds into the Strategic Plan.
		Locality participation framework which includes ensuring engagement with minority groups.	Local Action Partnerships now in place

	Equality Outcome 3 – Employees in health and social care partner agencies will have equality of opportunity in employment policy and practice (<i>Cross Reference to NHS Tayside Equality Outcome 3 and PKC Equality Outcome 3</i>)		
	<i>Context: As major local employers the Council and NHS wishes to play their part in encouraging a thriving, expanding local economy with suitable employment opportunities and development opportunities for staff and a diverse workforce which reflects the local population.</i>		
	Relevant Strategic Plan Priorities: <i>Making the best use of available facilities, people and resources</i>	Relevant Protected Characteristics: All	Relevant Aspects of General Duty: - Eliminate Discrimination - Advance equality of opportunity
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC	Provision of an employment support service which will assist people with disabilities to access employment opportunities	The Council also provides an employment support service (Employment Support Team) which assists people with learning disabilities, autism, acquired brain injury, or mental ill health to access employment opportunities. Nine people (13% of the total number in paid employment on their caseload) have become paid Council employees because of the actions of the service. 25 people (45% of the total number of people supported in voluntary/work experience on their caseload are in a voluntary position within the Council including 14 in projects directly supported by the service such as Working Roots and Green2Go).	Ongoing programme
	Ensure equality issues are a key element of staff learning and development programme	PKC training and events: We ensure that equality issues are a key element of our staff learning and development programme. This year we updated equalities elearning content and have seen 550 staff completing the module since 1 April 2017. 581 staff were ‘in progress’ during this period. We also introduced an equalities lunchtime learning programme between January and March with 76 staff attending 10 different sessions delivered by	Ongoing programme

		<p>a range of external organisations free of charge – programme included anti-sectarianism (online abuse); HIV awareness; Andy's Man Club; disability communication; immigration; asylum and discrimination; LGBT awareness; cultural awareness – South Asian and Polish. This programme will further develop in 2018/19 with 'twilight' sessions taking place in rural areas and filmed sessions available</p> <p>LGBT+ staff networks and a disability staff network now in place within PKC, and this is open to all staff within the HSCP.</p>	
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	Equality Outcome 4 – Data collected, information provided and communications issued by health and social care partners will be accessible and inclusive (Cross reference to NHS Tayside Equality Outcomes 2 and 3)		
	<p><i>Context: People who cannot speak English or have limited understanding of English will have access to effective and inclusive communication which will meet their individual needs. Inclusive communication means we will share information in a way that everyone will understand and enable people to express themselves in the way they find easiest. Inclusive communication is written information, online information, telephone and face to face information. We will provide and publish information in an accessible format that is easy to understand, in different languages, easy to read and in plain language. for all The partners will monitor, collect, record and analyse appropriate data on protected characteristics.</i></p>		
	Relevant Strategic Plan Priorities: <i>Person centred health, care and support</i> <i>Inequality, inequity and healthy living</i> <i>Making the best use of available facilities, people and resources</i>	*Relevant Protected Characteristics: All	Relevant Aspects of General Duty: <i>- Foster Good Relations Between communities</i> <i>- Advance equality of opportunity</i>
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC / NHS	Ensure internal and external communications are provided in accessible formats if required	We have a Communications Plan which is equality proofed for both electronic and written communications.	Ongoing

<p>With regards data collected, ensure race/ethnicity of patient is recorded.</p>	<p>Race/Ethnicity is continuing to be collected at above Scottish average for NHS Tayside.</p> <p>The "Improving ethnic data collection for equality and diversity monitoring" report is published twice yearly in August and February and provides up to date information on the completeness of ethnicity reporting in hospital discharge and outpatient data.</p> <p>Data collection for NHS Tayside:</p> <table><tr><td></td><td>Oct 18</td><td>Nov 18</td><td>Dec 18</td><td>Jan 19</td><td>Feb 19</td></tr><tr><td>% of SMR01 activity with ethnicity recorded</td><td>86%</td><td>85%</td><td>87%</td><td>86%</td><td>86%</td></tr><tr><td>% of SMR02 activity with ethnicity recorded</td><td>82%</td><td>84%</td><td>86%</td><td>85%</td><td>85%</td></tr><tr><td>% of SMR04 activity with ethnicity recorded</td><td>81%</td><td>81%</td><td>85%</td><td>86%</td><td>90%</td></tr><tr><td>% of SMR00 activity with ethnicity recorded</td><td>74%</td><td>76%</td><td>75%</td><td>76%</td><td>76%</td></tr></table>		Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	% of SMR01 activity with ethnicity recorded	86%	85%	87%	86%	86%	% of SMR02 activity with ethnicity recorded	82%	84%	86%	85%	85%	% of SMR04 activity with ethnicity recorded	81%	81%	85%	86%	90%	% of SMR00 activity with ethnicity recorded	74%	76%	75%	76%	76%	
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% of SMR00 activity with ethnicity recorded	74%	76%	75%	76%	76%																											
<p>Ensure that all patient / client information leaflets and publications are in an accessible format and is made available in different languages.</p>	<p>NHS Tayside has a wealth of healthcare information in printed format.</p> <p>Making this information accessible to people whose first language is not English is important. Some literature is available through NHS Inform and NHS Tayside Board translates information for patients on an individual basis.</p> <p>We are in the process of making cards for Deaf people, and users of Arabic and Polish languages so they can show NHS staff they would like an interpreter. A new and updated Interpretation & Translation poster is being developed on how to access an Interpreter for planned and emergency appointments. The poster will have information for both staff and patients.</p> <p>Information can be produced in BSL upon request.</p>																															

	Employment monitoring now includes the protected characteristics of religion or belief and sexual orientation.	<p>Since the Council introduced monitoring of religion or belief and sexual orientation in 2014, the disclosure rates from employees have continued to improve.</p> <p>Religion or Belief</p> <p>31/05/14 6.3%</p> <p>31/05/15 7.9%</p> <p>31/05/16 10.5%</p> <p>31/05/17 14.7%</p> <p>31/05/18 19.3%</p> <p>Sexual Orientation</p> <p>31/05/14 6.2%</p> <p>31/05/15 8.2%</p> <p>31/05/16 10.6%</p> <p>31/05/17 14.8%</p> <p>31/05/18 19.4%</p>	Ongoing
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	Equality Outcome 5 – Individuals and community groups with relevant protected characteristics in Perth and Kinross will have opportunities to be involved in community activities and events in the area relevant to the work of the health and social care partnership (Cross reference to PKC Equality Outcome 4)		
	Context: Context: An increased migration to the area in recent years has seen the local population become more diverse. We want everyone to have the opportunity to be fully involved in events and activities which take place in the area		
	Relevant Strategic Plan Priorities: <i>Prevention and early intervention</i> <i>Inequality, inequity and healthy living</i> <i>Work together with communities</i> <i>Making the best use of available facilities, people and resources</i>	*Relevant Protected Characteristics: All	Relevant Aspects of General Duty: <i>- Foster Good Relations Between communities</i> <i>- Advance equality of opportunity</i>
	Action	Evidence of Progress (Year 2 update as at 31 March 2018)	Delivery timescales and future actions
PKC	Co-ordinate annual programme of 'see me' activities (mental health anti-stigma campaign)	The Council committed to the 'See Me In Work' programme in 2017 and an Action Plan is in place	Annual programme
	Co-ordinate multi-cultural events programme in partnership with PKAVS Minority Communities Hub and MECOPP	Celebrating Diversity We continue to arrange delivery of an extensive and popular multi-cultural events and community lunch club	Ongoing programme of events

	Gypsy/Traveller Carers Project	programme with our communities and partner organisations in the third sector. During 2017/18, six different events were attended by 12,875 people with extensive	
PKC	Co-ordinate programme of LGBT History month events	Annual LGBT History month programme of community and internal staff events held February 2019. Independently evaluated as being top local authority programme in Scotland for the seconds year running.	Ongoing annual programme
PKC / NHS	Co-ordinate minority ethnic community lunch club programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project	Regular programme of activities continues for minority ethnic community lunch clubs programme in place	Co-ordinate minority ethnic community lunch club programme in partnership with PKAVS Minority Communities Hub and MECOPP Gypsy/Traveller Carers Project
	Provision of funding towards the SAINTS (Saints Academy Inclusion Through Sport) Project	Increased sporting opportunities and activities for those with learning disabilities, autism or mental wellbeing issues – ongoing programme. Now part of St. Johnstone Community Trust also delivering Street Sports and Football Memories (as well as Show Racism the Red Card)	Ongoing programme
	Contribute to the Stonewall Good Practice Programme for Public Services	Now part of Stonewall Diversity Champions programme – annually assessed LGBT+ Development Group in place to identify specific actions, improvements, events or initiatives which are required for our LGBT+ community to ensure that our services are inclusive, safe and welcoming for anyone who needs to access them or who live in or comes to visit Perth and Kinross.	Ongoing programme
		Through PKAVS participate in events such as carers and participatory budgeting.	
		TullochNet is a network which offers guidance support to minority groups in the community (particularly those who are vulnerable and those from more deprived areas)	
		Perth and Kinross “Your Community” website.	
PKC		Continuation of a Golf Memories group for adults with dementia which has involved them being able to meet weekly at a Golf Driving Range to hit a golf ball and reminisce	Ongoing programme

