



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

Council Building  
2 High Street  
Perth  
PH1 5PH

Monday, 19 March 2018

A meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber, 2 High Street, Perth, PH1 5PH** on **Friday, 23 March 2018** at **09:30**.

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

**Robert Packham**  
**Chief Officer**

### **Voting Members**

Councillor C Reid, Perth and Kinross Council (Vice-Chair)  
Councillor C Ahern, Perth and Kinross Council  
Councillor X McDade, Perth and Kinross Council  
Councillor E Drysdale, Perth and Kinross Council  
L Dunion, Tayside NHS Board (Chair)  
S Hay, Tayside NHS Board  
J Golden, Tayside NHS Board  
S Tunstall-James, Tayside NHS Board

### **Non-Voting Members**

J Pepper, Chief Social Work Officer, Perth and Kinross Council  
R Packham, Chief Officer, Perth and Kinross Integration Joint Board  
J Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board  
Dr D Carey, Independent Contractor (to be confirmed by the Board)  
J Foulis, NHS Tayside  
Dr N Prentice, NHS Tayside

### **Additional Members**

Dr D Walker, NHS Tayside  
Dr A Noble, External Advisor to Board

### **Stakeholder Members**

F Fraser, Staff Representative, Perth and Kinross Council  
A Drummond, Staff Representative, NHS Tayside  
H MacKinnon, PKAVS (Third Sector Interface)  
B Campbell, Carer Public Partner  
L Lennie, Service User Public Partner



**Perth and Kinross Integration Joint Board**

**Friday, 23 March 2018**

**AGENDA**

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**  
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 26 JANUARY 2018** **5 - 12**
- 4 ACTION POINT UPDATE** **13 - 18**  
(copy herewith G/18/44)
- 5 MATTERS ARISING**
- 6 MEMBERSHIP UPDATE**  
The Integration Joint Board is asked to approve that Dr Daniel Carey replace Dr Neil McLeod as a non-voting member of the Board.
- 7 RECORDING OF MEETINGS**  
The Board is asked to consider whether it wishes to amend Standing Orders and record meetings for public viewing online following the meeting.
- 8 REDESIGNING CARE**
- 8.1 REVIEW OF RESIDENTIAL CARE**
- (i) REVIEW OF RESIDENTIAL CARE** **19 - 46**  
Report by Chief Officer (copy herewith G/18/45)  
  
Note: Deferred from meeting of 26 January 2018.
- (ii) SUPPLEMENTARY BRIEFING NOTE - REVIEW OF RESIDENTIAL CARE** **47 - 50**  
Report by Chief Officer (copy herewith G/18/46)

## **9 FINANCE AND GOVERNANCE**

- 9.1 2017/18 FINANCIAL POSITION AND FORWARD LOOK** **51 - 58**  
Report by Chief Financial Officer (copy herewith G/18/47)

- 9.2 2018/19 BUDGET** **59 - 74**  
Report by Chief Financial Officer (copy herewith G/18/48)

- 9.3 AUDIT AND PERFORMANCE COMMITTEE UPDATE**  
Verbal Update by Chair

## **10 UPDATE PAPERS FOR INFORMATION**

- 10.1 CHIEF OFFICER STRATEGIC UPDATE** **75 - 80**  
Report by Chief Officer (copy herewith G/18/49)

Note: Board members are asked to note the contents of the report.

- 10.2 GP PRESCRIBING FORECAST 2017/18** **81 - 90**  
Report by Clinical Director (copy herewith G/18/50)

Note: Board members are asked to note the contents of the report.

- 10.3 PERTH AND KINROSS CHILD PROTECTION COMMITTEE (CPC) STANDARDS AND QUALITY REPORT 2016-2017** **91 - 202**  
Joint Report by Chief Executive and Executive Director (Education and Children's Services), Perth and Kinross Council submitted to the Council meeting of 4 October 2017 (copy herewith 17/320)

Note: Board members are asked to note the contents of the report.

- 10.4 WINTER PLAN 2017/18 UPDATE** **203 - 206**  
Report by Chief Officer (copy herewith G/18/51)

Note: Board members are asked to note the contents of the report and agree to a detailed report to come back to the Board in June 2018.

- 11 FUTURE MEETING DATES 2018**  
Friday 11 May 2018 at 9.30am - Briefing Session  
Friday 22 June 2018 at 9.30am - IJB Meeting  
Friday 24 August 2018 at 9.30am - Briefing Session  
Friday 28 September 2018 at 9.30am - IJB Meeting  
Friday 26 October 2018 at 9.30am - Briefing Session  
Friday 30 November 2018 at 9.30am - IJB Meeting

## 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 Friday 26 January 2018 at 9.15am.

### **Present:**

#### **Voting Members**

Councillor C Reid, Perth and Kinross Council (Vice-Chair)  
Councillor C Ahern, Perth and Kinross Council  
Councillor E Drysdale, Perth and Kinross Council  
Councillor X McDade, Perth and Kinross Council  
L Dunion, Tayside NHS Board (Chair)  
S Hay, Tayside NHS Board  
J Golden, Tayside NHS Board  
S Tunstall-James, Tayside NHS Board

#### **Non-Voting Members**

J Pepper, Chief Social Work Officer, Perth and Kinross Council  
R Packham, Chief Officer  
J Smith, Chief Finance Officer  
Professor A Russell, NHS Tayside (on behalf of Dr N Prentice)  
J Foulis, NHS Tayside

#### **Additional Members**

Dr D Walker, NHS Tayside  
Dr A Noble, External Adviser to Board

#### **Stakeholder Members**

F Fraser, Staff Representative, Perth and Kinross Council (up to and including Item 7.5)  
D Reilly, Staff Representative, NHS Tayside (on behalf of A Drummond)  
H MacKinnon, Third Sector Interface  
B Campbell, Carer Public Partner (up to and including Item 7.4)  
L Lennie, Service User Public Partner

### **In Attendance:**

L McLay, Chief Executive, NHS Tayside; B Malone, Chief Executive, Perth and Kinross Council; D Fraser, E Devine, S Gunnion, M Richmond, P Henderson, A Taylor, M Rapley, D Mitchell and K Sharp (all Perth and Kinross Health and Social Care Partnership); G Taylor, Clerk; S Hendry, L Simpson, P Steel and L Potter (all Perth and Kinross Council); D Huband, B Nicoll, C Rodriguez, C Lamont, K Wilson, B Wilson and V Johnson (all NHS Tayside).

### **Apologies:**

Dr N McLeod, Independent Contractor; Dr N Prentice, NHS Tayside; A Drummond, NHS Tayside.

## **1. WELCOME AND APOLOGIES**

L Dunion welcomed all those present to the meeting and apologies were noted as above.

## **2. DECLARATIONS OF INTEREST**

In terms of the Perth and Kinross Integration Joint Board Code of Conduct, H Mackinnon declared a financial interest in Item 7.5 as an employee of PKAVS, and Councillor E Drysdale declared a non-financial interest in Item 7.5 as a carer.

## **3. MINUTE OF PREVIOUS MEETING**

The minute of meeting of the Perth and Kinross Integration Joint Board of 3 November 2017 was submitted and approved as a correct record.

## **4. ACTION POINT UPDATE**

There was submitted and noted the action point update for the Perth and Kinross Integration Joint Board as at 26 January 2018 (G/18/3).

## **5. MATTERS ARISING**

There were no matters arising from the previous minute.

## **6. IJB MEMBERSHIP UPDATE – PUBLIC PARTNERS**

There was submitted a report by the Chief Officer (G/18/4) seeking agreement of the Service User Public Partner appointments (main and substitute representatives) to the Integration Joint Board.

### **Resolved:**

Linda Lennie be appointed to the Board as the main Public Partner and Sandra Auld as the substitute Public Partner for Service Users, for an initial period of 1 year until October 2018.

## **7. REDESIGNING CARE**

### **7.1 PERTH AND KINROSS MENTAL HEALTH AND WELLBEING STRATEGY PROGRESS REPORT**

There was submitted a report by the Chief Officer (G/18/5) (1) providing an update on the development of Perth and Kinross Mental Health and Wellbeing strategic priorities for 2018-2021; and (2) describing the requirement to develop a Mental Health and Wellbeing Commissioning Plan to ensure the priorities of the Mental Health and Wellbeing Plan are met.

### **Resolved:**

- (i) The progress on the local Strategy and Commissioning Plan for Mental Health and Wellbeing be noted.

- (ii) Further work to take place to review existing community mental health and wellbeing services to ensure they are in line with the priorities laid out in the Mental Health and Wellbeing Strategy and Implementation Plan.
- (iii) The Chief Officer be instructed to bring a draft plan to the Board in 6 months with commissioning priorities for community based services that will compliment the redesign of inpatient mental health inpatient services across Tayside.

## **7.2 PERTH AND KINROSS LEARNING DISABILITIES PROGRESS REPORT**

There was submitted a report by the Chief Officer (G/18/6) outlining the progress being made in delivering the “Keys to Life” strategy.

### **Resolved:**

- (i) The progress on the development of a strategic commissioning plan for people with learning disabilities in Perth and Kinross be noted.
- (ii) The Chief Officer be instructed to update the Board in 12 months to demonstrate progress in the implementation of the strategic commissioning plan.

## **7.3 MENTAL HEALTH & LEARNING DISABILITY CONSULTATION FEEDBACK REPORT**

There was submitted a report by the Chief Officer (G/18/7) (1) presenting the findings of the Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme Consultation; and (2) seeking approval from the Perth and Kinross Integration Joint Board of the preferred option for future General Adult Psychiatry and Learning Disability Inpatient services following public consultation.

### **Resolved:**

- (i) The process followed in undertaking the three month formal consultation on the preferred option for future General Adult Psychiatry and Learning Disability Inpatient Services and the sharing of feedback received be noted.
- (ii) The preferred option, Option 3A, as set out in Report G/18/7, be approved.
- (iii) The Chief Officer be commissioned to establish an inclusive process for the development of internal and external implementation plans to ensure the key themes highlighted during the consultation are supported and where possible impacts are mitigated.
- (iv) The Chief Officer be commissioned to ensure that further work in implementation will be undertaken in partnership across the Perth & Kinross, Angus and Dundee IJBs, with stakeholder, professional and staff representatives to ensure a smooth transition and consistent pathway of care across inpatient and community services.
- (v) The comments received from the presentation of the report to the Dundee and Angus IJBs and NHS Tayside Area Partnership Forum (APF), NHS Tayside Clinical Care Governance Committee (CCGC) and NHS Tayside Board, as detailed in Appendix 1 to Report G/18/7, be noted.
- (vi) The Chief Officer to seek assurance that prior to any moves from Murray Royal Hospital or Strathmartine Hospital, public transport arrangements must

be in place for staff, patients and visitors to cover directly the three sites so that service users are not just directed to the nearest public stop to any of the sites.

Note: J Golden abstained from this decision.

THERE FOLLOWED A BREAK AND THE MEETING RECONVENED AT 11.15AM

#### **7.4 REVIEW OF RESIDENTIAL CARE**

There was submitted a report by the Chief Officer (G/18/8) providing the results of a formal consultation and options appraisal commissioned by the Board to determine the preferred alternative service delivery model for directly provided in-house adult residential care services.

It was noted that a document had been circulated prior to the meeting with minor revisions to Section 1.3 and Appendix 2 of Report G/18/8.

B CAMPBELL LEFT THE MEETING AT THIS POINT

Motion (L Dunion and Councillor C Ahern)

- (i) The outcome of the option appraisal be noted and the highest scoring option, Option 4, closure of Beechgrove Care Home, be approved.
- (ii) Perth & Kinross Council be directed as the relevant employer to continue the engagement and progress the required consultation with the Trade Unions and employees.
- (iii) It be noted that the implementation of Option 4 generates a saving of £528k leaving a shortfall in the savings target of £168k and the Chief Officer be directed to identify alternative savings options to meet that shortfall.
- (iv) The Chief Officer be directed to report back on the progress of implementation of Option 4 to the Board in 12 months.
- (v) The Chief Officer be directed to monitor and review the new model of residential care provision to ensure that it continues to align with the strategic objectives of the Board.

Amendment (Councillors E Drysdale and X McDade)

Consideration of Report G/18/8 be deferred to allow more detailed financial information to be presented to the Board following completion of the respective budget setting processes by the Scottish Government, Perth and Kinross Council and the Board.

In terms of Standing Orders a vote was taken by a show of hands.

Motion: 4 votes

Amendment: 4 votes

#### **Resolved:**

In terms of Standing Order 15.4, as no consensus could be reached, the matter would now be referred to the next meeting of the IJB on 23 March 2018.



COUNCILLOR E DRYSDALE, H MACKINNON AND F FRASER LEFT THE MEETING AT THIS POINT

## **7.5 IMPLEMENTATION OF CARERS (SCOTLAND) ACT 2017 – LOCAL CARERS ELIGIBILITY CRITERIA FRAMEWORK REVIEW**

There was submitted a report by the Chief Officer (G/18/9) (1) updating the Board on the consultation on the draft Local Adult Carers Eligibility Criteria Framework, as part of the implementation of the Carers (Scotland) Act 2016, which comes in force on 1 April 2018; and (2) giving information about the communications plan and engagement of the public consultation, as well as the decisions taken to review the framework in light of feedback received post-consultation.

### **Resolved:**

- (i) The Adult Carers Eligibility Criteria, set out in Appendix 1 of Report G/18/9, be approved.
- (ii) The Chief Officer be directed to implement the Adult Carers Eligibility Criteria across Health and Social Care Services by 1 April 2018.

COUNCILLOR E DRYSDALE AND H MACKINNON RETURNED TO THE MEETING AT THIS POINT.

## **8. FINANCE AND GOVERNANCE**

### **8.1 2017/18 FINANCIAL POSITION**

There was submitted a report by the Chief Finance Officer (G/18/10) providing a summary of the issues impacting on the financial position of the Board in 2017/18.

### **Resolved:**

The forecast financial position of the Board for 2017/18, as set out in Report G/18/10, be noted.

## **9. DEVELOPING STRATEGIC OBJECTIVES**

### **9.1 STRATEGIC UPDATE**

There was submitted a report by the Chief Officer (G/18/11) providing an update on progress against tasks outlined in the rolling actions list.

### **Resolved:**

- (i) Progress on each issued listed within Report G/18/11 be noted.
- (ii) The Chief Officer be requested to submit reports by the due dates as set out in the action point update.

## **9.2 PROPOSAL TO REVISE ARRANGEMENTS FOR STRATEGIC PLANNING ACROSS PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP**

There was submitted a report by the Chief Officer (G/18/12) seeking approval from the IJB for a refreshed approach to Strategic Planning for the Perth and Kinross Health and Social Care Partnership.

### **Resolved:**

- (i) The process of refreshing structures for strategic planning across the partnership , as set out in Report G/18/12, be approved.
- (ii) The Chief Officer be commissioned to refresh the membership of the Strategic Planning Group for approval at the Board in March 2018.
- (iii) The Chief Officer be commissioned to present a refreshed role, remit and terms of reference for each of these groups by March 2018.

## **9.3 VISUAL IDENTITY FOR THE HEALTH AND SOCIAL CARE PARTNERSHIP**

There was submitted a report by the Chief Officer (G/18/13) seeking approval of a new strapline for the Health and Social Care Partnership as part of its visual identity.

### **Resolved:**

The strapline 'Supporting healthy and independent lives' and the final version of the partnership logo as reflected within Report G/18/13, be approved.

## **9.4 IMPROVING SCOTLAND'S HEALTH: A HEALTHIER FUTURE – ACTIONS AND AMBITIONS ON DIET, ACTIVITY AND HEALTHY WEIGHT**

There was submitted a report by the Director of Public Health, NHS Tayside (G/18/14) asking the Board to consider and make comment on The Scottish Government's consultation document 'A Healthier future' to influence the final strategy for Scotland.

### **Resolved:**

- (i) It be recognised that the Scottish Government has firmly identified obesity as a priority for action.
- (ii) Board members to provide any additional comments to the Director of Public Health and the Chief Officer to enable the co-creation of a partnership response from NHS Tayside.
- (iii) A future Board development session to be arranged on the role of public health in the work of the Board.

## **9.5 DELIVERING THE NEW 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND**

There was submitted a report by the Chief Officer (G/18/15) outlining (1) the content of the proposed new 2018 General Medical Services (GMS) Contract in Scotland; (2) the Memorandum of Understanding (MoU) between Scottish Government, British Medical Association, Integration Authorities and NHS Boards; and (3) the requirement for Primary Care Improvement Plans to be developed by

1 July 2018.

**Resolved:**

- (i) The contents of Report G/18/15 be noted.
- (ii) It be noted that following a ballot of GPs and GP trainees that the full Scottish General Practices Committee (SGPC) met on 18 January 2018 to decide whether the contract should be accepted on behalf of the profession.
- (ii) Should the contract have been accepted on 18 January 2018, the Chief Officer be instructed to progress the necessary actions within the Perth and Kinross IJB to develop the Primary Care Improvement Plan, as set out in Section 13 of Report G/18/15, and present this to the IJB in June 2018 for approval.

Post Meeting Note: The SGPC had approved the contract on 18 January 2018.

## **10. UPDATE PAPERS FOR INFORMATION**

The following items were submitted and noted for information:

### **10.1 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016/17 – TRANSFORMATIONAL PUBLIC HEALTH**

Board members noted a report by the Director of Public Health, NHS Tayside (G/18/16) and supported the recommendations for 2017/18 outlined in the report.

### **10.2 UPDATE ON THE IMPLEMENTATION OF THE SOCIAL CARE (SELF DIRECTED SUPPORT) (SCOTLAND) ACT 2013 IN PERTH AND KINROSS**

Board members noted a report by the Chief Officer (G/18/17) and that the topic would be the subject of a future Board development session.

### **10.3 STANDARDS COMMISSION FOR SCOTLAND: PROFESSIONAL BRIEFING JANUARY 2018**

Board members noted the briefing (G/18/18) and that the Commission would be holding a training workshop for all IJB members later in 2018.

## **11. FUTURE MEETING DATES 2018**

Friday 23 February 2018 at 9.30am – Briefing Session  
Friday 23 March 2018 at 9.30am – IJB Meeting  
Friday 11 May 2018 at 9.30am – Briefing Session  
Friday 22 June 2018 at 9.30am – IJB Meeting  
Friday 24 August 2018 at 9.30am – Briefing Session  
Friday 28 September 2018 at 9.30am – IJB Meeting  
Friday 26 October 2018 at 9.30am – Briefing Session  
Friday 30 November 2018 at 9.30am – IJB Meeting



## ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board  
23 March 2018

4

G/18/44

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
29	23 Mar 2016	Item 18(v)	Health & Social Care Joint Workforce & Organisational Development Strategy	The finalised Joint Organisational Development Plan be reviewed by the Board in June 2016 to ensure alignment with partnership priorities.	Chief Officer	<del>June 2016</del> <del>March 2017</del> <del>June 2017</del> <del>Dec 2017</del> Jan 2018	<b>31/10/16</b> Joint OD plan been updated - due to be finalised by March 2017 and to be submitted in June 2017 <b>30/06/17</b> Update provided. – Finalised workforce plan to be rescheduled– at debrief on <b>11/07/17</b> agreed final report to be submitted Dec 2017 <b>Dec</b> Meeting reschedule to Jan 2018 – update to be included in Chief Officer Update <b>26/01/18</b> Update in Chief Strategic Update Report. – <b>Finalised workforce plan to IJB June 2018</b>
	30 Jun 2016	Item 10					

## ACTION POINTS UPDATE

### Perth & Kinross Integration Joint Board

23 March 2018

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
59	04 Nov 2016	Item 14	Adult Support & Protection	Development Session to be arranged in 2017 for members on the work of the Adult Protection Committee, Child Protection Committee and Public Protection Work	Chief Officer	<del>Dec 2017</del> Jan 2018	<b>Dec Meeting reschedule to August 2018</b>
71	24 Mar 2017	Item 10 – 7.5	Chief Officer Update – Governance & Assurance	Report to be submitted to IJB June 2017 re commissioning Governance and Assurance support.	Chief Officer	<del>June 2017</del> <del>October 2017</del> <del>Nov 2017</del> <del>Jan 2018</del> March 2018	<b>30/06/17</b> In progress final report to be submitted in October 2017 - October Meeting cancelled  <b>23/03/18 Agenda</b>
76	18 Aug 2017	6.3	IJB Complaints Handling Procedure	Quarterly reports to be submitted to the IJB Audit & Performance Committee with Yearly report to be provided to the IJB.	Jane Smith	September 2018	
77	18 Aug 2017	7.1	Annual Performance Report	Requests submitted at IJB August 2017 for the 2018 Report to be more balanced, with more data included. Member from Public Health Team to be involved and along with representation from the wider group.	ED/DF	September 2018	

## ACTION POINTS UPDATE

**Perth & Kinross Integration Joint Board**  
**23 March 2018**

80	26 Sept 2017	4.1	Review of Day Services	Progress report to be submitted to IJB in one year.	Diane Fraser	September 2018	
84	26 Sept 2017	4.2	Review of Residential Care Homes	Optional Appraisal following Consultation on Options 2,3 & 4 re Residential Care Services	Diane Fraser	January 2018	<b>In terms of Standing Order 15.4 carried forward to March meeting</b>
85	26 January 2018	7.1	Redesigning Care - Perth & Kinross Mental Health & Wellbeing Strategy Progress Report	Draft plan with commissioning priorities for community based services	Rob Packham	September 2018	
86	26 January 2018	7.2	Redesigning Care - Perth & Kinross Learning Disabilities Progress Report	Chief Officer to provide update on progress in the implementation of the strategic commissioning plan	Rob Packham	January 2019	
87	26 January 2018	7.3	Mental Health Service Redesign – Transformation Program	Chief Officer to establish an inclusive process for the development of implementation plans	Rob Packham	March 2018	
88	26 January 2018	9.1	Developing Strategic Objectives – Strategic Update	Chief Officer to submit report	Rob Packham	26 June 2018	

## ACTION POINTS UPDATE

### Perth & Kinross Integration Joint Board

23 March 2018

89	26 January 2018	9.2	Developing Strategic Objectives – Proposal to Revise Arrangements for Strategic Planning Across P&K HSCP	Chief Officer to refresh the membership of the Strategic Planning Group for approval of IJB and present a refreshed role, remit and terms of reference for these groups	Rob Packham	March 2018	
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.	Rob Packham	January 2019	
91	26 January 2018	9.5	Delivering the New 2018 General Medical Services Contract in Scotland	Chief Officer to present the necessary actions to develop the Primary Care Improvement Plan to IJB for approval	Rob Packham	June 2018	



## ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board  
23 March 2018

### ACTION POINTS RESOLVED

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
52	04 Nov 2016	Item 7 – 2.2	OOHs Report	Chief Officer to circulate information to Board Members in relation to test results for nurse led telephone triage within the out of hours service.	Chief Officer	<del>March 2017</del> November 2017	<b>03/02/17</b> – E Devine following up this action. <b>06/02/17</b> – awaiting response – delay update until October agenda. <b>Oct Meeting cancelled.</b> <b>26/01/18</b> Update within Chief Officer Strategic Update Report. <b>Resolved 26.1.18</b>
53	04 Nov 2016	Item 7 – 2.4	GP Clusters	Dr D Walker to submit a briefing paper to future meeting in relation to dietetic work being undertaken at a national level.	Dr D Walker/Chief Officer  Chief Officer	<del>August 2017</del> <del>Dec 2017</del> Jan 2018	<b>11/07/17</b> Request at debrief meeting to c/f to Dec 2017 <b>Dec</b> Meeting reschedule to Jan 2018 <b>26/01/18 – Agenda. Resolved 26.1.18</b>

## ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board  
23 March 2018

72	2 Mar 2017	Item 10	Chief Officer Update	Chief Officer to feedback details to Helen MacKinnon re involvement 3rd Sector re Engagement Trans Projects.	Chief Officer	<del>June 2017</del> <del>October 2017</del> Nov 2017	03/11/17 Feedback still outstanding – <b>Resolved 26/01/18</b>
74	30 June 2017	8.1	Mental Health Service Redesign – Transformation Program	Final Report to be submitted following 3 month consultation period.	Lynne Hamilton	Jan 2018	<b>26/01/18 Agenda – Resolved 26/01/18</b>
78	18 Aug 2017	7.2	Update Report on Participation, Engagement & Communication Strategies.	New Logo approved for P&K HSCP, Strapline to inform what we are about to be developed and submitted at future meeting for approval.	HMCK	<del>December 2017</del> Jan 2018	<b>Resolved 26/01/18</b>



**PERTH & KINROSS INTEGRATION JOINT BOARD**

**23 March 2018**

**REVIEW OF RESIDENTIAL CARE**

**Report by Chief Officer**

**PURPOSE OF REPORT**

The IJB commissioned a formal consultation and Options Appraisal to determine the preferred alternative service delivery model for directly provided in-house adult residential care service.

**1. RECOMMENDATIONS**

**1.1 The Integration Joint Board is asked to:**

- (i) Consider the outcome of the Option Appraisal and approve the highest scoring option 4 - Closure of Beechgrove Care Home.
- (ii) Direct Perth & Kinross Council as the relevant employer to continue the engagement and progress the required consultation with the Trade Unions and employees.
- (iii) Note that the implementation of option 4 generates a saving of £528k leaving a shortfall in the savings target of £168k and direct the Chief Officer to identify alternative savings options to meet that that shortfall;
- (iv) Direct the Chief Officer to report back on the progress of implementation of Option 4 to the IJB in 12 months; and
- (v) Directs the Chief Officer to monitor and review the new model of residential care provision to ensure that it continues to align with the strategic objectives of the IJB.

**1.2 Executive summary**

On 1 July 2015, the Council's Transformation Program was approved by Perth and Kinross Council (Report 15/292). It set out a programme of major projects that would deliver the next phase of organisational transformation as part of public service reform, to enable the Council to better meet current and future service demand.

As part of this, a number of transformation reviews were agreed across Adult Social Work and Social Care services, including:

- Review of Older People's Services.
- Communities First Transformation.
- Review of Community Care Packages.

The Review of Older People's Services included the review of two of the Council's residential care homes with the aim of making £696,000 savings by 1 April 2018.

This programme of transformation was delegated to the Integrated Joint Board upon its establishment in April 2016. In September 2017 (report no. G/17/164), the IJB instructed that an option appraisal, with the required consultation and engagement with key stakeholders be completed in respect of four options.

### 1.3 **Scope of the Residential Care Review**

The purpose of the review was to ensure best value in respect of our residential care home provision at Beechgrove and Parkdale care homes. A summary of their provision and occupancy rates is contained in Appendix 1.

Four options were considered and consulted on as part of the review:

- **Option 1** – Status Quo.
- **Option 2** – Closure of Beechgrove and Parkdale Residential Care Homes with 50 replacement beds commissioned externally from the independent sector.
- **Option 3** – Closure of Parkdale and retention of Beechgrove as Residential facility with 26 replacement beds commissioned externally from the independent sector.
- **Option 4** – Closure of Beechgrove and retention of Parkdale as Residential and Intermediate Care facility. This option would keep Parkdale open and use part of its facility as an Intermediate care unit.

The four options are fully summarised in Appendix 2.

In line with the principles set out in the IJB's Strategic Commissioning Plan, the benefits of implementing any new delivery model must:

- Enable people to live at home longer by shifting the balance of care
- Support sustainability of the external residential care provider market place by optimising rates of occupancy.
- Evidence collaborative work between statutory services and community providers to deliver alternatives to institutional care.
- Reduce costs associated with low occupancy in Local Authority care homes.

## 1.4 Options Appraisal

The options were considered in terms of both quality and cost in accordance with CIPFA guidance, using criteria that were developed in partnership with key stakeholders using their experience and knowledge of the local population and models of service delivery. The weighting was agreed by the Executive Management Team. Full details of the criteria and weightings can be found in Appendix 3.

The scoring was carried out by a panel made up of Health and Social Care managers alongside finance, commissioning, and third sector and community representatives.

It is recognised that this option leaves a shortfall of £168k in respect of the savings target and it will be for the Chief Officer to identify from where the shortfall will now be met.

Our approach involved:

- Analysis of financial and activity data.
- Assessment of local and national trend data.
- Inclusion of officers' specialist knowledge.
- Experience of alternative business models.
- Evaluation of advantages, disadvantages and risks associated with each option in line with the appraisal criteria.

The Options Appraisal was structured to assess:

- Qualitative benefits for service users and families/carers.
- Strategic fit with the commissioning intentions of the Health and Social Care Partnership.
- Financial sustainability.

Option 4 scored highest based on the combined quality and financial appraisal and this is now being recommended to the IJB for approval.

At the time of writing, there is surplus capacity in respect of care home provision in Perth and Kinross; this surplus remains despite a number of temporary placements being required as a consequence of resource pressures within hospitals and workforce challenges within the care at home sector.

Care Homes have historically provided interim placements and capacity for crisis admissions; however, the changing models of health and social care means that the same number of such placements will not be required in the future. The redesign of care at home provision, community hospitals and intermediate care provision are all intended to reduce the inappropriate use of residential care placements to meet crisis demand.

Option 4 provides the necessary capacity to meet our residential care provision requirements during this period of wider health and social care service redesign. As new more integrated service delivery models evolve the IJB will require to keep residential care provision under review to ensure that the model continues to align with the strategic objectives of the IJB.

Whilst Option 2 provides the efficiencies which would enable the IJB to meet the approved savings of £696k, Option 4 remains the recommendation based on the combined assessment in respect of quality and cost. It is recognised that implementation of option 4 will leave a shortfall of £168,000 and further savings will need to be identified.

## **2. REVIEW OF RESIDENTIAL CARE**

### **2.1 Strategic Context – Benefits/Strategic Plan**

The Health and Social Care Partnership is committed to developing services that enable people to live independently in their own home for as long as practicable. The review of in-house residential care services is in line with [Perth and Kinross Health and Social Care Strategic Commissioning Plan 2016-2019](#) and the reduction in bed based services has been approved by the IJB and supports the shift in the balance of care and investment in community based services.

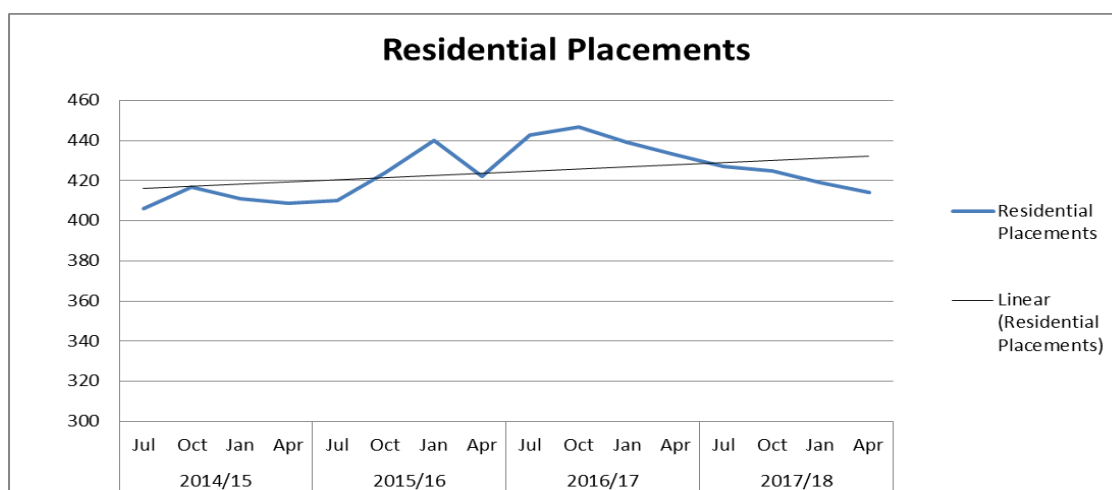
#### **Local context**

To support the strategic direction of the partnership, work has begun in assessing the current and future needs of the population in Perth and Kinross.

Perth and Kinross has a much higher predominance of residential care provision than the Scottish average. The Scottish average number of residential beds per 1,000 for people aged over 75 is **27**, while in Perth and Kinross the number is **38**.

Calculations have been carried out based on the demand for both residential and nursing home placements. As new models of more integrated health and social care provision evolve, it is predicted that demand for care at home , nursing care and dementia specific provision will increase and that the need for residential care will decrease.

The table below illustrates the four year trend in residential placements. It illustrates the continued slow decrease in residential care placements over the the last two years.



The table below illustrates the predicted growth in care home placements up until April 2018. It demonstrates the expected decrease in residential placements over the next few months but continued increase in nursing placements.

Care Type	Current Placements	Predicted Growth	Estimated Placements Apr 18	Additional
Nursing	539	572	33	
Residential	428	414	-14	
<b>All Beds</b>	<b>967</b>	<b>986</b>	<b>19</b>	

The options appraisal considered this in the context of current and predicted capacity and demand in respect of all care home provision across Perth & Kinross.

## 2.2 Care Home Vacancies in Perth and Kinross

At present there is sufficient capacity to meet the demand for residential and nursing care provision within the independent sector. It is accepted that the number of vacancies on any given day fluctuates and availability is higher in some localities than others.

### Analysis of Care Home capacity in light of Residential Review

An analysis has been completed on the impact of options 2, 3 and 4 on independent sector care home availability across Perth and Kinross is summarised in Appendix 4. If we close both Parkdale and Beechgrove (option 2), there will be limited headroom across the sector in Perth and Kinross. Option 4, closing Beechgrove, retaining Parkdale, therefore represents the option with the least risk in respect of capacity to meet demand.

## 2.3 **Quality**

The Care Inspectorate provides external scrutiny and assurance as to the standards and quality of care home provision. The quality of care provided in both Beechgrove and Parkdale has been assessed as high, although the physical environment of Beechgrove requires upgrading. Within Perth and Kinross there are 11 care homes that have been awarded equivalent or higher grades compared to our in-house provision in the Perth and South localities.

## 3. **FORMAL CONSULTATION**

Consultation and engagement with our stakeholders has been a key element of our option appraisal exercise.

Our key stakeholders included:

- Residents
- Families
- Staff
- Health professionals
- Social care professionals
- Independent care providers
- Property asset management teams
- Housing

Further details as regards the consultation process are contained within 4.2. of the annex to the report. Below is a summary of the key consultation responses.

### 3.1 **Residents and Families**

A series of individual consultation meetings was undertaken with 45 family members and residents over 37 occasions in Beechgrove and Parkdale.

In summary:

- All were naturally worried about the impact of closure and change and therefore favoured the status quo.
- All were extremely complementary about the staff and the levels of care provided to residents at Beechgrove and Parkdale.
- Both buildings were seen as being fit for purpose, although some families mentioned the lack of ensuite facilities in Beechgrove as a negative issue.
- Parkdale was widely praised for its layout and amenities.
- There was a strong perception that the quality of care available in the independent sector would not match that provided by Beechgrove and Parkdale.
- Families said that transport to a new area would be an issue.
- Many raised concerns about the capacity within independent care homes in the area to accommodate alternative placements.



### 3.2 Existing Staff

Staff from Beechgrove and Parkdale were given the opportunity to provide written feedback. In summary:

- All were naturally concerned as to the impact of closure and change on their own personal circumstances and those of their current residents.
- Many of the staff at Beechgrove felt that the lack of ensuite facilities in no way detracted for the quality of care.
- Many staff were of the view that the quality of care which they could provide in-house was better to some in the independent sector
- Staff from both homes thought that providing an intermediate care or step up/step down service would be a viable option if the homes remain open and would help to ensure delayed discharges are kept to a minimum.

### 3.3 Health and Social Care

GP's, Health and Social Care management and professionals were consulted on the four options:

In summary:

- There was praise for the quality of care and staffing in both care homes.
- There was widespread support for utilising Parkdale for Intermediate care, although GP's in Perth did not share this view.
- GP's in Perth City were concerned at the idea of Parkdale becoming an Intermediate Care facility. Some GP's stated that Perth City patients would not wish to travel outside of Perth City for Intermediate Care.
- The potential for intermediate care in Parkdale to support reducing delayed discharge was noted although with the caveat that more detail would be needed.
- There was no resource transfer possible from hospital beds to financially support an Intermediate Care unit in Parkdale, therefore this could not help achieve savings.

### 3.4 Independent Sector Care Home providers

Independent providers were consulted through the Care Home Forum. In summary:

- Independent sector providers would be able fill vacancies.
- There would be a wider pool of well trained staff seeking employment.
- Concerns regarding bed capacity if both homes closed, though some indicated that the transfer could be achieved if the transition was managed on a phased basis.
- There would be no private sector interest in Beechgrove due to the age and quality of the building.
- No provider was interested in taking on the responsibility of either care home with the associated TUPE transfer requirements.

### **3.5 Asset Management and Other Council Services**

There are no significant concerns about either building as both are subject to ongoing maintenance directly funded by Perth and Kinross Council. Parkdale was subject to a £550,000 upgrade project completed in 2015 and is in better condition overall than Beechgrove. Beechgrove has capacity limitations due to its 2 storey design and the corridors are too narrow compared to current Care Commission standards. Perth and Kinross Council is currently funding a £350,000 fire resilience upgrade project (Phase 1 of 6 completed).

Feasibilities at Beechgrove were carried out 15 years ago that costed a refurbishment and creation of ensuite accommodation at Beechgrove at between £5 and £6 million (when updated to 2018 construction costs). This needs to be revisited. If retained, both Parkdale and Beechgrove buildings will incur ongoing running costs that would have to be met by Perth and Kinross Council. The alternative use or capital receipt value of either building / site is not a factor in this appraisal. An additional building and service (Toy Library) is also on the Beechgrove site in a separate building.

A care provider has informed us that they are building a care home in Perth City with residential and nursing beds. The provider is expecting this facility to be open for service users in 2019. This means that although capacity in Perth City is currently more limited than other localities this will be alleviated by 2019.

### **3.6 Housing**

There was a separate consultation in November 2017 around the housing needs of an increasingly aging population. Appropriate housing has been identified as a critical factor in enabling people to remain at home for as long as practicable. A needs assessment was commissioned and undertaken by Learning and Improvement Network (LIN) in relation to the anticipated housing needs of tenants aged 50 years and above. There was engagement with service users to seek their views on their preferred housing provision as they age. Of 111 tenants interviewed 82% said they would like to remain in their own homes as they age. The rest said they would wish to move to an adapted property. In addition, 175 rural owner occupiers were consulted; of those surveyed they all wished to remain in their own communities as they grow older through increased care and support in their own homes.

## **4. OPTION APPRAISAL CRITERIA**

- 4.1 In accordance with CIPFA guidance a quality option appraisal and a financial appraisal were carried out as detailed in 1.4.

## 4.2 Financial Options Appraisal

The Option Appraisal for Residential Care (including the financial appraisal) has been undertaken from a Perth and Kinross IJB perspective. This is entirely appropriate given that the Strategic Planning of these services is wholly the responsibility of the IJB in line with the Integration scheme agreed with both parent bodies.

However in taking its decision, the IJB will wish to be fully aware that residential care services at Beechgrove and Parkdale are provided within property that is owned by Perth & Kinross Council and there are direct costs associated with premises provision. Strategic Planning decisions made by the Board therefore have a direct impact on the financial position of PKC. There are financial implications for Perth and Kinross Council in relation to the maintenance, utilities of approximately £100k per annum.

## 4.3 Recommended Option

The Table below demonstrates that when both the quality and financial appraisals are combined the highest scoring is **option 4**, closure of Beechgrove and retention of Parkdale. This will however leave £168,000 saving to still achieve.

Quality Appraisal					
	Criteria	Option 1	Option 2	Option 3	Option 4
1	Condition and suitability of building to meet needs of service	30	50	20	40
2	Availability of alternative care providers in the locality	70	14	28	14
3	Can meet Service User's needs with similar quality.	90	72	63	72
4	Delivers best value for the Health and Social Care Partnership and enables sustainable support of the strategic objective to support people to remain at home	0	81	54	63
5	Opportunity to utilise building/land for alternative usage or future development such as intermediate care	20	20	20	24
6	Provides opportunities to accommodate for future demographic increases and supports capacity and flow	63	7	35	28
7	Does the option support the overarching service objective of implementing personalisation	30	0	15	15
8	What impact does the option have on partners and stakeholders?	32	8	16	20
	<b>Sub Total</b>	<b>335</b>	<b>252</b>	<b>251</b>	<b>276</b>
9	Financial Appraisal - Direct IJB Cost	0	100	80	80
	<b>Grand Total</b>	<b>335</b>	<b>352</b>	<b>331</b>	<b>356</b>
	<b>Ranking</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>1</b>

## **Option 4: Closure of Beechgrove, retention of Parkdale**

### **Benefits**

The key benefits of option 4 are:

- Achieves £528k in savings, delivering better value for the Health and Social Care Partnership whilst continuing to provide the same levels of care provision.
- Retains an in-house provision with a sustainable physical environment providing high quality care and mitigates the risk about capacity within the care home sector as models of care evolve to more to enhanced community based services.
- Provides opportunity to develop an in-house Intermediate Care provision in Auchterarder.

Option 2, received the second highest scoring in terms of quality and finance, and would achieve the full savings; however for reasons stated above this is not the option currently being recommended.

## **5. ARRANGEMENTS TO SUPPORT IMPLEMENTATION OF OPTION 4**

### **5.1 Timescales**

A detailed transition plan will require to be developed to support the successful transition of residents to alternative placements and where appropriate the redeployment of staff.. The implementation will require to be managed sensitively taking into account the needs of residents and staff throughout the process

Residents and families will be supported by relevant professionals to ensure the best transition possible to other care homes. The aim will be to support the choice of residents and families over alternative placements in so far as practicable. Our health colleagues will be involved in this process as required to ensure the best possible outcomes.

### **5.2 Workforce**

The closure of Beechgrove will inevitably reduce the residential care service staffing establishment. It is recognised that this will be a difficult period for staff. Under the review, consultation with 79 staff in both Care Homes has been ongoing. There are 37 staff in Beechgrove and a formal period of staff consultation will take place. We will meet with each staff member individually as well as in a group. Ongoing briefings and discussions have taken place with the Trade Unions who will be invited to meetings with staff.

Managers and HR will work closely with staff during this period of transition, and a wide range of employability support and advice will be available, such as interview skills training and assessment of transferable skills. We have a number of initiatives in place to encourage flexibility in moving to other

roles. Redeployment for staff will be considered wherever possible, as will voluntary requests to leave the organisation.

### 5.3 Financial

Implementation of the recommended option will produce a saving of £528k by 1 October 2018.

## 6. CONCLUSION AND RECOMMENDATION(S)

- 6.1 A comprehensive Options Appraisal has been completed and on the basis of the combined assessment of quality and financial considerations it is recommended that Option 4 be approved for implementation by the IJB for the reasons articulated above.

### Author(s)

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

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### Strategic Commissioning Plan

- 1.1 This report supports the following outcomes of the Community Plan / Single Outcomes Agreement in relation to the following priorities:

- (iv) Supporting people to lead independent, healthy and active lives
- (v) Creating a safe and sustainable place for future generations

#### Transformation Programme

- 1.2 This report forms part of the Council's Transformation Strategy 2015-2020.

### 2. Resource Implications

- 2.1 The financial implications of this report are as follows

The financial savings were agreed as part of the budget setting process in February 2016. The report agreed a total of £696k with a delivery date of 31 March 2018. There will be slippage in the timeframe with which the savings can be achieved. The preferred option, closure of Beechgrove care home, will leave £168k in budget pressures. Work will need to be completed to manage this budget pressure.

#### Workforce

- 2.2 Human Resources will continue to support staff and trade unions following approval and during implementation of the options.

Workforce planning will identify a range of support measures for staff that are directly affected by the potential changes. These will include non-filling of vacancies arising within the Service, retraining and deployment opportunities arising from the application of Job Families: utilising skills where needed across the Council. The Council will also seek volunteers from within the relevant staff group who wish to leave the organisation.

Proactive measures will be taken to prepare and support staff during this change, including skills development and training, shadowing, interview skills training and early access to vacant posts.

Following approval of the final recommendation by Integration Joint Board the Council will ensure that there will be extensive support for employees going through organisational change. This will assist them to consider their career options, including their transferrable skills. Proactive measures and support mechanisms will be put in place including, learning and development, coaching and mentoring opportunities, developing CV and interview skills and access to resilience training. The Perth Employability Hub will be utilised along with other local organisations as appropriate.

Given the number of employees affected it is always a potential that closure of Beechgrove will lead to compulsory redundancy for remaining employees. As there would be more than 20 potential redundancies the Council is required to issue a statutory redundancy consultation notice to the Trade Unions and notify the government Business, Innovation and Skills (BIS) department (now BEIS). Across the units some staff has recently submitted requests to leave the organisation through voluntary severance.

Detailed implementation proposals will be presented to the Trade Unions and employees for further consultation. The proposals will explain how that closure will be managed, including plans to support employees and encourage alternative deployment and employment options. Sufficient trained staff will be required to maintain the facilities(s) until residents are relocated.

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

- 2.3 The Head of Property has been consulted on this proposal and the implications of this review are reflected in the report. Further Consultation with the Director (Environment Services) and Head of Property will be undertaken once the option is approved.

### 3. Assessments

#### Equality Impact Assessment

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

The Equality Impact Assessment undertaken in relation to this report can be viewed by clicking <http://www.pkc.gov.uk/EqIA>

This report has been considered under the corporate Equalities Impact assessment process (EqIA) in relation to 7.1, Age and 7.2 Disability. The proposal is expected to deliver the following after implementation of this proposal:

- (i) Assessed as **relevant** and the following positive outcomes expected following implementation:
- Consumption and Production
  - Equality and Diversity
  - Health & Wellbeing

#### Risk

- 3.2 A risk log has been created and will be maintained throughout the implementation of the approved option.

The key risks to the preferred option are:

Risk	Impact (1-5)	Likelihood (1-5)
There is a risk that low staff morale caused by potential job losses, will result in, a drop in the quality of service delivery and higher levels of absence	4	2
There is a risk that Trade Union dissatisfaction will result in, potential industrial action and negative publicity for Council	4	1
There is a potential that the decision to close Beechgrove results in negative publicity and reputational damage for the Health and Social Care Partnership	3	3
There is a risk that relocation of residents, will cause concern and anxiety which may impact upon their general wellbeing in the short term. .	4	3
There is a risk that an alternative suitable location for Community Alarm, Rapid Response, Moving & Handling Training Teams will not be identified prior to the closure of Beechgrove.	2	1
There is a risk that there will be a lack of suitable care facilities within a close geographical location to accommodate some residents in the event of closure.	3	3
There is a risk that some of the existing workforce will be unable to suitably redeployed within the Council.	4	3
There is a risk that during the implementation period some staff will move on to other roles to secure their employment will impact upon service provision within the residential care homes.	4	3

#### Other Assessments



### Strategic Environmental Assessment

- 3.3 The Environmental Assessment (Scotland) Act 2005 places a duty on responsible authorities, as defined within the legislation, to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matters presented in this report.

### Sustainability

- 3.4 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 a public body has a duty relating to climate change and, in exercising its functions must act:
- In the way best calculated to delivery of the Act's emissions reduction targets;
  - In the way best calculated to deliver any statutory adaptation programmes; and
  - In a way that it considers most sustainable.

No steps are required to be taken in this area.

## **4. Consultation**

### Internal

- 4.1 Consultation has been extensive and has involved a varied group of internal Health and Social Care staff. This has included in particular the staff and management of Parkdale and Beechgrove care homes. Staff within the Council (Asset Management, Housing, etc.) has been consulted. Senior Managers within the Health and Social Care Partnership and the Council have been consulted as part of this report.

## External

- 4.2 Consultation has been extensive and has taken involved a varied group of residents, families and stakeholders (see table below).

Group	Dates
Staff - <ul style="list-style-type: none"><li>• Staff Meetings</li><li>• Steering Group</li></ul>	Apr 16 – Nov 17 <ul style="list-style-type: none"><li>• 19 Sept 17 – 23 Nov 17</li><li>• 13 Nov 17</li></ul>
Residents and Families	11 Oct – 7 Nov
Community Nursing	29 Sep
Social Work Team Leaders	9 Oct
Communication and Engagement Team	9 Oct
Care and Professional Governance Group	13 Oct
Commissioning Team	23 Oct
Locality Management Groups	25 Oct – 2 Nov
St Margaret's Health Centre	30 Oct
Care Home Forum	31 Oct
Asset Management	7 Nov
GP Group	16 Nov
Care Inspectorate	20 Nov
Health Managers	23 Nov
Older People Service Improvement Group	29 Nov

## **5. Legal and Governance**

### Legal

- 5.1 The Head of Legal and Governance Services has been consulted in relation to this report. The proposals set out in the report are compatible with the legal framework relating to the provision of community care services.

#### Clinical/Care/Professional Governance

- 5.2 There are no direct Clinical/Care/Professional Governance implications resulting from this report.

#### Corporate Governance

- 5.3 There are no direct corporate governance implications resulting from this report.

### **6. Communication**

- 6.1 A communication plan has been developed to support engagement to date and future activity.

### **2. BACKGROUND PAPERS**

None.

### **3. APPENDICES**

Appendices 1-4



## **Residential Care Review: Current Provision of Parkdale and Beechgrove**

### **Beechgrove Care Home**

Beechgrove Care Home is located in Perth City and has a maximum registered capacity of 28 beds. At present there are only 17 residents there. The building has an upper floor used as office space by various Social Care teams. The top floor of Beechgrove cannot be used as the Fire Service and the Care Inspectorate have said increased staffing would be required to complete a night time fire evacuation from the upper floor. The corridors are 4 inches too narrow for residents with mobility issues and there is a lack of passing places. There are fire safety works going on at Beechgrove as the building does not comply with current regulations. Out of the 5 wings only one has been completed so far. A capital budget of approximately £247k has been identified for modifications to ensure compliance with fire regulations.

### **Ensuite Facilities**

Care Inspectorate has advised that as long as the standard of care is high quality, there is no requirement to install ensuites in Beechgrove. However, the Health and Social Care Partnership may also have a view of whether it thinks it is acceptable or sustainable to operate a care home on into the future which doesn't provide ensuite facilities for residents. There are two ways to create ensuite facilities in Beechgrove. One method would be to build an extension to create the additional capacity. This would be highly expensive, as outlined in a previous consultation report (2004) makes clear. Adjusted for inflation these costs would now be approximately £6million. The other approach would be to turn every third bedroom into a bathroom space. This would however further reduce the available capacity within the care home to 22.

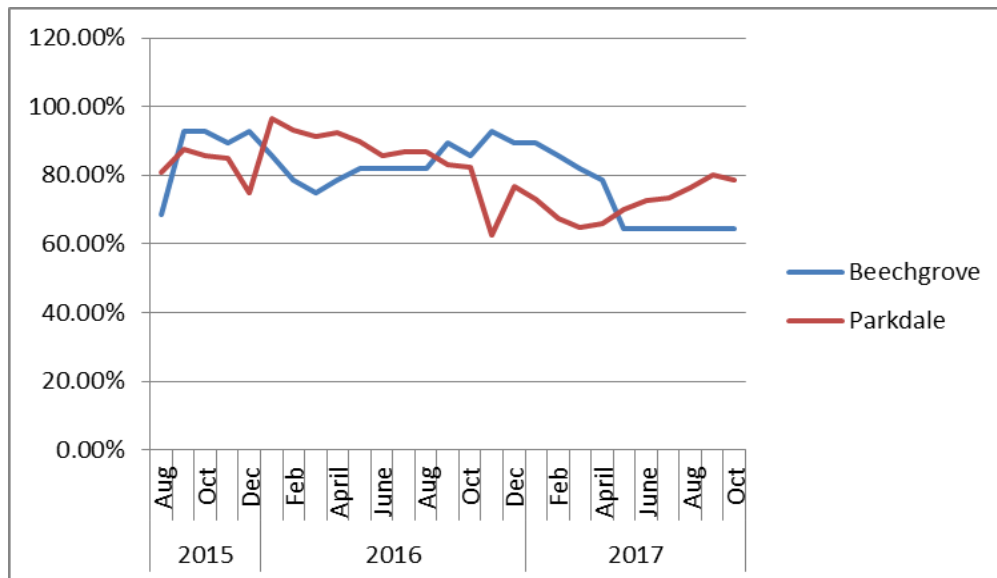
### **Parkdale Care Home**

Parkdale Residential Care Home is located in Auchterarder. It has a maximum occupancy of 40 beds and provides residential care and day opportunities. It currently has 31 permanent placements. The 9 vacancies have been used to provide temporary placements. Temporary placements include respite, crisis and interim placements. These temporary placements either provide short term support to someone that is struggling to care for themselves at home or those ready to go home from hospital but who are waiting for a care package before they can go back home. One wing of Parkdale is currently unused. It needs furniture and minor decoration works to bring it back into commission. Parkdale has ensuite toilet and washbasin for all residents. The use of Day Opportunities at Parkdale has reduced significantly and the service now only provides activities 2 days a week for 3 clients.

Beechgrove and Parkdale are registered for 28 and 40 beds respectively; however they have been under occupied in the past 12 months. The physical environment Beechgrove has led to a reduced service being delivered and this were presented to the IJB in September (report no. G/17/164).

## Occupancy Levels

In the past 12 months both Parkdale and Beechgrove care homes have been under occupied. Some of these vacant beds across the care homes are being utilised by people accessing temporary respite, crisis or interim support, as noted previously. The levels of permanent residential placements are summarised below. The table below shows the decline in permanent placements over the last 2 years. The reason for the decline in admissions is multi-faceted. While part of this is due to service user choice, the vacancy level has also been lowered due to reduced staff levels plus the refurbishment/Fire Safety work at Beechgrove.



\*Information correct as of 31 October 2017

## Review of Residential Care: Summary of the Four Options

### Option 1 – Status Quo

#### Service delivery model

This option would result in the retention of both Beechgrove and Parkdale care homes under their existing models, retaining Parkdale's total capacity of 40 beds for residential care and Beechgrove's capacity returning to 28 following the completion of planned fire safety works.

#### Workforce

Under this option all staff would be retained and there would be no immediate impact on the current workforce. This option would maintain current staffing levels and shift patterns, however, without generating the required savings efficiencies would be required which may impact on the staff in the future.

#### Financial

As this option presents no further change to the existing model there would be no savings achieved and current budgets would be maintained. However, if this option were taken, it would leave the IJB with a requirement to seek savings options elsewhere.

Existing Budgets	£000's
Beechgrove (Net Budget)	713
Parkdale (Net Budget)	1,022
<b>Total</b>	<b>1,735</b>

Charging levels for clients would be anticipated at **£ 903.41 per week**. These are indicative costs only.

The possibility of using the vacant space at both Parkdale and Beechgrove could be further explored to generate income from use by other services/areas and deliver best value but there may be development costs and significant income would not be anticipated at this stage.

### Option 2 – Closure of Beechgrove and Parkdale Residential Care Homes with 50 replacement beds commissioned externally.

#### Service delivery model

This option would see the phased closure of both Beechgrove and Parkdale care homes with existing residents, approximately 50, being moved to beds within the independent sector commissioned by Perth and Kinross Council. Closure would include the day service that currently operates from Parkdale attended by 3 clients.

Beechgrove and Parkdale would be declared surplus by the Housing and Community Safety Asset Management Team and returned to corporate portfolio for a decision regarding their future use. The Social Care teams with their office bases at Beechgrove would need to be relocated. The short term proposal for these teams would be to move to Lewis Place (the day services facility which will be vacant from June 2018).

## Workforce

Closure of both homes would result in all posts being deleted from the staffing establishment, directly impact on the existing employees across both units.

## Financial

This option offers significant savings to the Health and Social Care Partnership of £815k, in excess of the planned £696k.

	<b>Closure of Beechgrove and Parkdale</b>
	<b>£000's</b>
Beechgrove (Net Budget)	713
Parkdale (Net Budget)	1,022
	<b>1,735</b>
<i>Less:</i>	
50 Replacement Care Beds	920
<b>Available Savings Target</b>	<b>815</b>

It should be noted that this is anticipated to result in the current charging levels for clients residing at Dalweem Care Home to increase from £884.42 to £ 1252.52 per week. These are indicative costs only.

There will also be significant corporate capital savings as the current planned fire safety works at Beechgrove and the planned maintenance and decoration works for both homes budgeted for £247k would no longer be required.

These figures do not include the one off costs for relocation of the other services in Beechgrove. The relocation from Riverview back in Oct 2013 costs were £38,225 relating to building alterations and £20,225 relating to the cost of relocating the server/IT set up and includes furniture and removal costs.

Additional, currently unquantifiable costs will be incurred as a result of potential voluntary or compulsory redundancy and the search for suitable alternative employment.

### **Option 3 – Closure of Parkdale and retention of Beechgrove as Residential facility with 26 replacement beds commissioned externally.**

#### **Service delivery model**

This option would see the retention of Beechgrove Care Home and the closure of Parkdale with existing residents, approximately 30, being moved to beds within the independent sector commissioned by Perth and Kinross Council. Closure would include the day service that currently operates from Parkdale attended by 3 clients. Beechgrove's capacity would return to 28 following the completion of planned fire safety works.

A further saving could be achieved by maintaining Beechgrove's current capacity of 20 and reducing the current staffing levels to match this.



Parkdale would be declared surplus by the Housing and Community Safety asset management team and returned to corporate portfolio for a decision regarding their future use.

### Workforce

This option would result in all posts being deleted from the staffing establishment within Parkdale, directly impact on the existing employees.

### Financial

This option offers savings to the Health and Social Care Partnership of £544k; this is less than the planned £696k and would leave a shortfall of £152k.

	<b>Closure of Parkdale</b>
	<b>£000's</b>
Beechgrove (Net Budget)	0
Parkdale (Net Budget)	1,022
	<b>1,022</b>
<i>Less:</i>	
26 Replacement Care Beds	478
<b>Available Savings Target</b>	<b>544</b>

It should be noted that it is anticipated this would result in the current charging levels for clients residing at Beechgrove and Dalweem Care Home to increase to **£1006.45 per week**. These are indicative unit costs only.

There will also be a corporate capital savings as a proportion of the current planned maintenance and decoration works for both homes budgeted for £247k would no longer be required for Parkdale.

Additional, currently unquantifiable costs will be incurred as a result of potential voluntary or compulsory redundancy and the search for suitable alternative employment.

**Option 4 – Closure of Beechgrove and retention of Parkdale as Residential and Intermediate Care facility. This option would keep Parkdale open but use part of its facility free to use as an Intermediate Care unit.**

### Service delivery model

This option would see the retention of Parkdale Care Home and the closure of Beechgrove with existing residents, approximately 20, being moved to beds within the independent sector commissioned by Perth and Kinross Council. Closure would require that the Social Care teams would also need to be relocated as they are currently based in Beechgrove, as noted previously in Option 2.

The options of providing an Intermediate Care facility were explored as part of the consultation. Discussions with Health and Care professionals have shown a desire for integrated work like this to become a reality. A model such as this was seen to be of great benefit for patients, partners and stakeholders.

As parts of the consultation with residents and families 6 residents have indicated that they would want to be located in a Council care home or specifically Parkdale. This would mean that these service users could move to Parkdale if they wished.

### Workforce

This option would result in all posts being deleted from the staffing establishment within Beechgrove, directly impact on the existing employees.

### Financial

This option offers savings to the Health and Social Care Partnership of £528k; this is less than the planned £696k and would leave a shortfall of £168k.

	<b>Closure of Beechgrove</b>
	<b>£000's</b>
Beechgrove (Net Budget)	712
Parkdale with new staff model (Net Budget)	0
	<b>712</b>
<i>Less:</i>	
10 Replacement Care Beds	184
<b>Available Savings Target</b>	<b>528</b>

It should be noted that it is anticipated this would result in the current charging levels for clients residing at Parkdale and Dalweem Care Home to **increase to £921.91 per week**. These are indicative unit costs only.

There will also be significant corporate capital savings as the current planned fire safety works and the planned maintenance and decoration works for both homes budgeted for £247k would no longer be required for Beechgrove.

These figures do not include the one off costs for relocation of the other services in Beechgrove. The relocation from Riverview back in Oct 2013 costs were £38,225 relating to building alterations and £20,225 relating to the cost of relocating the server / IT set up and includes furniture and removal costs.

Additional, currently unquantifiable costs will be incurred as a result of voluntary or compulsory redundancy and the search for suitable alternative employment.

## Residential Care Review :

## Quality and Financial Appraisal - Assessment Criteria and weighting

No.	Criteria	Scope of Criteria	Weighting
	<b>Option Appraisal</b>		
<b>1</b>	<b>Condition and suitability of building to meet needs of service</b>	Fabric of building is fit for purpose	<b>5</b>
<b>2</b>	<b>Availability of alternative care providers in the locality</b>	No. of alternative residential and nursing care providers in local community or area as well as projected occupancy levels based on trends over previous 12 months.	<b>7</b>
<b>3</b>	<b>Can meet Service User's needs with similar quality.</b>	Will a similar level of care, based on the most recent Care Inspectorate ratings, be available to meet existing service user's needs?	<b>9</b>
<b>4</b>	<b>Delivers best value for the Health and Social Care Partnership and enables sustainable support of the strategic objective to support people to remain at home</b>	Will the option provide a best value solution and create a sustainable model in adherence with the objectives set out in the H&SC Strategic Plan	<b>9</b>
<b>5</b>	<b>Opportunity to utilise building/land for alternative usage or future development such as intermediate care</b>	Potential for the site and/or buildings, to be made available for future developments internally or externally in line with the Community Empowerment (Scotland) Act 2015 or can provide flexibility for future service models.	<b>4</b>
<b>6</b>	<b>Provides opportunities to accommodate for future demographic increases and supports capacity and flow</b>	Leaves scope to account for potential increase in older population, service user requirements and potential future pressures on community availability. Should not result in an increase to delayed discharge numbers from hospital	<b>7</b>
<b>7</b>	<b>Does the option support the overarching service objective of implementing personalisation</b>	Will enable clients and service users to have choice and control over the care they receive	<b>3</b>

<b>8</b>	<b>What impact does the option have on partners and stakeholders?</b>	Will the option have a significant impact on partners and stakeholders including staff?	<b>4</b>
	<b>Financial Appraisal</b>		
<b>9</b>	<b>Financial Appraisal - Direct IJB Cost</b>	All costs directly managed through the IJB to be appraised	<b>10</b>

## **Residential Care Review: Analysis of Capacity of Care Home Placements following Option 2, 3 or 4.**

### **Option 1 will involve no commissioning of beds**

This needs to be combined with our expected future demand in care home placements and the impact of the various options that are the scope of this review. As noted, if we continue at the current rate, we expect an additional 19 care home places to be filled within these vacancies by April 2018.

### **Option 2 - Closure of Beechgrove and Parkdale Residential Care**

This option will require 48 vacancies for Parkdale and Beechgrove residents to move into. If we have 27 vacancies to move people into by April 2018 and no opportunity to use Parkdale and Beechgrove vacancies, it means we have a shortfall of 21 placements.

### **Option 3 - Closure of Parkdale and retention of Beechgrove as Residential facility**

This option will require 31 vacancies for Parkdale residents to move into. If we have 27 vacancies in the independent sector and 11 vacancies in Beechgrove – 38 in total – it will mean we will have 7 placements left across Perth and Kinross when Parkdale closes

### **Option 4 - Closure of Beechgrove and retention of Parkdale as Residential and Intermediate Care facility**

This option will require 17 vacancies for Beechgrove residents to move into. If we have 27 vacancies in the independent sector and 9 vacancies in Parkdale – 36 in total – it will mean we will have 19 placements left across Perth and Kinross when Beechgrove closes.

Apart from option 1, no change to either Parkdale or Beechgrove, the option that offers the least risk in terms of continuing care home vacancies, is option 4, closing Beechgrove and keeping Parkdale open.

This needs to be combined with our expected future demand in care home placements and the impact of the various options that are the scope of this review. If we continue at the current rate, we expect an additional 19 care home places to be filled within these vacancies by April 2018. This however does not take into account the work that is being undertaken by the newly created integrated care teams that will be supporting people to remain at home with enhanced community support.





**PERTH & KINROSS INTEGRATION JOINT BOARD**

**23 March 2018**

**SUPPLEMENTARY BRIEFING NOTE – REVIEW OF RESIDENTIAL CARE**

**Report by Chief Officer**

**PURPOSE OF REPORT**

The purpose of this report is to provide supporting information to the IJB in relation to the Review of Residential Care as outlined in the report ([G/18/8](#)) submitted to the IJB on 26 January 2018.

**1. SITUATION/BACKGROUND / MAIN ISSUES**

The changing needs of the older population require the Health and Social Care Partnership to review and plan care home provision in Perth and Kinross. The Strategic Plan (2016-19) sets out the need to shift the balance of care and focus on early intervention and prevention through the best use of available resources. As such, a review of the internal model of residential care was undertaken to ensure that the provision could adapt to the changing needs of older people.

While it is necessary to have residential and nursing home provision, the Health and Social Care Partnership's vision is to provide a high level of integrated care to older people whether in their own homes or in a homely environment. In addition, it is the aspiration of the Health and Social Care Partnership to ensure that the internal care home provision is of high quality and meets the [Health and Social Care Standard](#).

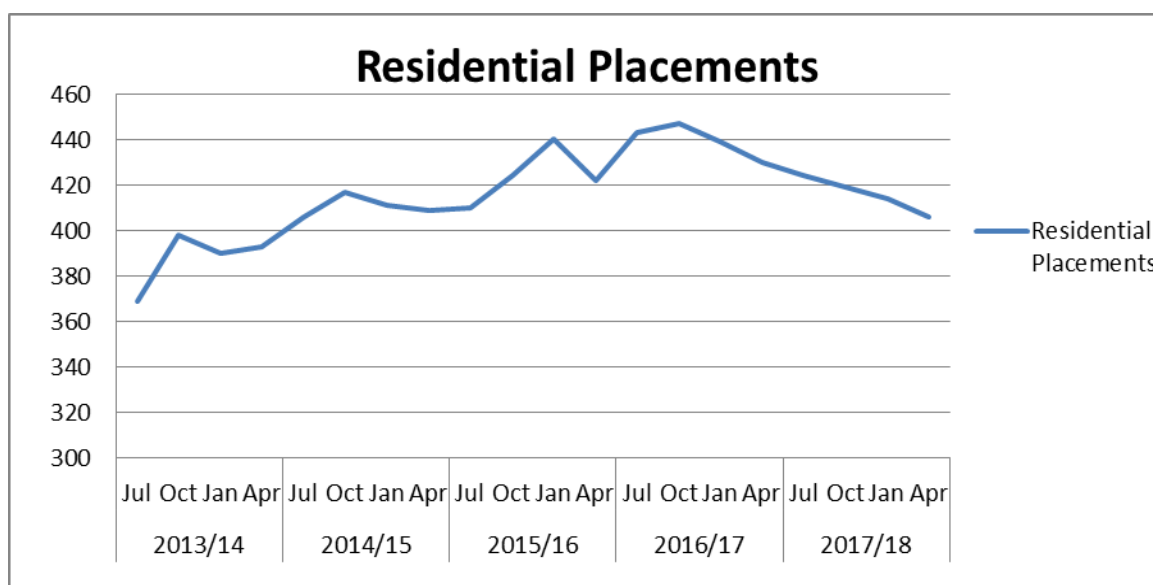
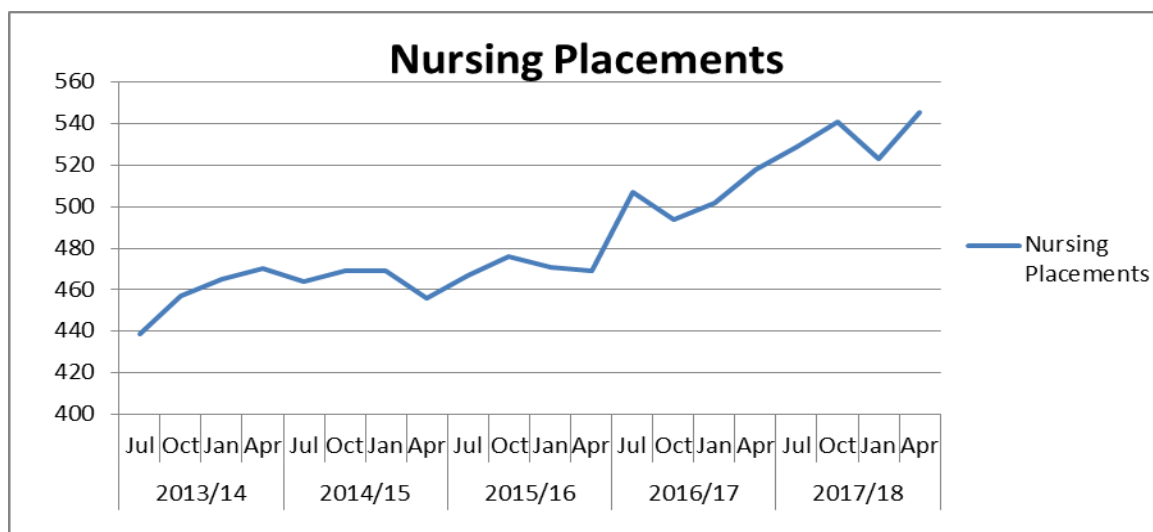
Care home provision needs to be adaptable to complex health and social care needs. The care and physical environments need to ensure that they can respond to complex, high level of dependencies. Analysis of current activity shows an increase in nursing home placements and a reduction in residential care. The availability of more enhanced care however is limited and as such has led to delays, particularly, in providing care focused around dementia and mental illness.

## 2. PERTH AND KINROSS RESIDENTIAL & NURSING HOME DATA

From 2013/14 to 2017/18 there has been an overall increase in the number of residential and nursing placements made in external care homes. In 2013/14 there were a total of 808 placements, with the projected year-end position for 2017/18 being 951 placements, an increase of 17.7%.

Within the overall numbers however, there has been a difference in the growth in terms of nursing placements compared with residential placements. Since 2013/14, there has been a 24% increase in the number of nursing placements made compared with a 10% increase in the number of residential placements made.

The graphs below demonstrate this.

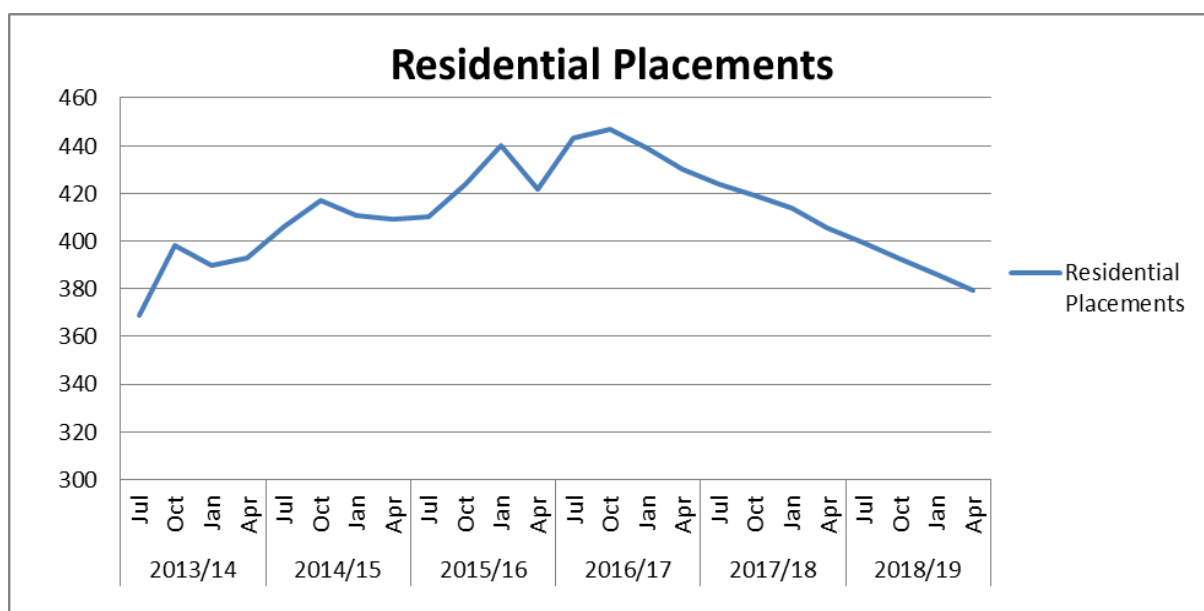
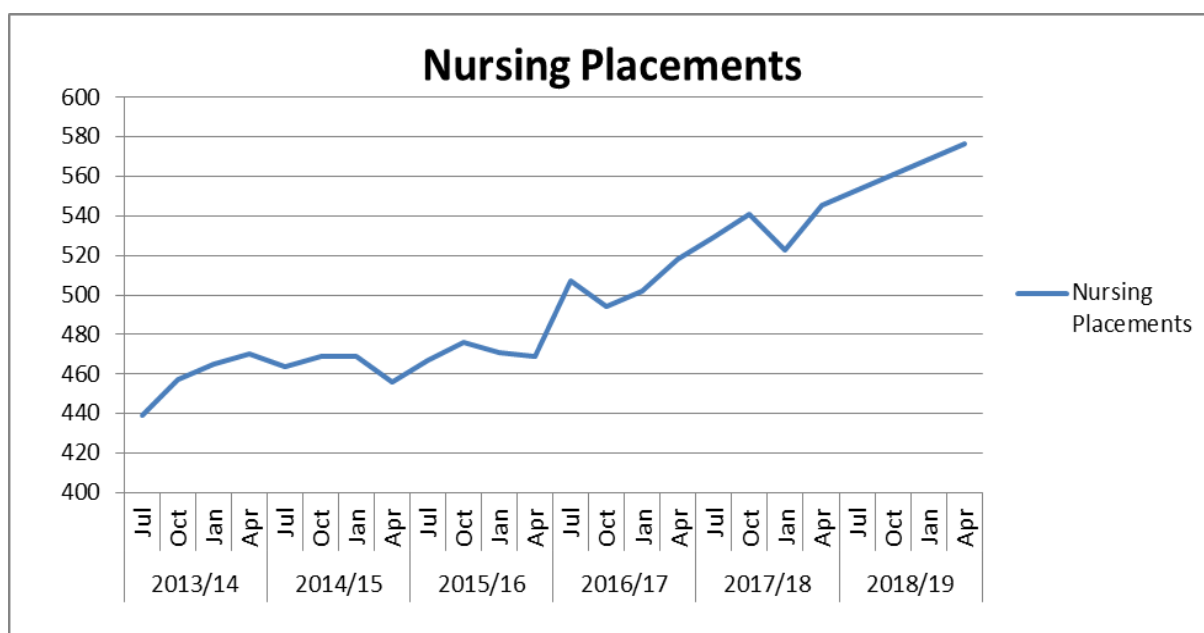




In terms of the number of full cost placements made and the number of self-funding placements made, this has also changed.

In terms of growth, the number of full cost clients has increased by 11% since 2013/14, whilst free personal care clients have increased by 28%.

The split between nursing placements and residential placements is quite stark, with a projected 5.7% increase in nursing placements (30 placements), and a 6.63% reduction in residential placements (26 placements).



In terms of the projected split between full cost placements and free personal care, this is only projected to change slightly, with this is set to remain roughly the same as at present, with the projected split being 60% full cost and 40% free personal care, compared with 59% and 41% currently.

The current weighted average used for budgeting purposes is £18,100 (previously £18,400 when the residential care business case was completed in 2015). This weighted average takes into account the split between both residential and nursing costs and full costs and free personal care.

Using the trend information over the last 18 months, a pressure of £462,000 for increased nursing care has been built into the 2018/19 budget setting position.

### **3. REDUNDANCY/SEVERANCE COSTS**

Perth and Kinross Council will seek to maximise the redeployment of staff affected by the recommendation before the Integration Joint Board into suitable alternative employment. If however redundancy/severance costs are incurred it is likely that these will be met from the Council's earmarked reserves.

### **4. CONCLUSION**

The additional information included in this report is intended to address the points raised when the conclusions of the options appraisal was presented to the IJB on 26 January 2018.

A comprehensive options appraisal has been completed and on the basis of the combined assessment of quality and financial considerations, it is recommended that Option 4 be approved for implementation by the IJB for the reasons articulated in report ([G/18/8](#)) and in this report.

#### **Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
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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**

**23 March 2018**

**2017/18 FINANCIAL POSITION AND FORWARD LOOK**

**Report by Chief Financial Officer**

**PURPOSE OF THE REPORT**

The purpose of this report is to provide a summary of the issues impacting on the financial position of Perth & Kinross IJB in 2017/18, based on the 9 months to 31<sup>st</sup> December 2017.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:

- Note the forecast financial position for 2017/18.

**2. 2017/18 FINANCIAL POSITION**

- The IJB is forecasting an overall under spend of £1.293m, an improvement of £522k from Month 7.
- The key drivers of this under spend position are a £2.493m forecast under spend on Social Care and a £500k under spend on Hospital & Community Health. These are being offset by a forecast overspend of £1.475m on Prescribing and £1.520m on Inpatient General Adult Psychiatry.
- Of the Social Care under spend £1.071m is due to accelerated savings and £795k due to slippage in the utilisation of budget flexibility. The underlying base budget is underspent by £627k, of which £330k relates to slippage in the utilisation of complex care package funding due to delay in funding agreement and housing provision. However underlying this is a pressure on care home placements.
- Prescribing is forecasting a £1.475m overspend which is lower than the anticipated position with the 2017/18 Financial Plan. Lower than anticipated growth and additional budget released by NHST are supporting the position.

- Within the 2017/18 financial plan, Inpatient Mental Health General Adult Psychiatry (GAP) was anticipated to overspend by £558k. The forecast at month 9 is an overspend of £1.520m. Of this £879k relates to Medical Locum costs and discussion is required with NHST to agree release of agreed non-recurring budget to offset this cost

### 3. CONCLUSION

A number of material pressures exist within Health and Social Care budgets and have been fully considered within the 2018/19 budget setting:

- Nursing care placements pressure within Social Care.
- Undelivered savings within core Hospital and Community Health services, Other Hosted services and Inpatient Mental Health.
- Within Inpatient Mental Health services, locum medical costs and a significant nursing pressure due to high cost observations and levels of sickness.
- The underlying £1.638m overspend on GP Prescribing budget.

The detailed Financial Update for 2017/18 is provided at Appendix 1.

#### Author(s)

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## Financial Update as at 31st December 2017

### A. OVERALL SUMMARY

The year end forecast based on the year to date position as at 31st December is set out in Table 1 below.

Table 1						
Summary Year End Forecast as at 31 <sup>st</sup> December 2017						
	Budget 2017/18	Base	Savings	Total Partnership	Total IJB	Month 7 forecast Total IJB
	As at 31st Dec 2017	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend
	£000	£000	£000	£000	£000	£000
Hospital & Community Health	46,365	(626)	126	(500)	(500)	(617)
GMS/FHS	39,783	(233)	0	(233)	(233)	(199)
Other Hosted Services	8,298	(3)	151	148	14	240
General Adult Psychiatry	15,348	1,021	499	1,520	509	520
In Patient Learning Disabilities	5,840	(125)	0	(125)	(42)	(52)
In Patient TSMS	1,473	(70)	0	(70)	(23)	(23)
Prescribing	26,813			1,475	1,475	1,725
Sub-total Health Care				2,215	1,200	1,594
Social Care Services	49,742	(1,422)	(1,071)	(2,493)	(2,493)	(2,365)
<b>Total</b>				<b>(278)</b>	<b>(1,293)</b>	<b>(771)</b>

Further analysis and commentary on the underlying financial position across each key service area including savings delivery is set out in the sections below.

### B. HOSPITAL & COMMUNITY HEALTH SERVICES

A forecast under spend of £500k is being reported, this has decreased by £117k from month 7. This movement is due to a reduction in the amount of Primary Care funding being assumed within the Hospital and Community Health position. The funding (£363k) has now been apportioned to Hospital and Community Health Primary Care (£250k) with the remainder allocated to Pharmacy (hosted by Angus IJB) (£113k), with no overall impact on the IJB position.

Psychiatry of Old Age is projecting a similar overspend to month 7, at £160k. This overspend is primarily due to locum consultant costs. These additional costs are expected to cease by the end of February and the post will be replaced by a permanent consultant.

Against a savings target of £819k, £696k is forecast to be delivered, of which £130k is non-recurring.

### C. GENERAL MEDICAL SERVICES/FAMILY HEALTH SERVICES (GMS/FHS)

A year end adjusted under spend of £199k is being reported. As previously reported this assumes that the costs associated with the return of Brechin and Lochee GP practices to NHS Tayside are retained by Dundee IJB and Angus IJB. Discussions have taken place at Chief Officer level, however this issue remains unresolved and is therefore a financial risk.

### D. OTHER HOSTED SERVICES

Other hosted services are forecasting an overspend of £14k. This can be broken down as follows:

Table 2		
Services Hosted By	Forecast Over/(under) spend	Perth & Kinross IJB Share Over/(under)spend
	£000	£000
Perth & Kinross	148	50
Dundee	108	36
Angus	(214)	(72)
<b>Total</b>	<b>42</b>	<b>14</b>

Other Hosted Services within Perth & Kinross are Prison Health Care, Podiatry and Public Dental.

Prison Health Care forecast overspend is £90k. This overspend is mainly due to increasing medicines costs. Work will continue with the Head of Prison Health Care to develop a 3 year financial plan which seeks to address significant increasing medicine costs and other service issues, as well as undelivered savings.

Prison Health Care, Podiatry and Public Dental are working hard to deliver a 3 year financial plan which will fully deliver the shortfall in savings.

Against a total 2017/18 savings target of £355k for Perth & Kinross other hosted services, £234k is forecast to be delivered, of which £90k is non-recurring.

### INPATIENT MENTAL HEALTH

#### Learning Disability Inpatient Services

A £125k under spend is being forecast, a deterioration of £30k from month 7. This movement is due to an increase in anticipated expenditure on bank staff. The Perth & Kinross IJB share of this underspend is £42k.

### General Adult Psychiatry (GAP)

Excluding unmet savings, GAP are forecasting an overspend of £1.021m. This is due to locum spend being higher than cost pressure funding transferred from NHST and the number of locum sessions across Tayside being higher than the number budgeted. Non-recurring budget of £900k was agreed with NHST as part of the 2017/18 Financial Plan to cover Medical Locum Costs. For the year £604k has been fed into budgets. A further £275k requires to be released, as the forecast actual overspend is £879k. An increased level of observations has been required resulting in additional staffing costs. Also supplementary staffing costs are being incurred due to higher levels of sickness absence, particularly in Dundee and Perth.

The Perth & Kinross IJB share of this overspend is £342k.

### Inpatient Tayside Substance Misuse Services (TSMS)

Inpatient TSMS is forecasting an under spend of £68k, this has reduced from £85k in month 5. The Perth & Kinross IJB share of this underspend is £23k.

### Savings Delivery

The Financial Plan assumed delivery of £383k recurring savings. It is now anticipated £312k of this will be delivered and work is ongoing with the Head of Service to book these in full in Month 10. A £499k shortfall against savings is forecast for 2017/18, which was predicted and is reliant on wider service redesign. The Perth & Kinross IJB share of this undelivered saving is £167k.

The Chief Officer and Chief Financial Officer are working with the Interim Director of Strategic Planning to identify both short term cost reduction opportunities and to set up a formal programme of work. This programme of work is to identify and deliver service redesign across General Adult Psychiatry services to deliver medium term financial stability.

## **E. PRESCRIBING**

The year-end forecast overspend on Prescribing is £1.475m, an improvement of £250k from month 7. The forecast is based on actual expenditure for 7 months to October 2017.

The year end forecast on Prescribing can be broken down as follows:

Table 3		
	<b>Month 9 Forecast</b> Over/(under) spend	<b>Month 7 Forecast</b> Over/(under) spend
	£000	£000
GP Practice Prescribing	1,638	1,825
Centrally Managed Prescribing Budgets	(163)	(100)
<b>Total</b>	<b>1,475</b>	<b>1,725</b>

The underspend on centrally managed prescribing budgets is mainly driven by a benefit on rebates received in 2017/18.

A separate report on the GP Prescribing Forecast 2017/18 is provided to the IJB.

## **F. SOCIAL CARE SERVICES**

The forecast year end under spend for Social care is £2.493m. This underspend has increased by £128k from month 7. This movement is primarily due to the revision of Older People and Physical Disabilities placements projections.

The forecast underspend can be broken down as follows:

### **a) Savings (£1.071m)**

Accelerated savings of £1.071m are expected to be delivered by the year end. This has increased by £165k from month 7 primarily due to the additional accelerated savings for Communities First and Community Care Packages.

These savings are being partially offset (£107k) by the shortfall against the IJB share of the PKC wide procurement savings target. Work is ongoing to identify all opportunities to deliver this challenging target. All other 2017/18 savings plans are expected to deliver in full.

### **b) Slippage in utilisation of IJB Reserves/Budget Flexibility (£795k)**

There has been an increase in underspend from month 7 (£171k). The overall movement and underspend remains mainly driven by slippage in the 'Shifting the Balance of Care' project (£602k) due to a delay in approval and subsequent implementation.

### **c) Under spend on Base Budget (£627k)**

A year end underspend of £627k is forecast based on month 9 actual expenditure. This has reduced by £208k from month 7 and a number of factors have contributed to this movement. The most significant reduction being £107k against Localities, due to a transfer of underspend to Communities First accelerated savings (£55k) plus revised staff costs projections.



Key drivers of the underspend are as follows:

- An underspend in Care at Home (£311k), due to vacancies and underspends within supplies and transport.
- Day Care are forecasting an underspend of (£136k), due to vacancies and reduced supplies costs as the service moves towards a new model of service delivery.
- An underspend of £147k reported against the non-recurring Self Directed Support (SDS) grant and revised spend plans for SDS.
- A £330k under spend within Supported Living including complex care. The key driver of this was a delay in NHS Tayside agreeing funding for three high cost complex care packages.
- A forecast under spend of £191k has been reported against locality teams. This has been driven by vacancies and delays in recruitment as we move to the new locality model. This forecast has reduced by £107k from month 7 due to transfer of underspend to accelerated savings and revised cost projections.
- Local Authority Care Homes are forecasting an underspend of £173k at month 9. This is due to underspends in staff costs and actual income being higher than forecast.

Set against the underspends above is a £400k forecast overspend on Interim Placements. These short term placements in Care Homes are used for clients that are awaiting care at home packages, step up or step down care or for clients ready for discharge from hospital but awaiting a care home of their choice. No recurring budget exists for this service provision, however the underspend on care at home legitimately and almost entirely offsets these costs.

Also set against this is an overspend on nursing placements of £272k. The 2018/19 draft budget includes a £462k demand pressure for nursing care which recognises the 2017/18 level of demand.





**PERTH & KINROSS INTEGRATION JOINT BOARD**

**23 March 2018**

**2018/19 BUDGET**

**Report by Chief Financial Officer**

**PURPOSE OF THE REPORT**

This report seeks approval from the Integration Joint Board to the 2018/19 Financial Plan including the budget proposals from both Perth & Kinross Council and NHS Tayside and the 2018/19 Transformation and Efficiency Programme.

**1. RECOMMENDATIONS**

It is recommended that the Integration Joint Board:-

- 1.1 Approve the proposed recurring budget offer from Perth & Kinross Council (PKC) for 2018/19. Request that the Chief Officer write to PKC on this basis and thereafter issue a formal Direction. Note that whilst the budget proposal from PKC is considered manageable in 2018/19, it is essential that a fair settlement is agreed for 2019/20.
- 1.2 Request that the Chief Officer seek early discussions with PKC in respect of the 2019/20 budget to safeguard essential services in future years.
- 1.3 Request that the Chief Officer seek a formal proposal from PKC in relation to their proposed transfer of £538k budget for Citizens Advice Bureau, Independent Advocacy and Credit Union.
- 1.4 Approve the recurring budget offer from NHS Tayside (NHST) for 2018/19. Ask the Chief Officer to write to NHST on this basis and thereafter issue a formal Direction.
- 1.5 Ask the Chief Officer to conclude discussions with NHS Tayside about the NRAC prescribing, medical locum bridging and complex care package funding.
- 1.6 Approve the 2018/19 Perth & Kinross IJB Financial Plan and the associated 2018/19 Transformation and Efficiency Programme.

- 1.7 Note the £1.2m gap in the 2018/19 Financial Plan along with the further work being undertaken to deliver a balanced budget.
- 1.8 Request the Chief Officer to develop proposals for the June 2018 IJB Meeting for a collaborative budget process with NHS Tayside and Perth & Kinross Council for 2019/20.

## **2. EXECUTIVE SUMMARY**

- 2.1 A detailed analysis of cost pressures indicated that if nothing else changes £12.5m would be required to meet current and anticipated demands for devolved services in 2018/19.
- 2.2 The £1.5m recurring budget deduction proposed within the 2018/19 Perth & Kinross Council Budget Proposition will further increase this financial challenge. Savings of £6.15m (13%) will require to be delivered in relation to Social Care. Transformation and efficiency plans of £4.62m have now been identified. The recurring residual gap of £1.53m will be covered in-year by the transfer by Perth & Kinross Council of the non-recurring reserve arising from the 2017/18 Social Care Under-Spend.
- 2.3 The 2018/19 settlement from Perth & Kinross Council is therefore manageable however it is essential that a fair settlement is agreed for 2019/20 and beyond to safeguard essential services. The indicative budget for Social Care services within the Perth & Kinross Council Budget approved in February 2018 proposes a further £1.3m budget reduction for 2019/20. Discussions are planned in April with Perth & Kinross Council and it is proposed that this is part of a collaborative process involving NHS Tayside.
- 2.4 The £2m budget increase proposed within the 2018/19 NHS Tayside Budget Proposition responds to the pay uplift pressure anticipated and is a fair share of the overall uplift received by NHS Tayside. Savings of £6.12m will require to be delivered. Transformation, efficiency and cost reduction plans of £3.37m have been identified. The residual gap of £2.75m has been offset in part by agreement of non-recurring funding from NHS Tayside to meet the costs of Inpatient Mental Health Contingency arrangements. The 2018/19 Financial Plan sets out the remaining gap of £2.3m against the services devolved and managed by the Partnership which, taking account of hosted services, represents a gap of £1.2m for Perth & Kinross IJB.
- 2.5 Discussions are continuing with NHS Tayside in respect of bridging finance for Inpatient Mental Health Medical Locum costs and to agree a fair share for Perth & Kinross IJB of £1.2m NRAC Allocation ear-marked to increase the budget for GP Prescribing across NHS Tayside. In addition further recurring savings are anticipated for Prison Healthcare and wider opportunities are being considered within Inpatient Health. Finally, the NHS Tayside Prescribing Management Group have identified a number of further opportunities to reduce costs not yet reflected in the 2018/19 Plan.

- 2.6 Therefore whilst the 2018/19 Financial Plan currently presents a gap of £1.2m, a further update will be provided to the IJB in June and every effort will be made to achieve a balanced position for the year ahead. A full financial risk assessment will also be provided at that stage.
- 2.7 The 2018/19 Financial Plan does not take account of a £400k cost pressure forecast in relation to the agreed health contribution to a number of complex care packages. This budget has not been devolved to the IJB's in NHS Tayside.
- 2.8 An IJB Budget Scrutiny Group (BRG) has been established and has undertaken robust scrutiny and review of both pressures and savings across Social Care and Hospital and Community Health/Other Hosted Services. The BRG has recommended approval of all but one of the savings proposals. The BRG did not make a recommendation on the Residential Care Review since this would be coming forward as part of a further paper to the IJB Meeting on 23rd March 2018.
- 2.9 A review of the Budget Review Group scrutiny and review process is underway.

### **3. BACKGROUND AND CONTEXT**

- 3.1 At its meeting on 22nd March 2017, the Integration Joint Board accepted the budget proposition from Perth & Kinross Council for social care services in 2017/18 and adopted the associated savings proposals. During 2017/18 savings have been delivered in line with plan. An overall under-spend is forecast composed of significant accelerated savings (£1.07m) and slippage in use of non-recurring transformation funds. (£0.795m). A key underlying in-year pressure emerged for care home placements. (£272k) The 2018/19 Financial Plan must address this shortfall.
- 3.2 In parallel, the IJB accepted the 2017/18 proposed NHS Tayside budget for core hospital and community services and other hosted services with the associated proposals for savings. A year-end under spend is forecast (£352k) resulting from non-recurring slippage on transformation funds. Whilst significant recurring savings have been delivered, a further balance of £588k remains that must be addressed within the 2018/19 Financial Plan.
- 3.3 At its meeting in March 2017, the IJB noted the £2.1m savings target in respect of GP Prescribing inherent in the budget proposition from NHS Tayside for 2017/18. The IJB asked the Chief Officer to work with NHS colleagues to develop a three-year plan to achieve a sustainable position. The forecast over-spend for 2017/18 is £1.6m, broadly in line with the plan agreed with NHST. This underlying overspend is addressed as part of the 2018/19 Financial Plan.

- 3.4 For Inpatient Mental Health Services, the IJB could not sign off the budget as sufficient for 2017/18. This was because the budget was insufficient to cover the underlying patterns of expenditure on supplementary medical and nursing staff and undelivered savings from previous years. After agreement with NHST on £1.4m bridging finance to cover premium staffing and contingency costs, an over-spend of £558k was forecast. The actual forecast over-spend for 2017/18 is £811k with higher than anticipated nursing costs. The underlying overspends on nursing staff (£588k), medical locums (£890k) as well as a balance of carried forward undelivered savings (£759k) must be addressed within the 2018/19 Financial Plan.
- 3.5 In March 2017, the IJB were advised of a £325k cost pressure as the assessed health contribution for 3 complex care patients ready for discharge from Strathmartine Hospital. The budget for complex care packages was not devolved to the Tayside IJB's, costs historically covered from a centrally held NHST budget. In 2017, NHST agreed this cost would be met centrally. Over the year, further packages have been approved against which, the health contribution is agreed at £400k. At the point of writing, these packages cannot be progressed as the health funding has not been identified. This needs to be addressed by NHS Tayside to meet the needs of assessed patients but also to reduce cost pressures associated with delays to discharge currently fully met by NHS Tayside.

#### **4. COST AND DEMAND PRESSURES**

A detailed analysis of costs and demand pressures has been undertaken. Assuming nothing else changes, an additional £12.5m would be required to meet current and anticipated demands in 2018/19. This is set out at Appendix 1.

- 4.1 The main cost pressures and demands are summarised as follows:-

- **Undelivered savings carried forward from 2017/18 (£3.3m)**

In 2016/17 at inception of the IJB significant savings target were applied by NHST across health budgets. For Hospital and Community Health Services and Other Hosted Services, targets have largely been delivered and only a small balance remains. However significant undelivered savings remain for GP Prescribing (£1.97m) and Inpatient Mental Health (£759k). This will require to be addressed as part of the 2018/19 Financial Plan.

- **Pay / Price Pressures (£5.3m)**

Across health and social care budgets, provision has been made for a £1.8m increase in pay costs anticipated from 2018/19 pay awards to PKC and NHST Tayside staff providing services commissioned by the IJB. The actual increase in pay costs will depend on the outcome of pay review body discussions. The current provision is based on 3% for

employees earning up to £36,500; 2% for employees earning up to £80,000; £1,650 for employees earning over £80,000.

Further provision of £1.093m is required for the full year effect of an increase to the Living Wage in 2017/18 and a further 2.5% increase for 2018/19.

National agreement has been reached on Care Home contract rates for 2018/19. The resultant £835k increase in cost must be addressed within the 2018/19 Financial Plan.

Full commencement of the Carers Act from April 2018 will bring a significant increase in costs. A provision of £535k has been made to cover a number of additional services and step up in existing services to Carers.

Over and above the GP Prescribing overspend forecast for 2017/18, an additional cost pressure of £786k is anticipated arising from the full year effect of price increases in 2017/18 and the anticipated impact of the national margin sharing agreement in 2018/19.

- **Cost / Demand Pressures (£2.9m)**

**Social Care:** £462k has been provided to meet the expected increase in demand for nursing home placements in 2018/19. A further £413k has been provided for Learning Disability placements based on the clients anticipated to transition from Education and Children's Services. A further £140k pressure is expected from the anticipated increase in costs for existing packages of care as needs escalate.

**Inpatient Mental Health:** In 2017/18 medical locum costs (£890k) and nursing costs (£588k), have created significant cost pressures. If nothing else changes, these are expected to continue into 2018/19. These costs must be addressed within the 2018/19 Financial Plan. In addition, costs directly relating to the current contingency arrangements (£448k) are also included although income is assumed from NHS Tayside to meet these costs.

- **Essential Service Developments (£1m)**

Reducing delayed discharges is a key priority that is essential to shifting resources from bed based models of care into community services. The Financial Plan has prioritised investment in the Discharge Hub and Frailty Unit at PRI; in medical staffing in Psychiatry of Old Age and Medicine for the Elderly; and in the Intermediate Care Team and Internal Care at Home Team (HART).

## 5. FUNDING FROM PARTNER ORGANISATIONS

### 5.1 PERTH & KINROSS COUNCIL

For 2018/19 Perth & Kinross Council received a 0.4% cash uplift from the Scottish Government.

Table 1 summarises the proposed recurring budget offer from Perth & Kinross Council for 2018/19.

TABLE 1		
<i>Perth &amp; Kinross Council Budget Offer</i>	<i>2018/19</i>	
	£m	£m
2017/18 Recurring Budget		49.1
Less: Budget reduction	(3.3)	
Add: Share of £66m SG Social Care Allocation	1.8	
Net Budget reduction		(1.5)
Less: Budget Transferred to PKC Housing & Community Safety		(0.5)
<b>2018/19 Recurring Budget Offer</b>		<b>47.1</b>

Despite a small uplift, a net reduction to the social care budget of £1.5m was approved by PKC at its full council meeting on 22nd February 2018. In 2018/19, this results in a net savings target for Perth & Kinross IJB of £6.2m against the PKC allocation. In 2018/19, non-recurring resources will provide temporary cover for services in transformation.

This is an extremely challenging level of savings. In his budget speech, the Council Leader committed to early discussions on the 2019/20 budget between PKC Officers, the IJB Chief Officer and the Chief Finance Officer. The level of savings anticipated for 2019/20 (£1.3m) will require a fundamental reassessment of the IJB's Strategic Plan, bringing into alignment, expectations of the public with the resources available. Redesign always holds the potential to moderate the impact of budget reductions, however P&K IJB faces significant risk to the sustainability of core services to frail and vulnerable people. The past three years have seen significant efficiency and transformation programmes across social care services. Combined with the anticipated 2018/19 savings required, strong political and clinical support will be required to reset public expectations of health and care services. Formal discussions with PKC and NHST are planned to start immediately to ensure a fair settlement for 2019/20.



Table 2 outlines a proposal contained within the PKC budget offer to PKIJB for 2018/19 to reverse three recurring budgets devolved to the IJB at inception.

TABLE 2	£m
Citizens Advice Bureau	0.259
Independent Advocacy	0.252
Credit Union	0.027
Total	0.538

## 5.2 NHS TAYSIDE

For 2018/19, NHS Tayside received a 1.5% uplift on its base budget. In addition, it received £2.9m further NRAC funding, part of the Scottish Governments commitment to move all NHS Boards to at least within 0.8% of the NRAC parity target.

Table 3 below sets out the anticipated recurring budget offer from NHS Tayside for 2018/19. At this stage no formal budget offer has been received and further work will be required on receipt of a formal offer to ensure reconciliation of the overall budget.

TABLE 3	2018/19	
<i>NHS Tayside Budget Offer</i>	£m	£m
2017/18 Recurring Budget		140.9
Add: Proportionate share of uplift funding	1.8	
Add: Additional Uplift not yet allocated	0.2	
Total Uplift Funding		2.0
Add: Share of Prescribing NRAC Funding		tbc
<b>2018/19 Recurring Budget Offer</b>		<b>142.9</b>

NHS Tayside proposes to pass on a fair share of 2018/19 uplift funding to all three IJB's.

In addition, £300k has been set aside from additional 2018/19 NRAC funding to address the gap between budget and expenditure on GP Prescribing. This will be added to a further £900k from 2017/18 NRAC funding that was agreed to be invested in GP Prescribing during 2017/18, out with the formal planning process.

A number of options have been set out by NHST in relation to the split of this £1.2m additional recurring funding across the 3 IJB's. The potential additional funding to PKIJB will be in the range of £200k to £400k. This is not currently assumed within the 2018/19 Financial Plan.

Overall the recurring budget offer from NHS Tayside can be considered fair and reasonable in the context of its own overall base funding position.

A number of funds have not yet been allocated to NHS Boards including Primary Care, Mental Health and Alcohol and Drugs Partnership Funding. A further update will be provided to the IJB at its next meeting on the assessment of fairness in allocation of these funds to the 3 Tayside IJB's.

NHS Tayside has not devolved a budget to the three IJB's for complex care packages. Historically the health contribution to these packages has been picked up from centrally held reserves. Additional costs have been identified of approx. £400k for 2018/19. The 2018/19 Financial Plan does not include these costs and discussions are urgently being held with NHST Senior Finance Colleagues to ensure provision has been made at NHST central level.

The summary 2018/19 Financial Plan at appendix 3 sets out the net requirement for £12.3m of savings in 2018/19.

## 6. MEETING THE FINANCIAL CHALLENGE

- 6.1 Significant work has been undertaken to identify transformation and efficiency plans to meet this. Appendix 2 sets out in detail the plans identified which can be summarised as follows:-

TABLE 4	
<i>2018/19 TRANSFORMATION &amp; EFFICIENCY PROGRAMME</i>	<i>£m</i>
Core Health & Social Care	5.228
Other Hosted Services	0.259
Inpatient Mental Health	0.897
GP Prescribing	1.611
Total	7.995

- 6.2 An IJB Budget Review Group (BRG) has been set up to review and scrutinise all savings proposals across core health and social and other hosted services to ensure that they are robust, deliverable and supportive of strategic intention. The BRG, made up of the Chair, Vice Chair, Chairman of the Audit & Performance Committee and one further Local Authority member and NHST Member met 5 times between December 2017 and March 2018.

The BRG is able to recommend approval of all savings proposals across Core Health & Social Care and other hosted services with the exception of Residential Care.

The BRG did not feel it appropriate to pre-empt the further discussion on the review of Residential Care planned for the IJB Meeting on 23<sup>rd</sup> March 2018 and therefore has not made a recommendation

- 6.3 Detailed proposals for In-patient Mental Health have only come forward in early March, therefore no formal review process has yet been undertaken by the BRG.

- 6.4 The NHST Prescribing Management Group has undertaken an over-arching review and scrutiny role of all savings proposals included in the Financial Plan of each IJB in respect of GP Prescribing. In addition, the Clinical Director has undertaken a review of savings proposals and has provided assurance that they are broadly deliverable.
- 6.5 The IJB is asked to approve the 2018/19 Transformation and Efficiency Programme that is essential to delivering financial balance in 2018/19.
- 6.6 A review of the effectiveness of the Budget Review Group Process is underway with a view to significantly streamlining the approach for 2019/20.

## **7. IJB FINANCIAL PLAN 2018/19**

- 7.1 A summary of the 2018/19 Financial Plan for Perth & Kinross IJB is set out at Appendix 3. An overall recurring shortfall of £4.29m is forecast for PKHSCP driven by the £1.5m gap in Social Care and the £1.9m gap in Inpatient Mental Health. A gap of £627k is forecast against GP Prescribing.
- 7.2 As part of the 2018/19 Budget Offer from PKC, £1.8m of the 2017/18 Social Care under-spend will be transferred to IJB Reserves. Of this £1.5m will be used to balance the in-year financial position. This has now been assumed as part of the 2018/19 Financial Plan.
- 7.3 For Inpatient Mental Health, the Chief Officer is in discussion with NHS Tayside around the provision of £1.34m bridging finance to meet the contingency costs associated with the agreed new service model and medical locum costs. (no short term solution given national recruitment issues). At this stage only the £448k funding for contingency costs is agreed and included in the Financial Plan.
- 7.4 A gap of £2.3m remains in the PKHSCP 2018/19 Financial Position. After sharing of the financial gap forecast on IP Mental Health and Prison Healthcare across the 3 Tayside IJB's based on the risk sharing arrangements for Tayside Hosted Services and noting that the services hosted within Dundee IJB and Angus IJB are expected to break-even in 2018/19, the net overall gap in the 2018/19 Financial Plan for Perth & Kinross IJB is £1.22m. The following further actions are considered to be critical in delivering break-even in 2018/19.
- Agreement and implementation of workforce and efficiency plan for Prison Healthcare which addresses the £147k recurring shortfall within Other Hosted Services.
  - Agreement by NHS Tayside on the fair distribution of £1.2m recurring NRAC Allocation earmarked for GP Prescribing.
  - A rapid option review of Inpatient TSMS beds.
  - Consideration of other opportunities for efficiency within the Inpatient Mental Health Service.

- Consideration by the NHST Prescribing Management Group of further actions and potentially 'difficult decisions' that may require to be taken at NHST Board level to drive down prescribing costs in 2018/19.

A full update will be provided to the IJB in June on progress on each of the above key actions.

7.5 The IJB are asked to approve the IJB 2018/19 Financial Plan.

## **8. 3 YEAR FINANCIAL PLAN 2018/19: 2020/21**

8.1 As part of the financial planning process, a 3 Year Financial Plan has been developed that includes a detailed analysis of cost and demand pressures over the medium term. In parallel and recognising the potential scale of savings that may be required in future years, further savings plans have been developed for 2019/20 and 2020/21. The 3 Year Plan will be brought forward to the meeting of the IJB in June 2018 for consideration and for approval of further longer-term transformation plans that will be essential in delivering financial sustainability in future years.

### **Author(s)**

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Perth & Kinross Health and Social Care Partnership  
Summary Cost Pressures

		2018/19					
		Social Care	Hospital and Community Health	Other Hosted Services	In Patient Mental Health	GP Prescribing	Total
Expenditure Pressures		£'000	£'000	£'000	£'000	£'000	£'000
Brought Forward unmet savings	Unmet recurring savings from 2017/18	-	324	264	759	1,966	3,313
	<b>Sub-Total Unmet Savings and Corporate Savings</b>	-	<b>324</b>	<b>264</b>	<b>759</b>	<b>1,966</b>	<b>3,313</b>
Pay and Price pressures	Pay Award & Increments	375	670	188	570	-	1,821
	Care Home Contract Rates	835	-	-	-	-	835
	Living Wage Infl.Increase	1,093	-	-	-	-	1,093
	Free Personal Care increase	67	-	-	-	-	67
	SLA Inflationary Increases	48	-	-	-	-	48
	Carers Act Implementation	535	-	-	-	-	535
	Prescribing Pressure Prison	-	-	87	-	-	87
	Prescribing Pressures	-	-	-	-	786	786
	<b>Sub-Total Pay and Price Pressures</b>	<b>2,953</b>	<b>679</b>	<b>275</b>	<b>579</b>	<b>786</b>	<b>5,272</b>
Cost and Demand Pressures	Older People Nursing Placements	462	-	-	-	-	462
	Learning Disabilities Transitions	413	-	-	-	-	413
	Complex Care Increased Demand	140	-	-	-	-	140
	Contingency Costs- ( N/R)	-	-	-	448	-	448
	Medical Locum Premium Costs (P&K/Dundee/Angus) ( N/R)	-	-	-	890	-	890
	Dundee Carseview Nursing Costs	-	-	-	588	-	588
	<b>Sub-Total Cost and Demand Pressures</b>	<b>1,015</b>	<b>-</b>	<b>-</b>	<b>1,926</b>	<b>-</b>	<b>2,941</b>
Essential Service Developments	Investment in HART	386	-	-	-	-	386
	Investment in Intermediate Care	261	-	-	-	-	261
	Psychiatry of Old Age Medical	-	80	-	-	-	80
	Medicine for the Elderly Senior Medical	-	50	-	-	-	50
	Frailty Model	-	91	-	-	-	91
	Discharge Hub	-	101	-	-	-	101
	Independent Advocacy Prison	-	-	23	-	-	23
	<b>Sub-Total Essential Service Developments</b>	<b>647</b>	<b>322</b>	<b>23</b>	<b>-</b>	<b>-</b>	<b>992</b>
<b>Total Expenditure Pressures</b>		<b>4,615</b>	<b>1,325</b>	<b>562</b>	<b>3,264</b>	<b>2,752</b>	<b>12,518</b>



Perth & Kinross Health and Social Care Partnership  
Summary Transformation and Efficiency Programme

	2018/19						
	Social Care	Hospital and Community	Other Hosted	In Patient Mental	GP Prescribing		Total
Transformation and Efficiency Programmes	£'000	£'000	£'000	£'000	£'000		£'000
Corporate Procurement Savings	205	-	-	-	-		205
Corporate Digital Services/My account/Mobile Working	86	-	-	-	-		86
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	-	-	-	-		528
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 to 6.5%	171	-	-	-	-		171
CAH - Single Handed Care	50	-	-	-	-		50
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
Podiatry Single Use	-	-	57	-	-		57
Review of Podiatry workforce	-	-	15	-	-		15
Community Dental	-	-	32	-	-		32
Primary Care Investment	-	-	60	-	-		60
Prison Healthcare Nursing Model	-	-	12	-	-		12
Prison Healthcare Prescribing Savings	-	-	60	-	-		60
Redesign of Rehabilitation Beds/Amulree MRH	-	-	-	148	-		148
Transformation: Move LD Locked Forensic to Faskally MRH: workforce	-	-	-	528	-		528
Transformation: Move LD Locked Forensic to Faskally MRH: Income Generation	-	-	-	221	-		221
Tayside Passive Changes - Price Changes	-	-	-	-	665		665
Drugs Off Patent	-	-	-	-	301		301
Prescribing Management Changes	-	-	-	-	83		83
Tayside Active Interventions	-	-	-	-	390		390
Review of Anticoagulation	-	-	-	-	40		40
Identification of Local Funding	-	-	23	-	132		155
<b>Total Transformation and Efficiency Programmes</b>	<b>4,620</b>	<b>608</b>	<b>259</b>	<b>897</b>	<b>1,611</b>		<b>7,995</b>





Summary Perth and Kinross Financial Plan 2018/19							
	Hospital and Community Health £000	Other Hosted Services £000	Inpatient Mental Health £000	GP Prescribing £000	Sub-Total Health £000	Social Care £000	Total £000
<b>Total Expenditure Pressures</b>	<b>1,325</b>	<b>562</b>	<b>3,264</b>	<b>2,752</b>	<b>7,903</b>	<b>4,615</b>	<b>12,518</b>
Increase/(-)Decrease to Budget from Parent Body	671	156	434	514	1,775	(1,537)	238
<b>Savings Requirement</b>	<b>654</b>	<b>406</b>	<b>2,830</b>	<b>2,238</b>	<b>6,128</b>	<b>6,152</b>	<b>12,280</b>
Savings/Other Income Identified	608	259	897	1,611	3,375	4,620	7,995
<b>Recurring Shortfall / (-) Surplus</b>	<b>46</b>	<b>147</b>	<b>1,933</b>	<b>627</b>	<b>2,753</b>	<b>1,532</b>	<b>4,285</b>
Other Funding:							
Non Recurring Reserves	-	-	-	-	-	1,532	1,532
NHST Bridging Finance	-	-	448	-	448	0	448
<b>Sub-Total Other Funding</b>	<b>-</b>	<b>-</b>	<b>448</b>	<b>-</b>	<b>448</b>	<b>1,532</b>	<b>1,980</b>
<b>PKHSCP Financial Plan 2018/19 Shortfall /(-)Surplus</b>	<b>46</b>	<b>147</b>	<b>1,485</b>	<b>627</b>	<b>2,305</b>	<b>0</b>	<b>2,305</b>
<b>Perth &amp; Kinross IJB 2018/19 Financial Plan Shortfall / (-) Surplus</b>	<b>46</b>	<b>49</b>	<b>497</b>	<b>627</b>	<b>1,220</b>	<b>0</b>	<b>1,220</b>





## PERTH & KINROSS INTEGRATION JOINT BOARD

23 March 2018

### CHIEF OFFICER STRATEGIC UPDATE

#### Report by Chief Officer

#### **PURPOSE OF REPORT**

The purpose of this report is to update board members on progress against tasks outlined in the rolling actions list.

#### **1. RECOMMENDATION(S)**

It is recommended that the Integrated Joint Board:

- i. Note and support the plans put in place for the Perth & Kinross Health & Social Care Partnership during the Winter/Festive period (November 2017 to March 2018).
- ii. Note progress on implementation of the Mental Health Transformation Programme.
- iii. Note progress on the implementation of the refresh of the P&K IJB Strategic Plan due in 2018.

#### **2. PLANNING FOR WINTER AND FESTIVE SEASON**

At its meeting in November 2017 Perth & Kinross Integrated Joint Board approved the Health & Social Care Partnership Winter Plan 2017/18. In line with Scottish Government requirements, the plan described provision for additional pressures and predictable challenges to business continuity.

The whole system plan brings the health and social care response together to meet the needs of the population, in particular, the frail elderly and those who are acutely ill over the winter period.

In December 2017 the Scottish Government announced additional funding for winter resilience in support of recommendations from the Public Holiday Review Report to strengthen resilience across Health & Social Care. NHS Tayside's NRAC allocation was £627,688.

The Scottish Government outlined a number of key areas of focus, specifically weekends and the festive period, with the aim of maintaining effective discharges and appropriate admission avoidance through:

- Additional staffing to create capacity and resilience across social, primary, secondary, independent and third sector care services.
- Weekend and festive period patient discharges increased to normal weekday levels, given the evidence about the impact of reduced weekend and particularly long weekend discharging.
- Ensuring that staff across acute, social and primary care are aware of staffing levels available over weekends in order to maintain effective patient discharge and admission avoidance.
- Optimise level of diagnostic, pharmacy, OT/physio and non clinical services (portering and cleaning) to promote early appropriate intervention and appropriate discharge.
- Ensure effective local messages via staff, signposting and local media about using OOH/MIU/NHS 24/Pharmacy as an alternative to attending hospital, where appropriate.

Health & Social Care Partnerships in collaboration with NHS Tayside Acute Sector clinicians put in place Influenza like Illness (ILI) business continuity plans and bed capacity plans for Perth Royal Infirmary and Ninewells. This was to put in place actions to support winter planning, the predicted increase in influenza like illness, and weather-related falls and accidents.

## **2.1. Progress**

Perth & Kinross Health & Social Care Partnership implemented the following to support service continuity

- Business continuity management arrangements/plans to mitigate against disruptions including the impact of severe weather.
- Staffing cover within the Discharge Hub in PRI over the public holiday period to ensure effective admission and discharge processes.
- Additional GP ward round cover for Perth & Kinross Community Hospitals over the 4 day Festive periods
- Continued investment for 7 day cover during January
- Local directory to inform public and staff how to access services during the festive period.
- Locality Management Teams identified those most at risk in the community to anticipate their support requirements during this period.
- Additional 7 day working for community AHPs, District Nursing, Social Work, Rapid Response, Older People Community Mental Health Teams to support assessment and discharge.
- Additional inpatient beds in Crieff Community Hospital and Tay Ward to support capacity and flow through Perth Royal Infirmary.
- Business continuity team in place to report daily on delayed discharge, service capacity and staff absence/issues due to Influenza like illness.

At the end of January 2018, the Partnership estimate additional investment of approximately £140k. A detailed report will be made available to the June meeting of the IJB.

### **3. MENTAL HEALTH TRANSFORMATION PROGRAMME**

#### **3.1 Transformation Programme**

Following approval of the preferred option for future GAP and LD inpatient services at the Perth and Kinross Integration Joint Board in January the programme has moved into the implementation phase. Initial drop in sessions for staff had been arranged (from 1<sup>st</sup> March) on a number of sites across Tayside to be supported by members of Programme team, local service managers, HR and Staff side representatives. However these sessions were postponed to allow establishment of the MH Partnership Forum and a meeting of the MHLDSRT Programme Board in advance of these sessions to agree governance and next steps. These meetings are currently being rearranged to progress as matter of urgency. Draft FAQs document for staff have also been prepared to support these sessions and to distribute to all staff affected by changes. Work has progressed and draft implementation plans are being prepared mapping the logistic plans and associated timeline for the refurbishment work required. Meetings have now been held to agree transformation programme structures and programme governance and the Programme Board will be asked to approve a number of recommendations to allow implementation to proceed and mobilise the various work streams required. This work must progress at a pace to allow for the first relocation of services in Sept 18 to achieve the complete refurbishment programme by end of Summer 2020

The MHLDSRT Programme Board met on the 20th March to review programme governance, structures, role and remit and membership as programme now moves forward into implementation phase. The Programme Board was asked to approve a number of recommendations to widen the initial scope of programme to allow the refurbishment logistic plan to commence earlier to meet the overall programme timeline of Summer 2020. The workstreams required to progress the next stages will then be mobilised. Baseline information and benchmarking work has been undertaken to allow Programme Board to monitor benefits realisation throughout the programme and compare beds and staffing with other board areas. Lessons learned logs from previous programmes have also been gathered for review to support implementation. An initial meeting of the MH partnership forum is being rearranged and will provide guidance and advice to the workforce workstream.

#### **3.2 Culture**

The Action Plan following the HIS recommendation remains in development with a key focus on improvement. Interviews for a Quality Improvement Lead for Adult Mental Health Services are scheduled for the 29<sup>th</sup> and 30<sup>th</sup> January and the post holder, along with clinical colleagues will have a key role in embedding quality improvement culture and methodology within the service. Representatives from Quality Improvement, Leadership, Organisational

Development and Practice Development are co designing a Leadership Programme for Mental Health and Learning Disability Services that sets out to blend the approaches together into a coherent programme that will build understanding, capacity and capability in delivering improvement embedded in compassionate, caring cultures.

### **3.3 Contingency**

Contingency arrangements were extended for a further 6 months from the 1<sup>st</sup> August 2017 due to the shortage of Junior Doctor cover. A further round of staff 1:1s were carried out to support individuals during this second period of contingency

### **3.4 Medical Workforce**

The Deanery review of General Adult Psychiatry training took place on 9<sup>th</sup> November. The Review team noted progress from their last review, identified a number of opportunities for further development/improvement and outlined that the Training Programme would not be placed in enhanced monitoring on this occasion.

### **3.5 Governance**

The Mental Health Care and Professional Governance Group meets on a 6 weekly basis with representation from the three Health and Social Care Partnerships.

### **3.6 Performance Review**

The Performance Review scheduled for 19<sup>th</sup> January met as planned. Key areas of performance were discussed along with a presentation that set out the plans to reframe the MH and LD Risk Register. The same presentation was shared with the Clinical Quality Forum on the 22<sup>nd</sup> January who were supportive of the plans set out.

## **4. STRATEGIC PLANNING**

4.1 The Integration Joint Board has a statutory obligation to have a strategic plan in place, which outlines proposed changes to service. It is situated within a national policy framework which seeks to shift the balance of care and support the transformation of the health and social care system. The current Strategic Plan was agreed in March 2016 and covers a three year period from 2016-19. The plan provides the operating context and background to integration, a vision of future service delivery, an assessment of how good services are currently, a focused change plan, and a description of how change will be delivered. While the plan seeks to reflect the priorities of our communities, it also builds on an assessment of population need.

4.2 There has been significant change since the plan was first agreed, not least in terms of national policy and legislation. We have seen a focus on the living wage, the extension of Free Personal Care, and the Carers Act. We have seen national strategies published in relation to mental health and dementia, along with professionally focused strategies such as (for AHP services) the Active and Independent Living Programme in Scotland. We have seen the

realistic medicine agenda develop, alongside national initiatives to support regional delivery arrangements for Health, as well as the local programmes of redesign from transformation across NHS Tayside. The refreshed plan must take stock of these and other local developments.

- 4.4 We must plan future services changes within available resources supported by a rolling three-year budget-planning cycle. The refreshed strategic plan will review current transformation and improvement and align with emerging service requirements.
- 4.5 We will reflect on the obligations set out in the first strategic plan. Large scale, whole system reforms have consumed time and resource to date. (Mental Health; Residential Care; Care at Home, Primary Care and Intermediate Care.) We propose that specific deliverables from the plan could be integrated into the responsibilities of individual teams. For example, polypharmacy could be integrated within the reform of primary care.
- 4.6 New areas of strategic priority are also emerging, include tackling vulnerability to support people to be independent at home; the diversification of primary care team to support GP-led services under the new GP contract, the redesign of urgent care out of hours and new assessment and care arrangements for unpaid carers through implementation of the Carers Act.
- 4.7 We have developed specific forums for strategic planning that will connect senior managers and professional leads to develop recommendations for consideration by the Strategic Planning Group. The Strategic Planning Group is being refreshed, with a review of membership and meeting frequency. Current proposals are for three meetings per year. The Partnership will prioritise the needs of communities of interest and delivery of services at locality level.
- 4.8 **Timetable**  
The refresh will not be a full re-write because much work is ongoing and the broader demographic and needs assessments remain unchanged. To engage opinion on new priorities we anticipate the following schedule:

<b>March</b>	Strategic Planning Workshop for the Strategic Planning Leads Strategic Planning Board
<b>April – June</b>	Development of care group strategy/ programmes of work Locality Forums to develop community solutions Formation of initial proposals
<b>August</b>	Consultation and Engagement with localities/communities Draft Strategic Plan Refresh considered by IJB

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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.





# 10.2

G/18/50

## PERTH & KINROSS INTEGRATION JOINT BOARD

23 March 2018

### GP PRESCRIBING FORECAST 2017/18

Report by Dr Hamish Dougall, Clinical Director

#### **PURPOSE OF REPORT**

This report provides an update on the forecast position on Prescribing for 2017/18 and the key issues impacting on performance.

#### **1. RECOMMENDATION(S)**

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

- 1.1 Note the year end forecast overspend of £1.638m compared to the £1.687m plan.
- 1.2 Note the issues impacting on expenditure and the overall positive position on growth.
- 1.3 Note the progress in implementing the GP Engagement Programme and the spend forecast for 2017/18 of £47k. Ask the Clinical Director to bring forward a revised funding request for 2018/19 and 2019/20 to the next IJB meeting in June.
- 1.4 Note the difficulties in getting robust management information that ties GP Practice level data to financial expenditure on a regular basis. Ask the Chief Officer to ensure that this is resolved as soon as possible.

#### **2. SITUATION/BACKGROUND**

##### **2.1 OVERVIEW**

The year-end forecast set out in Table 1 below is broadly in line with that set out in the 2017/18 Financial Plan presented to the IJB in June 2017.

**TABLE 1 YEAR END FORECAST COMPARED TO 2017/18 PLAN**

TABLE 1		
	<b>2017/18 Plan 31<sup>st</sup> May 2017</b>	<b>Year End Forecast as at 31<sup>st</sup> December 2017</b>
	Over/(under) £000	Over/(under) £000
Recurring Budget	25,835	25,835
Base budget overspend	2,470	2,470
Item/Price Growth 2017/18	397	333
Anticipated Price Reductions	(200)	(152)
Anticipated Off Patent Benefits	(764)	(372)
<b>Savings Target</b>	<b>1,903</b>	<b>2,279</b>
Active Interventions	(216)	(345)
NRAC Budget Added	0	(296)
<b>Total</b>	<b>1,687</b>	<b>1,638</b>

## 2.2 2017/18 BUDGET SUFFICIENCY

At its meeting in March 2017, the IJB noted an estimated £2m savings target inherent in the budget proposition from NHS Tayside for 2017/18 in respect of GP Prescribing and asked the Chief Officer to work with NHS Colleagues to develop a three year plan to deliver a sustainable position.

As at 31 May 2017 the financial plan set out a revised savings target of £1.9m and a forecast gap of £1.69m following identification of savings deliverable in 2017/18. The Chief Officer and Chief Finance Officer formally wrote to the Chief Executive of NHS Tayside setting out the IJB's request for the development of a three year plan. However in June given the underlying insufficiency of the budget, the IJB asked that NHS Tayside and Perth & Kinross Council commence discussions around the sufficiency of the budget in respect of GP Prescribing and the implications for the risk sharing arrangements moving forward.

In Perth & Kinross Health and Social Care Partnership (PKHSCP), the Clinical Director has been clear that new ways of working with GPs across Perth & Kinross was required to deliver a shared culture that would have the potential to bring about a sustainable reduction in spend. At its meeting in March the IJB agreed the proposal to invest significantly in the release of GP time to engage in joint approach to promoting quality, safety and cost-effectiveness in prescribing and to support work on unscheduled care variances and Enhanced Community Support. An update on progress was provided to the IJB in November 2017 and a further update is provided at Section 2.8 below.

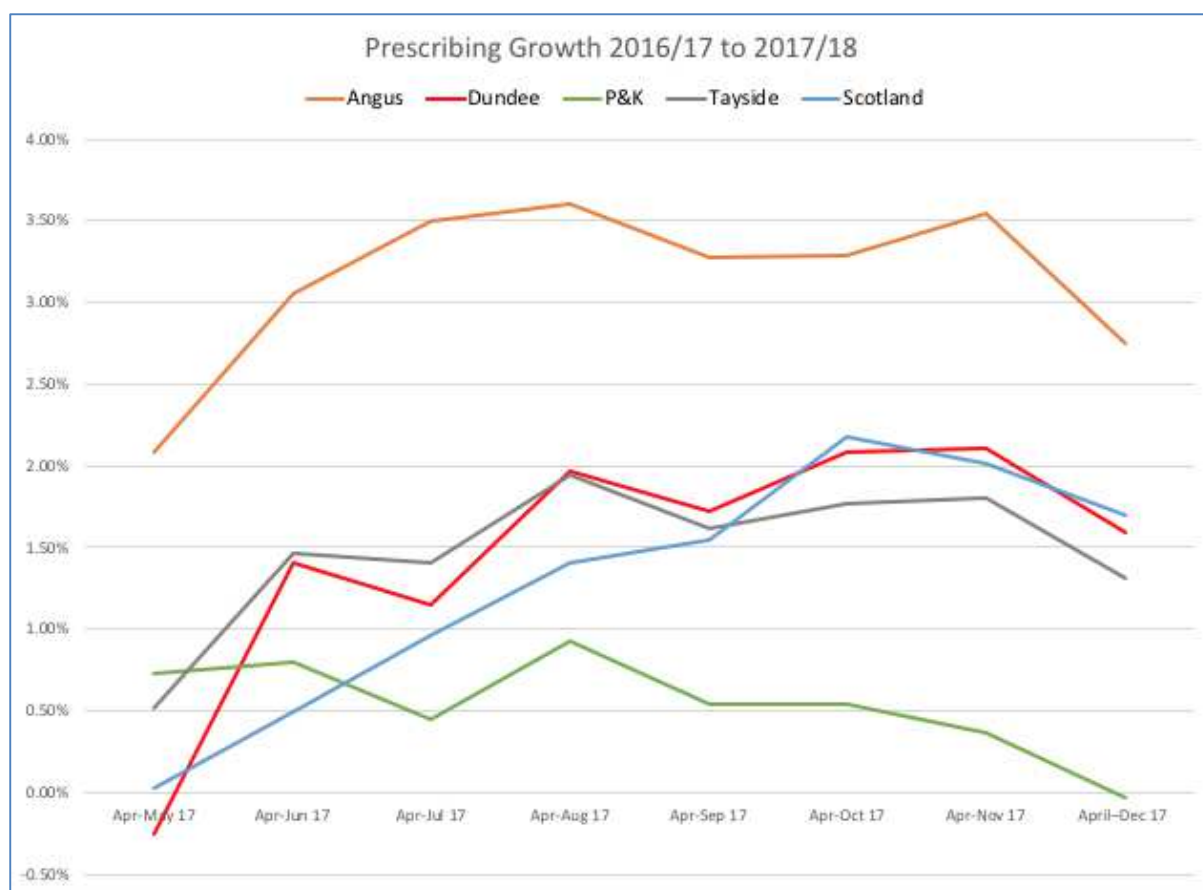
## 2.3 GROWTH

Overall growth in spend of 1.4% was anticipated in Perth & Kinross in 2017/18. The actual growth compared to Tayside and across Scotland is set out in the table below:

TABLE 2					
	Angus	Dundee	Perth & Kinross	Tayside	Scotland
<b>Items</b>					
April-Dec 16	1,632,685	2,262,345	1,829,510	5,891,781	
April-Dec 17	1,626,535	2,245,297	1,809,613	5,832,531	
% Growth	(0.38%)	(0.75%)	(1.09%)	(1.01%)	(0.26%)
<b>Cost Per Item</b>					
April-Dec 16	£11.08	£11.95	£11.72	£11.46	
April-Dec 17	£11.43	£12.23	£11.85	£11.72	
% Growth	3.1%	2.4%	1.1%	2.3%	2.0%
<b>Cost</b>					
April-Dec 16	£18,098k	£27,026k	£21,456k	£67,501k	
April-Dec 17	£18,595k	£27,456k	£21,450k	£68,383k	
% Growth	2.75%	1.59%	-(0.02%)	1.3%	1.7%

The above prescribing figures to end of December 2017 show a drop in Perth & Kinross expenditure compared to the previous year (by 0.02%). In real terms this means that whilst Angus have spent £500K more and Dundee £430K more and Scotland spend is up 1.7%, Perth & Kinross expenditure in the first 9 months of the financial year fell by £6K compared to same period the previous year. This is despite a 2.14% increase in the over 65 years population (Scotland 1.79% increase in >65's population).

This very positive position provides a level of assurance that work been done locally through pharmacy locality teams and strong GP engagement is making an impact. The graph below sets out the PKHSCP comparative growth position:



## 2.4 VARIANCE

The following table identifies the 21 items in Perth & Kinross where the annual costs are at greatest variance with the rest of Scotland, and an estimate of the estimated extent of that variance:

TABLE 3	
Perth & Kinross - Financial Year 2017/18 Q2 (July - September)	Estimated Annual Variance Compared To Scotland
RIVAROXABAN	£ 667,937
GLYCOPYRRONIUM BROMIDE	£ 174,700
CATHETERS - URETHRAL	£ 107,595
EMPAGLIFLOZIN	£ 89,741
LEVOTHYROXINE SODIUM	£ 71,345
LIOTHYRONINE SODIUM	£ 69,241
BECLOMETASONE DIPROPIONATE AND FORMOTEROL FUMARATE	£ 67,992
METHYLPHENIDATE HYDROCHLORIDE	£ 62,543
COLOSTOMY BAGS	£ 62,190
ROSUVASTATIN	£ 61,861
LAMOTRIGINE	£ 61,225
NEFOPAM HYDROCHLORIDE	£ 61,019
INDACATEROL WITH GLYCOPYRRONIUM BROMIDE	£ 55,191

FLUTICASONE FUROATE	£ 54,412
LIRAGLUTIDE	£ 53,854
CODEINE PHOSPHATE	£ 46,974
MELATONIN	£ 46,454
PREGABALIN	£ 43,445
FLUTICASONE PROPIONATE AND FORMOTEROL FUMARATE	£ 42,187
TAMSULOSIN HYDROCHLORIDE	£ 37,292
INSULIN GLARGINE	£ 36,253

This clearly demonstrates the extremely high use of Rivaroxaban which is prescribed at 3 to 4 times the rate for example in Lanarkshire and accounts for a significant proportion of P&K variance compared to the rest of Scotland. The use of this drug in P&K, and others in the same group of direct acting Oral Anticoagulants (DOAC's), as an alternative to Warfarin has been adopted early by clinicians. Whilst such drugs are still not first-line in the Tayside Drug Formulary the use of this drug in patients with Atrial Fibrillation is in line with international guidelines.

A significant cost-effectiveness switch program was initiated on 9 February 2018 targeting Rivaroxaban (2) and Apixaban (9) in the list below. There is a reasonable expectation of annual savings in P&K of around £277k for this change alone (based on switching 75% of the approximate 80% eligible patients to Edoxaban). A portion of these savings will be seen in Q4 of this financial year.

The table below shows the actual contribution of the highest P&K cost items to the overall prescribing budget. It should be noted that six of the highest expenditure items are not 'drugs' but appliances or nutrition. Such items are usually less influenced by GP decision and are more likely to be directed from specialists. Various pan-Tayside initiatives are being planned to address the high cost variance of these.

TABLE 4		
P&K Highest Cost Items		Estimated annual cost (based on Q2 17/18)
1	PREGABALIN	£1,140,444
2	RIVAROXABAN	£996,242
3	ENTERAL NUTRITION	£638,894
4	BECLOMETASONE DIPROPIONATE AND FORMOTEROL FUMARATE	£493,514
5	BLOOD GLUCOSE TESTING STRIPS	£443,589
6	CATHETERS - URETHRAL	£433,559
7	QUETIAPINE	£433,459
8	SALMETEROL WITH FLUTICASONE PROPIONATE	£421,291
9	APIXABAN	£397,324
10	LEVOTHYROXINE SODIUM	£395,025
11	WOUND MANAGEMENT DRESSINGS	£382,631

12	COLOSTOMY BAGS	£325,881
13	FOODS FOR SPECIAL DIETS	£300,989
14	LEVETIRACETAM	£298,380
15	TIOTROPIUM	£287,147

## 2.5 PREGABALIN

The highest cost drug in Perth & Kinross is Pregabalin:

- A significant proportion of the “off-patent” savings across Tayside related to this single drug.
- ‘Lyrica’ came off patent in July 2017. The Drug Tariff price for Pregabalin reduced by 30% in Scotland but by greater than 90% in England
- Pregabalin drug tariff is approx £46 for 56 tablets versus the branded generic ‘Alzain’ which is £9.95 for 56 (i.e. costs only 22% of the standard generic price)
- Despite all the PMG / Huddle activity on Pregabalin there has continued to be a steady upward rise in the prescribing of this drug in P&K, as in other areas of Tayside, although our annual spend compared to the rest of Scotland is only around £43k higher.
- Based on Q2 figures for 2017/18 a reduction of 78% on prescribing the branded generic Pregabalin P&K would reduce their Pregabalin prescribing costs from £1.14M/annum to £0.25M, thus potentially saving £894k per annum. It is by no means certain that this level of saving would be sustained given possible future changes to the Scottish Drug Tariff.

## 2.6 GP ENGAGEMENT PROGRAMME SUPPORT

At the IJB meeting on 24 March 2017 the board approved £312k per annum funding for an initial period of 3 years to support new GP capacity to work with the P&K Health & Social Care Partnership in the priority areas of quality, safe & cost-effective prescribing; enhanced community support; optimising patient care pathways; locality working and; reducing unplanned admissions.

We are now providing additional GP capacity to work with the HSCP on these priority areas in around one-third of P&K GP practices. In those practices that have had a few months of this extra capacity we are currently reviewing the impact of that:

- Prof Frank Sullivan from School of Medicine at St Andrews University are about to begin an evaluation aimed at assessing the current program of activity and guiding improvements to it.
- Prescribing data from the periods where much of the activity will have been done is still not available due to the time-lag in this so objective assessment of impact on cost-effectiveness interventions is not yet available.

Typical GP Practice comments have been:

*"We can see what needs to be done but just didn't have the time to do it until this funded capacity from the HSCP",*

*"We don't think anyone other than a GP could have done these reviews"*

*"Having protected time was a novelty, appreciated and allowed things to be done which would normally be done on a GPs 'day off'"*

We continue to develop the infrastructure within P&K to deliver on the targets of the engagement programme.

New program management support should begin mid-April 2018. This is an essential component of development and will hopefully lift the pace of progress in the program.

On 15 December 2017 an invitation was sent to all Perth & Kinross GPs to try and fill the role of prescribing lead GP vacated by Dr Neil McLeod. To date we have been unable to recruit someone to take this important bit of work forward. Getting an enthusiastic GP on-board to assist with this is very important and efforts continue.

The programme of engagement is building slowly and has meant a significant under spend in the first year .In 2017/18 expenditure of £47k is projected against the approved funding (£312k). A significant step up in expenditure is anticipated in 2018/19. It is proposed that a review of future support required to the program is undertaken and a revised request for funding brought back to the IJB in June.

## **2.7 PROBITY**

At the time of approval of the GP Engagement program the IJB specifically requested information on any potential financial benefit that may be 'gained' by the Clinical Director (Dr Hamish Dougall) and Lead GP (Dr Neil McLeod) who were supportive of this program to ensure no conflict or material financial benefit through this:

- Dr Dougall's GP practice (Crieff Medical Centre, Blue practice) has had approximately 12 days of GP cover provided. This was provided in the form of a GP employed by the PKHSCP, so no direct financial gain to the individual GP or the practice. Through the Edoxaban switch program the practice would be eligible for support costs of £10/patient (total approximately £1,030) which is reduced from £20/patient (£2,060) for all other practices who have not had the GP Engagement support. The purpose of this funding, available to all practices in Tayside, is to cover the costs of administration and health care assistant time for blood testing and patient measurements. The higher rate is available to practices who are not supported through the GP engagement program.
- Dr McLeod's practice were not engaged actively in the program before his retirement.

## **2.8 MANAGEMENT INFORMATION**

We have struggled over the last year, despite Chief Officer, Chief Financial Officer and Clinical Director pressure, to get on a regular basis accurate, robust and reliable data on prescribing activity across P&K broken down to practice-level and which correlates accurately with the financial figures used. We have worked hard with ISD Scotland and attempted to engage with the NHST finance and the Prescribing Support Unit to produce this. After a number of recent meetings we are on the cusp of having a meaningful monthly report which will be an essential tool in identifying areas of particular variance in relation to spend, drug utilisation and inter-practice behaviours.

## **2.9 P&K HIGHEST EXPENDITURE VARIANCE ACTION PLAN**

The management information alluded to in the previous section is being designed to produce a clear variance breakdown for GP practices and will be correlated with updated clinical advice in each of the main drug areas. This will be produced for practices on a 3 or 6 monthly basis and it is hoped that practices will develop an action plan leading from this to address or explain variance.

## **2.10 PHARMACY STAFFING**

Recruitment of sufficient pharmacists and pharmacy technicians to fill vacancies across primary care in P&K has been difficult and continues to add risk to the delivery of quality, safe and cost-effective prescribing

## **3. SUMMARY**

The Year End Forecast is broadly in line with plan although improved growth, increased savings and additional budget released by NHST has helped offset a reduction in the anticipated benefit from a reduction in the price of Pregablin. Despite a 2.14% increase in the P&K >65 yr population the prescription cost growth in the first 8 months of the financial year has fallen by 0.02% (compared to a rise in Scotland of 1.7%).

Considerable activity and work, including through the GP Engagement program, continues to be done to identify and deliver further savings opportunities and improvements in the safe and quality prescribing arenas.

The IJB are asked to continue to endorse the GP Engagement program and consider at its next meeting a revised request for funding.

NHST Corporate Finance, ISD Scotland and the Prescribing Support Unit urgently require to deliver regular and accurate management data on prescribing and costs.



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## PERTH AND KINROSS COUNCIL

Council Meeting – 4 October 2017  
Scrutiny Committee – 29 November 2017

**PERTH AND KINROSS CHILD PROTECTION COMMITTEE (CPC)  
STANDARDS AND QUALITY REPORT 2016 – 2017**

**Joint Report by Chief Executive and Executive Director (Education and  
Children's Services)**

**PURPOSE OF REPORT**

Perth and Kinross Child Protection Committee (CPC), in compliance with the National Guidance for Child Protection in Scotland 2014, publishes an annual Standards and Quality Report. This Standards and Quality Report for the academic year 2016 - 2017 provides an overview of the key activities of the work of the CPC to protect children and young people from abuse and neglect and presents the findings from a wide range of CPC-led single agency and multi-agency self-evaluation activities. It sets out the progress made against a three year improvement plan, identifies key strengths and areas for further development.

**1. BACKGROUND / MAIN ISSUES**

- 1.1 All Child Protection Committees in Scotland are encouraged to publish an Annual Report. This Standards and Quality Report covers work of the Child Protection Committee for the academic year from 1 August 2016 to 31 July 2017.
- 1.2 The Standards and Quality Report takes account of the Care Inspectorate's Quality Indicator Framework for Services for Children *How well are we improving the lives of children and young people?* It presents an overview of performance in services to protect children and young people and is based on sound evidence obtained through a wide range of self-evaluation activities. The conclusions and evaluations provide the CPC with robust confirmation of areas of strengths and will assist the CPC to focus its improvement actions upon key areas for development. These have been incorporated, as far as possible, into the report of the joint self-evaluation carried out by partners in August 2017 and submitted to the Care Inspectorate for the forthcoming Joint Inspection of Services for Children.
- 1.3 Overall, the CPC has made very good progress in the second year of implementing a three-year Improvement Plan for 2015 - 2018. A significant amount of work has been taken forward and progress is reported in the supplementary CPC Improvement Plan 2015 – 2018 Progress Report as at 31 July 2017.

- 1.4 The headlines set out in the Executive Summary reflect the extensive range of activity in Perth and Kinross to achieve a shared vision to keep children and young people safe and enable them to be the best they can be. The findings demonstrate that we have maintained and improved some very effective multi-agency practices to protect and support children, young people and vulnerable families and we can be confident of ongoing improvement in many areas. The findings also highlight the positive partnership working and concerted efforts of staff to intervene when necessary to keep children safe, and to strive to give children the best start in life and to achieve positive outcomes.
- 1.5 Key areas for further development over the next year include the need to continue to:
- 1.5.1 Review our CPC multi-agency arrangements in keeping with the Scottish Government's emerging Child Protection Improvement Programme (CPIP);
  - 1.5.2 Align the CPC Improvement Plan with the Tayside Plan for Children, Young People and Families 2017 – 2020;
  - 1.5.3 Update the Child Sexual Exploitation (CSE) Work Plan and Stop to Listen (STL) Pathfinder Project Plan;
  - 1.5.4 Refine the CPC management information and performance outcome framework to further enhance the scrutiny and governance of performance;
  - 1.5.5 Adapt the programme of quality assurance and self-evaluation using the analysis of data to focus on priority areas including early intervention; multi-agency screening; assessment; decision making and planning, and continue to have a greater emphasis on impact and outcomes;
  - 1.5.6 Further develop our public information, communication and engagement strategy and communications plan and increase our use of social media platforms to promote further participation and engagement and increase our reach;
  - 1.5.7 Continue to support a competent, confident and skilful workforce through a variety of approaches to multi-agency staff learning and development opportunities aimed at empowering and supporting frontline practice; and
  - 1.5.8 Embed GIRFEC; The Children and Young People (Scotland) Act 2014 and once enacted, the provisions of The Children and Young People (Information Sharing) (Scotland) Bill to safeguard, support and promote wellbeing.

- 1.6 The statistical data in this report shows that, as predicted, ***the number of child concern reports has significantly reduced***. This is as a result of changes within Police Scotland in relation to the quality assurance and screening out of reports which do not merit multi-agency discussion. Whilst ***the number of child protection investigations has reduced to previous levels, the number of inter-agency referral discussions (IRDs) between partners continues to increase***. This is positive evidence of the use of the IRD process as an important proportionate exchange of information and joint decision-making in relation to children and young people who may be at risk of abuse or significant harm.
- 1.7 The report also shows that ***the number of children and young people being considered at case conference and subsequently placed on the child protection register remains fairly steady***, indicating that the right children and young people are being protected through multi-agency child protection plans.
- 1.8 However, we are not complacent and remain vigilant as there has been ***an increase in the number of children referred to the Scottish Children's Reporter Administration (SCRA) and a significant increase in the number of unborn baby referrals reported*** in 2016 / 2017 which the CPC is examining.
- 1.9 This presents us with a constant challenge to ensure that our early and effective interventions are helping to ***safeguard, support and promote the wellbeing*** of children and young people and to prevent their difficulties from getting worse. We also note that many of the issues affecting children and young people are both complex and multiple and that the challenges presented by families affected by parental mental ill-health, substance misuse and domestic abuse continue.
- 1.10 The findings from the Multi-Agency Case Review 2017 indicate that we are continuing to provide a wide range of effective, tailored, multi-agency supports to meet the needs of children and young people and to improve parenting capacity. It also confirmed that we have in place very effective information sharing arrangements; robust evidence-based assessments frameworks and that creative planning and staff persistence is improving the wellbeing of children and young people.
- 1.11 However, we are not complacent; we recognise the need to remain alert; to continue to improve the pace of change and improvement and to ensure this is sustained. We will continue to ensure the CPC remains an outward facing, forward looking effective partnership and we will continue to learn from research, national publications, inquiry reports and reviews of practice.

## 2. CONCLUSION AND RECOMMENDATIONS

2.1 It is recommended that the Council:

- (i) Notes the wide range of work carried out by Perth and Kinross Council, and partners through the Child Protection Committee, to provide high quality services to protect children and young people, in particular the high level commitment to continuous improvement through self-evaluation;
- (ii) Endorses the contents of this report and the Child Protection Committee Standards and Quality Report 2016 - 2017 (Appendix I) and the contents of the CPC Improvement Plan 2015 – 2018: Progress Report as at 31 July 2017 (Appendix II); and
- (iii) Notes that this report will be presented to the Perth and Kinross Integration Joint Board in due course.

2.2 It is recommended that Scrutiny Committee:

- (i) Scrutinises and comments as appropriate on the Child Protection Committee Standards and Quality Report 2016 - 2017 (Appendix I) and the contents of the CPC Improvement Plan 2015 – 2018: Progress Report as at 31 July 2017 (Appendix II).

### Author

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### Approved

Name	Designation	Date
Sheena Devlin	Executive Director (Education and Children's Services)	5 September 2017

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

All Council Services can offer a telephone translation facility.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

### 1. Strategic Implications

#### Community Plan / Single Outcome Agreement

- 1.1 This report relates to Strategic Objective No (i) Giving every child the best start in life.

#### Corporate Plan

- 1.2 This report relates to Strategic Objective No (i) Giving every child the best start in life.

#### Education & Children's Services Policy Framework

- 1.3 The report also links to the Education & Children's Services Policy Framework in respect of the following key policy area – Integrated Working.

### 2. Resource Implications

#### Financial

- 2.1 There are no known resource implications at this time.

### Workforce

- 2.2 There are no known workforce implications at this time.

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

- 2.3 There are no asset management implications at this time.

## **3. Assessments**

### Equality Impact Assessment

- 3.1 This report has been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

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

### Strategic Environmental Assessment

- 3.2 The matters presented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

### Sustainability

- 3.3 Not Applicable.

### Legal and Governance

- 3.4 There are no legal implications at this time.

### Risk

- 3.5 There are no associated risks at this time.

## **4. Consultation**

### Internal

- 4.1 The Head of Democratic Services, Head of Finance, Head of Legal and Governance Services, Corporate Human Resources Manager, the Children, Young People and Families Partnership, Education and Children's Services SMT and the Child Protection Committee and partners have been consulted in the preparation of this report.

### External

- 4.2 The Child Protection Committee and partners has been consulted in the preparation of this report.



**5. Communication**

5.1 There are no Communication issues at this time.

**2. BACKGROUND PAPERS**

None

**3. APPENDICES**

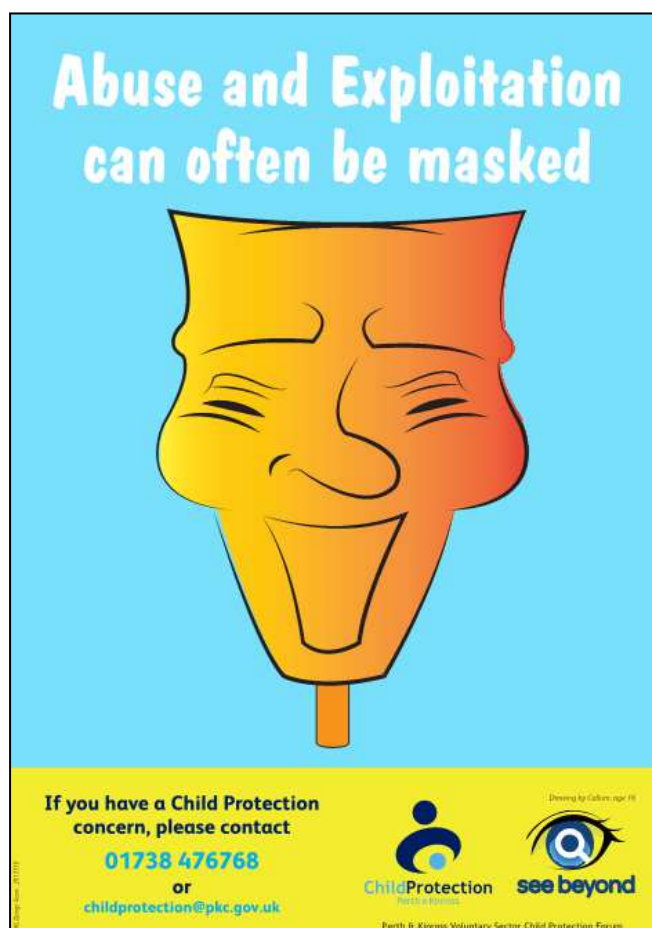
Appendix I: Perth and Kinross Child Protection Committee Standards and Quality Report 2016 - 2017.

Appendix II: Perth and Kinross CPC Improvement Plan 2015 – 2018 Progress Report as at 31 July 2017.



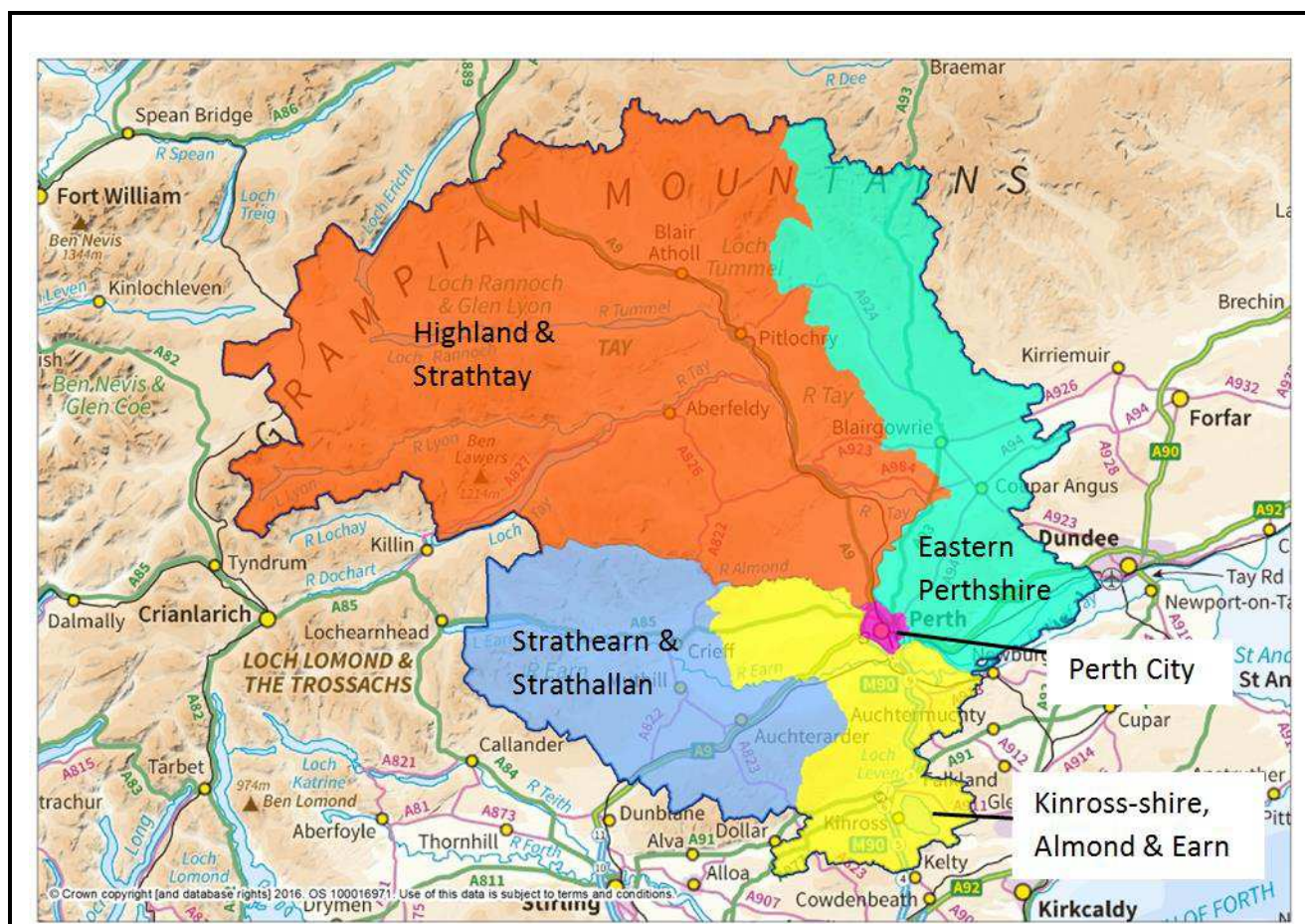


# Standards and Quality Report 2016 / 2017



***Protecting Children and Young People: It is Still Everyone's Job***

## Perth and Kinross



<b>Guardian/Keeper:</b>	<b>Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2016 / 2017</b>
<b>Version Number:</b>	1.0
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## Preface by the Children, Young People and Families Partnership

The Chief Officers of the public sector organisations in Perth and Kinross, Elected Members of Perth and Kinross Council and the NHS Tayside Board are pleased to support the Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2016 / 2017.

Our individual and collective commitment to the **protection** of children and young people in Perth and Kinross remains paramount. It is our firm belief that **safeguarding, supporting** and **promoting** the **wellbeing** of all children and young people and protecting them from harm, abuse and exploitation is **everyone's job**. We take this responsibility very seriously and we are committed to **enabling all children and young people to be the best they can be**.

[Getting it right for every child](#) remains our key practice approach to achieving our shared vision that our **children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up**.

The [Children, Young People and Families Partnership \(CYFPF\)](#) strives for excellence in our children's services and continues to provide strong and robust leadership; direction; governance; scrutiny; challenge and support to the work of the CPC. As a partnership group, we are committed to continuous improvement through self-evaluation. We remain vigilant and we are pleased that this report shows our child protection services continue to improve. We are however, not complacent and together with the CPC, we strive to ensure continuous improvement and to realise fully our capacity for improvement.

We acknowledge the efforts of the CPC, members of the CPC Sub Groups, wider child protection community and all staff across the public, private, third and independent sectors, whose commitment, dedication and hard work is achieving better outcomes for vulnerable children and young people at risk of harm, abuse and exploitation.

We commend and endorse this CPC Standards and Quality Report for 2016 / 2017.

***Bernadette Malone***

**Chief Executive  
Perth and Kinross Council**

***Lesley McLay***

**Chief Executive  
NHS Tayside**

***Paul Anderson***

**Chief Superintendent  
Police Scotland – Tayside Division**

***Anne Gerry***

**Locality Reporter Manager  
Scottish Children's Reporter Administration**

**Date: 8 September 2017**



## Introduction by the Chair of Perth and Kinross CPC

Welcome to our CPC Standards and Quality Report 2016 / 2017. This report covers the period 1 August 2016 to 31 July 2017.

I am very pleased to present this high-level, overview report, of our multi-agency activity for the past year. This report presents the findings from an ever-increasing range of single and joint self-evaluation activities which are focussed on prevention; early intervention; keeping safe and taking action to protect children and young people from harm, abuse and exploitation.

This report identifies our *achievements; key strengths and areas for further improvement* and we remain confident that our approach to *joint self-evaluation* is evidence-based; focused firmly on improving wellbeing and frontline practice and there is increasing evidence of this across all services in Perth and Kinross.

We know ***what works; what can work better; how good we are now and how good we can be.*** As a result, this report concludes that our capacity for continued improvement remains strong.

2016 / 2017 has been a year of significant change in terms of child protection legislative, policy and practice changes. The Scottish Government's [Child Protection Improvement Programme \(CPIP\)](#) and the related reports confirmed that "*when children or young people are identified as being at risk of, or subject to, significant harm then the child protection system in Scotland works well*".

However, we are not complacent and in keeping with [CPIP](#), we recognise that "*the issues the system deals with are complex and sensitive. With new risks emerging and legislation and practice changing, those working in the system are constantly assessing how risks can be mitigated and improvements delivered*". [CPIP](#) now provides us with an additional framework against which we can now quality assure and benchmark ourselves; as we strive for continuous improvement through self-evaluation

This report demonstrates that our partnership approach has continued to deliver our services to protect children and young people effectively and efficiently. We have continued to develop our ***child protection community and partnership approach to zero-tolerance to abuse and exploitation and to ensuring a hostile environment*** across Perth and Kinross.

The Child Protection Committee has identified its improvement priorities for the year ahead and is developing a new three-year improvement plan which will support the specified priorities articulated in the [Tayside Plan for Children, Young People and Families 2017 - 2020](#).

We are also mindful that "*it is not processes and procedures that protect children; people protect children*" and we recognise and acknowledge that the hard work, commitment and dedication of all our staff is outstanding and that it is they who are making a positive difference to, and improving the life chances of all children, young people and families across Perth and Kinross.

***Jacquie Pepper***

**Chair of Perth and Kinross Child Protection Committee (CPC)**

**Date: 8 September 2017**

## Executive Summary – *What key outcomes have we achieved and how are we improving?*

This report reflects the extensive range of activity in Perth and Kinross aimed at **keeping children and young people safe** and **enabling them to be the best they can be**.

It demonstrates effective partnership working and the commitment of Elected Members, Chief Officers, the Child Protection Committee (CPC) and our wider child protection community to achieve high standards in all areas of our work. It reflects the work of a very pro-active and energetic child protection community and a highly committed CPC support team.

We are confident that our performance overall is **safeguarding, supporting** and **promoting** the **wellbeing** of all children and young people and is **protecting** them from harm and abuse. We know that:

- *our services to protect children and young people are robust and focus on wellbeing, vulnerability, risks and needs;*
- *there is a very strong commitment at every level to tackle inequalities and to improve the life chances of all children, young people and families;*
- *our practices are flexible, evidence-based, informed by legislation, policy, quality assurance and self-evaluation;*
- *our staff respond to children, young people and families in ways which keep them safe and promote their wellbeing;*
- *we are supporting, developing and empowering a highly committed, competent, confident and skilful workforce; and*
- *we are a listening and learning CPC, which is transparent, public-facing and accountable.*

The work presented in this report is a summary of our key outcomes. The improvements identified in this report underpin our confidence in our collective capacity for [continuous improvement through self-evaluation](#). The CPC has made **significant progress** in taking forward the high level actions / tasks in the Improvement Plan. Whilst much has been achieved, there remains more to do. The CPC continues to implement its ambitious programme of change and improvement and this report demonstrates what has been achieved over the last year.

The statistical data in this report shows that, as predicted, **the number of child concern reports has significantly reduced**, as a result of changes within Police Scotland in relation to the quality assurance and screening out of reports which do not merit multi-agency discussion. Whilst **the number of child protection investigations has reduced to previous levels, the number of inter-agency referral discussions (IRDs) between partners continues to increase**. This is positive evidence of the use of the IRD process as an important exchange of information and joint decision-making in relation to children and young people who may be at risk of abuse or significant harm.

The report also shows that **the number of children and young people being considered at case conference and subsequently placed on the child protection register remains fairly steady**, indicating that the right children and young people are being protected through multi-agency child protection plans.

However, we are not complacent and remain vigilant as there has been **an increase in the number of children referred to SCRA** and **a significant increase in the number of unborn baby referrals reported** in 2016 / 2017 which the CPC is examining. This presents us with a constant challenge to ensure that our early and effective interventions are helping to **safeguard, support** and **promote** the **wellbeing** of children and young people and to prevent their difficulties from getting worse. We also note that many of the issues affecting children and young people are both complex and multiple and that the challenges presented by families affected by parental mental ill-health, substance misuse and domestic abuse continue.



## Context

This section sets out our shared and ambitious vision, values and aims. It briefly describes the national and local context within which we deliver our services for children, young people and families.

*"Scotland has a child protection system that works. Ministers at a national level, Elected Members at a local level and professionals working with children and young people need to ensure that legislation, policy and practice are working effectively to protect children. It is not processes and procedures that protect children; people protect children. However, it is important to regularly consider the structures and processes which need to be in place to support those working together to identify and protect children at risk of significant harm"*

*"A strong and coherent vision at a local level is essential to ensure that children are protected now and in the future. Clear leadership from Chief Officers' Groups, comprising of Local Police Commanders and Chief Executives of Health Boards and Local Authorities, play a vital role in ensuring high standards of child protection and support in their area"*

[\*Protecting Scotland's Children and Young People: It is Still Everyone's Job\*](#) (Scottish Government: March 2017)

### ***Vision, Values and Aims***

Elected Members, Chief Officers, the Child Protection Committee and partner agencies are working together very effectively to **safeguard, support** and **promote** the **wellbeing** of all children and young people and to protect them from harm, abuse and exploitation.

Our Vision, articulated in the [\*Tayside Plan for Children, Young People and Families 2017 - 2020\*](#) is that ***our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up.***

To realise our Vision, we have agreed the following 5 priorities, informed by a range of short, medium and longer term measures; aimed at improving life-chances and providing better outcomes:

- 1. Our children and young people will have the best start in life, they will be cared for and supported to learn in nurturing environments;*
- 2. Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences, all children and young people will extend their potential;*
- 3. Our children and young people will be physically, mentally and emotionally healthy;*
- 4. Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people; and*
- 5. Our children and young people will be safe and protected from harm at home, school and in the community.*

Priority 5 (above) sets out the agreed actions for CPCs across Angus, Dundee City and Perth and Kinross to take forward and wherever possible seek to do so collaboratively across the area to secure greater efficiency and greater impact on children and young people.

We remain committed to the [\*Getting it right for every child\*](#) practice approach and we are working to keep all children and young people **safe; healthy; achieving; nurtured; active; respected; responsible and included.**

## **National Context**

[The Scottish Government](#) wants Scotland to be the best place in the world for children and young people to grow up so that they become: **successful learners; confident individuals; effective contributors and responsible citizens.**

All children and young people (including unborn babies) have the right to be cared for; protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their **wellbeing** needs are met. Children and young people should **get the help they need, when they need it, for as long as they need it.** They should also **get the right help, at the right time, from the right people** and their welfare is always paramount.

Most children and young people get all the help and support they need from their parents, carers and families, in addition to the universal services of education and health. However, on some occasions, some children and young people may need further help and support in order to **safeguard, support** and **promote** their **wellbeing** and to **protect them from harm and abuse.**

## **National Child Protection Improvement Programme (CPIP)**

In February 2016, following publication of [Safeguarding Scotland's Vulnerable Children from Abuse: A Review of the Scottish System](#) (Brock - Child in Scotland: 2014) and [Inspecting and Improving Care in Social Work in Scotland: Findings from the Care Inspectorate 2011 - 2014](#) (Care Inspectorate: 2015), the Scottish Government announced a National Child Protection Improvement Programme (CPIP) for Scotland.

Included within CPIP, was a child protection systems review of Child Protection Committees (CPCs); Child Protection Case Conferences (CPCCs); Child Protection Register (CPR); Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs). Throughout this year long review, Perth and Kinross CPC and partner agencies were actively engaged in this national work and made a number of submissions to the National Review Team.

In March 2017, the Scottish Government published [Protecting Scotland's Children and Young People: It is Still Everyone's Job](#) (Dyer: 2017). It contained 12 recommendations for the Scottish Government; Chief Officers; CPCs; Chief Executives; the Care Inspectorate and Scotland's Commissioner for Children and Young People. The Scottish Government accepted all 12 recommendations and in response published the [Child Protection Improvement Programme Report](#) (Scottish Government: 2017) which sets out 35 actions.

Since February 2016 and more importantly since publication in March 2017, much of the work of the CPC and partner agencies has been informed by [CPIP](#), as evidenced in this report and the CPC work programme planned for 2017 - 2018 will continue to focus on the learning, recommendations and actions identified by [CPIP](#). The CPC has actively embraced [CPIP](#) to inform its learning and continuous improvement.

## **Local Context**

Within in Perth and Kinross, **safeguarding, supporting** and **promoting** the [wellbeing](#) of all children and young people and protecting them from harm, abuse and exploitation is **everyone's job and everyone's responsibility.** We consider this to be a shared responsibility for all practitioners and managers working across the public, private and third sectors.

[Getting it right for every child \(GIRFEC\)](#) is the practice approach in Scotland to improving outcomes and supporting the [wellbeing](#) of all our children and young people, by offering the right help, at the right time, from the right people. [Wellbeing](#) is much broader than [child protection](#) and how we tend to think about welfare. [Child protection](#) is not something which sits separately from [wellbeing](#).

[Child protection](#) services continue to protect children and young people at risk of significant harm. Fundamentally [child protection](#) sits within, and is an integral part of the wider [Getting it right for every child](#) practice approach. Both are inextricably linked and prerequisites in improving outcomes for children and young people, keeping them safe and protecting them from harm and abuse. [Child protection](#) practice sits within a spectrum of early intervention and effective family support.

### ***The Work of Perth and Kinross Child Protection Committee (CPC)***

The work of Perth and Kinross CPC and partner agencies is fundamental to ensuring better outcomes for our most vulnerable children and young people who are in need of protection from harm, abuse and exploitation.

Underpinning the work of the CPC is the [National Guidance for Child Protection in Scotland 2014](#) (Scottish Government: 2014); two quality improvement frameworks for services to protect children: [How well do we protect children and meet their needs?](#) (HMIE: 2009) and [How well are we improving the lives of children and young people?](#) (Care Inspectorate: 2014) and [CPIP](#).

The [National Guidance for Child Protection in Scotland 2014](#) describes the functions of Child Protection Committees as ***continuous improvement, strategic planning and public information and communication***:

#### **Continuous Improvement**

- *Policies, Procedures and Protocols;*
- *Self-Evaluation in Improving Services to Protect Children;*
- *Promoting Good Practice; and*
- *Learning and Development.*

#### **Strategic Planning**

- *Communication, Collaboration and Co-operation; and*
- *Making and Maintaining Links with Other Planning Fora.*

#### **Public Information and Communication**

- *Raising Public Awareness; and*
- *Involving Children and Young People and their Families.*

The CPC also works within the [Community Planning Partnership Framework](#) and the work of the CPC supports the:

1. [Perth and Kinross Community Plan / Single Outcome Agreement \(SOA\) 2013 - 2023](#);
2. [Perth and Kinross Council Corporate Plan 2013 - 2018](#); and
3. [Tayside Plan for Children, Young People and Families 2017 - 2020](#).

## Management Information and Performance Outcomes

This section describes the findings from our CPC multi-agency management information and performance outcome framework and reports on *headline messages* for 2016 - 2017.

**Evaluation: We are confident that, children and young people in need of care and protection are getting the help they need; when they need it and that we are improving their wellbeing, their life-chances and keeping them safe from harm and abuse.**

*"The ability to analyse complex data is critical to developing services to protect children and young people at a local and a national level. Such information should come from a range of sources, and include both quantitative and qualitative data. This demands that systems be put in place to regularly collect and analyse information relating to service performance and child wellbeing"*

[\*Protecting Scotland's Children and Young People: It is Still Everyone's Job\*](#) (Scottish Government: March 2017)

### **Background Information and Context**

Perth and Kinross CPC publishes Child Protection and Looked-After Children Management Information and Statistical Reports on an academic year basis (August to July), in compliance with Scottish Government's annual reporting requirements.

On 1 August 2015, we introduced a more meaningful multi-agency CPC Management Information and Performance Outcome Framework.

This framework, which reflects both [\*Getting it right for every child\*](#) and child protection processes, includes key performance indicators across key partners and includes output indicators (quantitative indicators showing frequency and volume) and proxy outcome indicators (qualitative indicators showing improved outcomes).

The framework provides the CPC with quarterly reports and a more robust and comprehensive annual performance report. The framework allows the CPC to effectively monitor key child protection processes and practices and to provide reassurance to the CYPFP. This framework continues to evolve and develop, in compliance with GIRFEC and the requirements of [\*The Children and Young People \(Scotland\) Act 2014\*](#).

On 19 February 2016, in addition to these quarterly and annual CPC performance management reports, a Thematic (cyclical) Approach to Performance Reporting was introduced by the CYPFP.

Aimed at achieving better outcomes for children and young people, this thematic approach to reporting has four key strands: *child health and development; improving the life chances of vulnerable children and young people; quality of life; and contextual / inequalities information and education outcomes*. Child protection features as a quarterly thematic priority for the CYPFP.

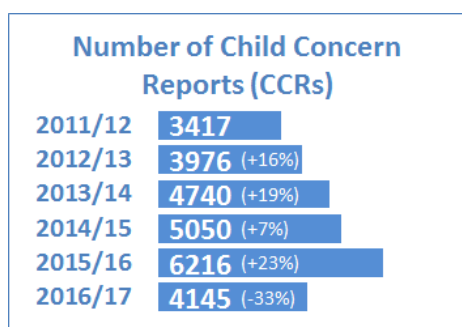
All of this work and is now of interest to the [\*Scottish Government's CPIP: Data and Evidence Workstream\*](#).

## Headline Messages 2016 - 2017

For the purposes of this report, we will present only the **headline messages** from our CPC Management Information and Performance Outcome Framework. These are presented for the academic year 01 August 2016 – 31 July 2017 and, where possible, compared with previous years.

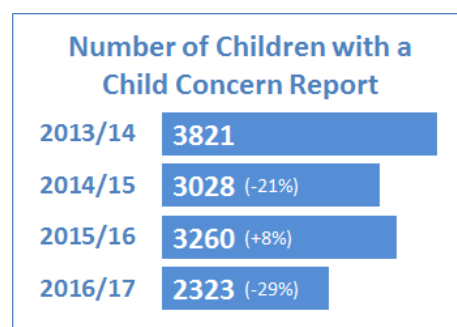
### Child Concern Reports (CCRs)<sup>1</sup>

Table: 1<sup>2</sup>



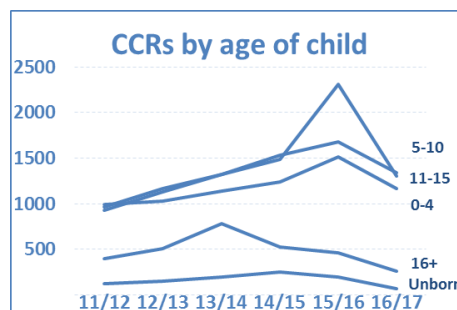
The total number of Child Concern Reports (CCRs) has dropped significantly for the first time in recent years. This reduction was predicted last year as Police Scotland's Vulnerable Person's Database (VPD) was embedded and with the introduction of internal triaging and quality assurance of low level VPD concern reports.

Table: 2



The number of children and young people who were the subject of a CCR has fallen over the last year in line with the reduction of CCRs. Children and young people can be subject to more than one CCR.

Table: 3



The number of children and young people with a CCR in each age group has also reduced, with the largest fall being in the 11-15 age group, which was the largest group last year. Children aged 5 -10 are the again the largest group as was generally the case in previous years (apart from 2015/2016).

<sup>1</sup> Note: A Child Concern Report (CCR) is a mechanism by which any practitioner or manager across the public, private or third sector, or indeed, any member of the public can raise any worry or concern they may have about a child or young person's health and / or wellbeing; or in relation to whether or not the child or young person is safe and / or in need of care and protection.

<sup>2</sup> Note: Figures are accurate as at 31 July 2017, however they may be updated in subsequent reporting periods due to retrospective data validation and quality assurance processes.

## Main Sources of Child Concern Reports (CCRs)

Table: 4

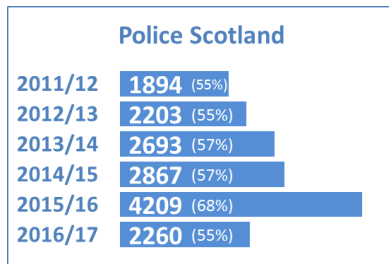


Table: 5

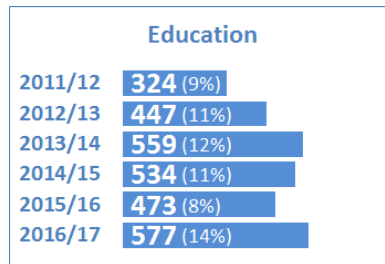
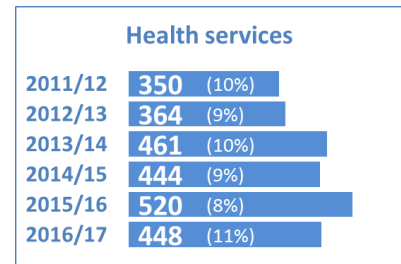


Table: 6



The main source of CCRs continues to be Police Scotland, followed by Education Services (increasing) and Health Services (decreasing). Overall, these three source groups account for 80% of all CCRs submitted.

The number of CCRs submitted by Police Scotland has reduced significantly over the last year.

This reduction was predicted last year as Police Scotland embedded their Vulnerable Person's Database (VPD) and introduced their internal triaging and quality assurance of low level VPD concern reports.

## Inter-Agency Referral Discussions (IRDs) <sup>3</sup>

Table: 7

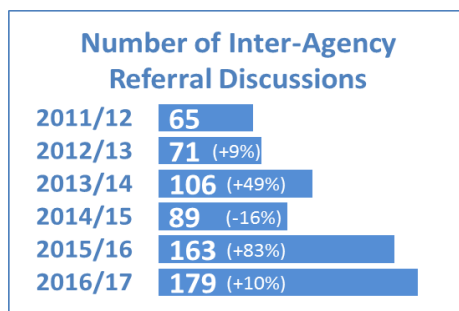
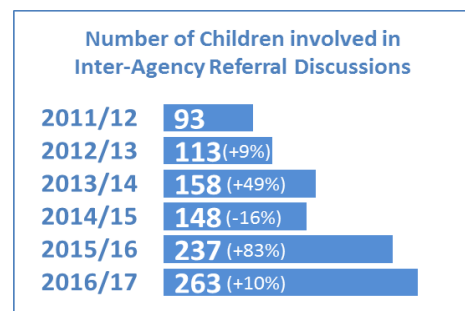


Table: 8



The number of Inter-Agency Referral Discussions (IRD), and the number of children and young people subject to an IRD continues to rise; a consistent trend since 2011 / 2012. IRDs are recognised as good multi-agency working practice.

Practice dictates that IRDs are not simply a single, one-off event and therefore may be repeated a number of times for the same child or young person to take account of all relevant information and changing circumstances.

<sup>3</sup> Note: An IRD is a discussion between practitioners, services or agencies. Participants in an IRD include representatives from police, social work, and health and where appropriate education. Other service or agency representatives can also be invited to attend an IRD where deemed appropriate.

An IRD is held where a child concern report and / or multi-agency screening arrangements have determined that a child or young person is in need of care and protection from harm, abuse or neglect; or there is a likelihood or risk of significant harm, abuse or neglect.

An IRD allows those present to share and exchange information proportionately; to make an initial multi-agency assessment of risks; to agree that a Child Protection Investigation is necessary and to decide the next steps.

## Child Protection Investigations <sup>4</sup>

Table: 9

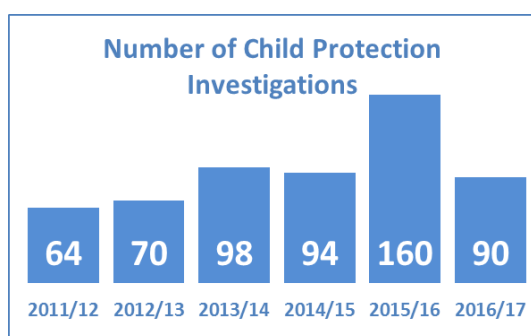
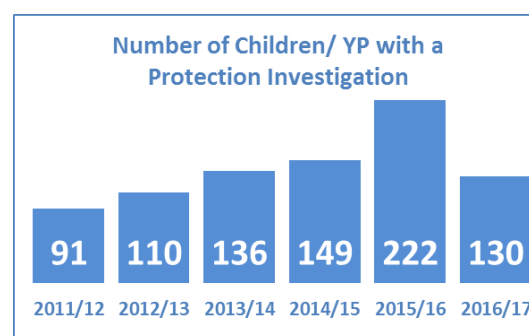


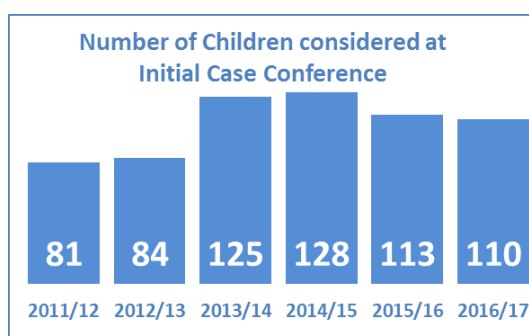
Table:10



The number of Child Protection Investigations has fallen to previous annual levels, following a significant rise last year. The 90 Child Protection Investigations related to 130 separate children and young people; which has also fallen from 222 individuals last year. This reduction is being examined by the CPC.

## Initial Child Protection Case Conferences

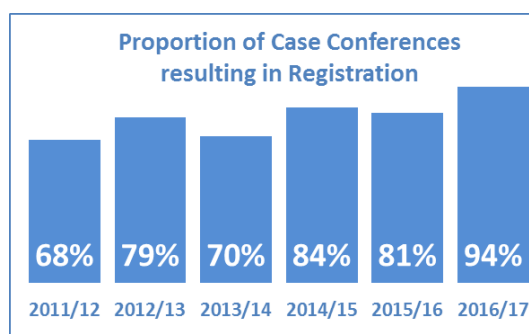
Table: 11



The number of children considered at Initial Child Protection Case Conferences (CPCC) continues a downward trend.

## Conversion Rates

Table: 12



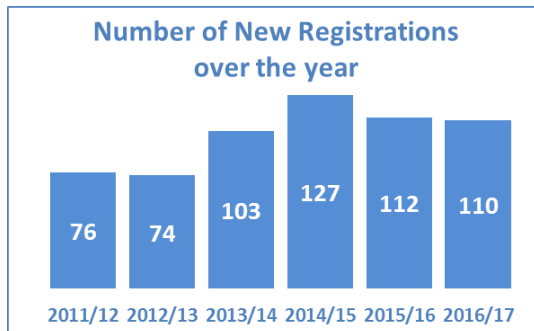
The proportion of CPCCs that result in a child or young person's name being placed on the Child Protection Register (CPR registration) continues to rise. This demonstrates that the right children and young people are being considered at CPCCs.

<sup>4</sup> Note: A Child Protection Investigation is carried out jointly by specially trained police officers and social workers. Such investigations are carried out where a Child Concern Report, including an Unborn Baby Referral, indicates that a child or young person is in need of care and protection from harm, abuse or neglect; or there is a likelihood or risk of significant harm, abuse or neglect.



## Registration Rates

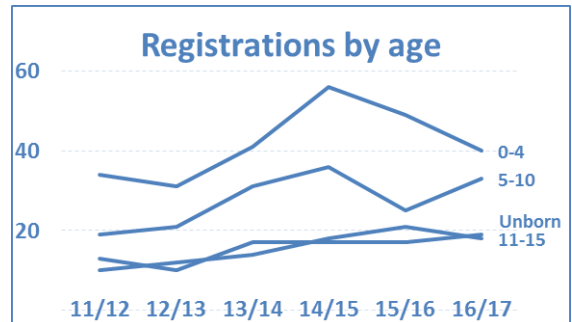
Table: 13



The number of children and young people placed (new registrations) on the CPR during the last year has remained relatively level.

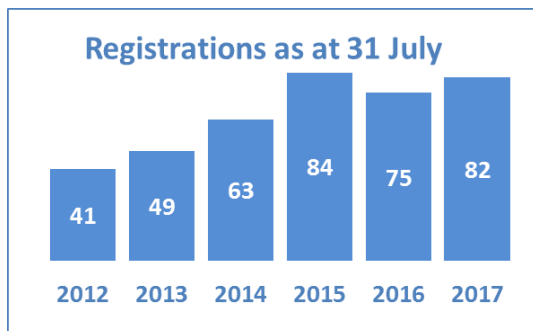
Registrations include temporary registrations (for children and young people who move into Perth and Kinross Council area for a limited period; for a holiday with relatives, for example).

Table: 14



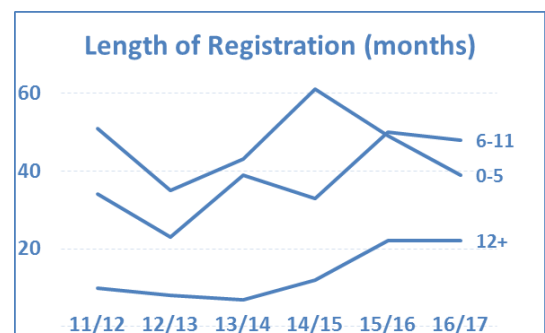
Children aged 0 - 4 continue to make up the largest age group of new registrations, although there has been an increase in the 5 - 10 age group to previous levels recorded in 2014/15.

Table: 15



The number of children and young people on the CPR at 31 July 2017 has risen slightly after a drop in 2015.

Table: 16



Most registrations last less than a year, with 22 out of 110 children and young people removed from the CPR in 2016 / 2017 having been on the CPR for 12 months or more. The CPC closely monitors registration rates and in particular de-registrations, re-registrations and length of time children and young people remain on the CPR as part of its annual quality assurance reviews.



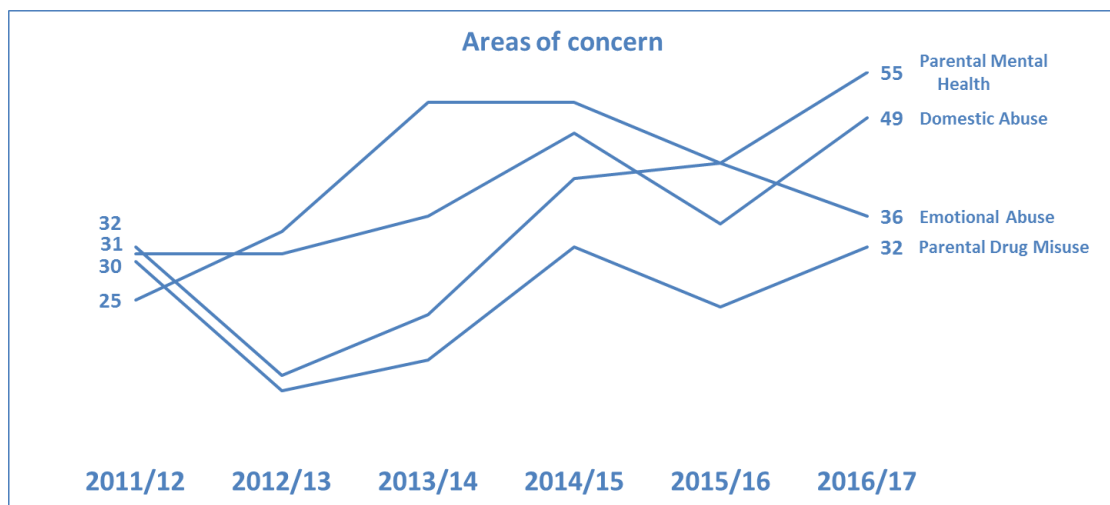
## Areas of Concern <sup>5</sup>

Table: 17

Area of concern	14/15	15/16	16/17
Parental Mental Health	41	43	55
Domestic Abuse	47	35	49
Emotional Abuse	51	43	36
Parental Drug Misuse	32	24	32
Non-Engaging family	41	40	29
Parental Alcohol Misuse	27	20	28
Neglect	26	26	24
Physical Abuse	18	24	21
Other	26	12	18
Sexual Abuse	14	7	14
Child Placing Themselves At Risk	10	7	11
Child Sexual Exploitation	0	0	*

## Areas of Concern (Registration Categories)

Table: 18



More than one area of concern can be identified for each child or young person whose name is placed on the CPR. There has been a noteworthy decrease over the last two years in the number of children and young people whose names are included on the CPR who are affected by emotional abuse, while those affected by domestic abuse, parental mental ill-health, problematic parental drug and / or alcohol misuse (sometimes referred to as the toxic trio) have all risen.

<sup>5</sup> Note: Areas of Concern are the registration categories for placing a child or young person's name on the CPR and these have been specified by Scottish Government. Children and young people can have more than one area of concern recorded and the category classified as other is undefined to cover any and all other issues. Totals of less than 5 have been suppressed.

**Scottish Children's Reporter Administration (SCRA)**  
(figures based on Financial Years (01 Apr – 31 Mar))

Table: 19

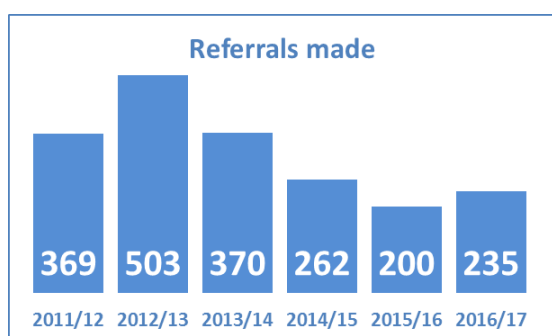
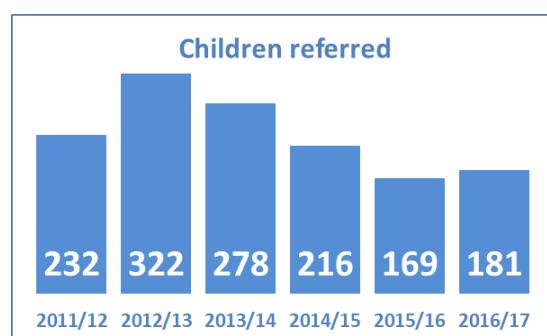


Table: 20



The number of referrals to SCRA and the number of children and young people referred to SCRA has risen slightly, against a national trend of continued reductions. Sibling groups of between 5 and 8 children are included within these figures.

Table: 21



The number of children and young people placed on Child Protection Orders (CPOs) has risen, following a decrease in 2015 /2016.

Table: 22

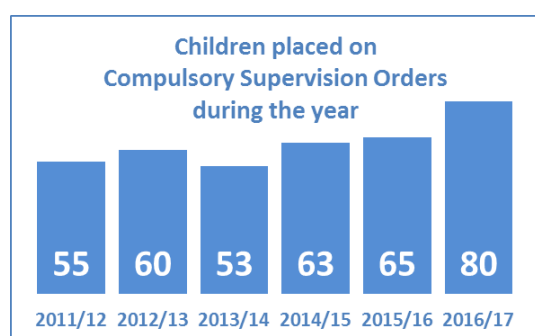
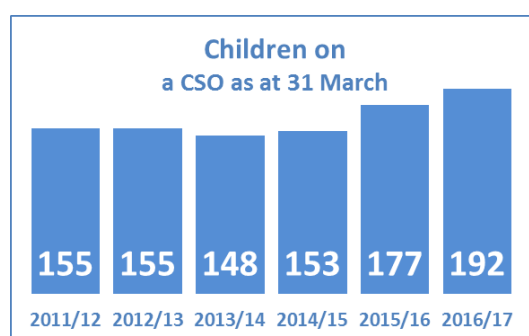


Table: 23

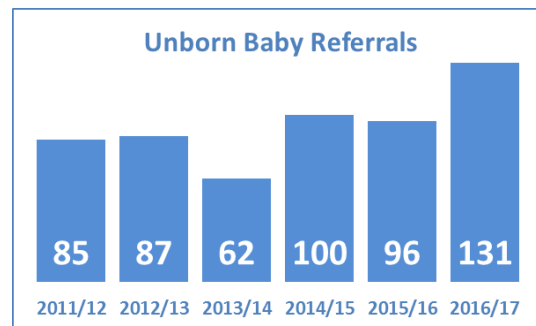


The number of children and young people placed on Compulsory Supervision Orders (CSOs) during the year, and the number of children and young people who were the subject to a CSO at the end of the year (31 March 2017) has again risen; as opposed to a generally downward national trend.

Longitudinally, it is anticipated that these increases will level off with national trends / patterns after a period of significant change within SCRA as a result of policy developments.

## NHS Tayside – Unborn Baby Referrals <sup>6</sup>

Table: 23a



The number of Unborn Baby Referrals raised by NHS Tayside has risen significantly in 2016 / 2017, particularly from November 2016 onwards, at which time NHS Tayside was reviewing their operational practices in terms of unborn babies. By far the majority of these concerns were proportionately shared with partner services / agencies for further multi-agency review, investigation and / or assessment. The others were taken forward by way of multi-agency child protection procedures and / or single service / agency response, assessment and ongoing support.

An unborn baby and / or expectant mother can be deemed to be vulnerable for a number of single / multiple reasons. The following Table provides an analysis of the most commonly identified vulnerability factors identified pre-birth:

Table 23b

Vulnerability Factors	Number
Parental Mental Health	59
Previous Child Protection Issues / Childcare Problems / Parent in Care / Child in Care	48
Previous Criminal Justice Background	45
Problematic Drug / Alcohol Use	43
Domestic Violence / Abuse	38

Again the toxic trio elements of parental mental ill-health, problematic parental drug and / or alcohol misuse and domestic abuse feature significantly.

<sup>6</sup> Note: Currently an Unborn Baby Referral is a mechanism by which any practitioner or manager across the public, private or third sectors, can raise any worry or concern they may have about an unborn baby's health and / or wellbeing; or in relation to whether or not that baby will be safe and / or in need of care and protection, pre-birth and / or after birth. This allows for early and effective intervention and support to be provided to the vulnerable unborn baby and mother.

Worries or concerns regarding an unborn baby, or a child or a young person can relate to a single issue or incident, or to an accumulation of such events over time. The reasons for such a concern can be many and / or complex; related either to the behaviours of the parent or carer or other significant adult (s) in the child, young person or unborn baby's family environment, or to previously known or emerging vulnerability factors, risks and / or needs.

In practice, these figures above currently relate to unborn baby concerns raised within Health.

## How well do we meet the needs of our stakeholders?

This section describes the **impact** we are having on the **wellbeing** of children and young people; how we are keeping them **safe** from harm, abuse and exploitation and the extent to which their lives and life chances have been enhanced. It describes the **impact** on families and the extent to which family **wellbeing** has been strengthened. It describes the **impact** on staff and recognises the extent of their motivation, involvement and contribution. It also considers the **impact** on the community and the extent of their participation, engagement and confidence across Perth and Kinross.

*"When children or young people are identified as being at risk of, or subject to, significant harm then the child protection system in Scotland works well. The issues the system deals with are complex and sensitive. With new risks emerging and legislation and practice changing, those working in the system are constantly assessing how risks can be mitigated and improvements delivered. It involves thousands of frontline staff engaging with children, young people and their families. The landscape is constantly changing"*

[Protecting Scotland's Children and Young People: It is Still Everyone's Job](#) (Scottish Government: March 2017)

### Quality Improvement Framework

The continuous improvement through multi-agency self-evaluation work of the CPC continues to be underpinned by the following two quality improvement frameworks:

- [How well do we protect children and meet their needs?](#) (HMIE: 2009); and
- [How well are we improving the lives of children and young people?](#) (Care Inspectorate: 2014).

The following Quality Indicators are those used by the CPC to evaluate the impact of single and multi-agency child protection processes and practices on children and young people, families, staff and the community:

#### Quality Indicator Framework 2009

- QI 2.1 *Children and young people are listened to, understood and respected*
- QI 2.2 *Children and young people benefit from strategies to minimise harm*
- QI 2.3 *Children and young people are helped by the actions taken in immediate response to concerns*
- QI 2.4 *Children and young people's needs are met*
- QI 5.2 *Information sharing and recording*

#### Quality Indicator Framework 2014

- QI 2.1 *Impact on children and young people*
- QI 2.2 *Impact on families*
- QI 3.1 *Impact on staff*
- QI 4.1 *Impact on the community*
- QI 5.1 *Providing help and support at an early stage*
- QI 5.2 *Assessing and responding to risks and needs*
- QI 5.3 *Planning for individual children and young people*
- QI 5.4 *Involving individual children, young people and families*

## Impact on Children, Young People and Families

**Evaluation: We are confident that we listen carefully, understand and respect children, young people and their families and that we are helping them to keep themselves safe. A range of early intervention and family support services are improving children and family wellbeing.**

The following activities from our [continuous improvement through self-evaluation programme](#) demonstrate the impact of our work on children and families:

### ***Multi-Agency Case Review 2017***

Since 2002, the CPC has been carrying out annual multi-agency quality assurance and self-evaluation reviews of key child protection processes. One element of this has included an annual multi-agency review of child protection practice through an examination of minutes of meetings and supporting documentation such as Assessment Reports and Child's Plans used at Child Protection Case Conference (CPCCs) and at Core Group meetings. Year-on-year, the findings have been fairly consistent in terms of identifying key strengths and areas for development / practice improvement.

Last year the CPC decided to take a broader, more systematic, multi-agency approach to evaluating key child protection processes and practices. We committed ourselves to a *whole-system approach* and a *more refined methodology* which included a focus on:

- *review and quality assurance of all Child Protection Case Conferences which did not result in the child's name being placed on the child protection register (CPR);*
- *systematic review and quality assurance of all children whose names were removed from the CPR in less than 6 months; and*
- *systematic review and quality assurance of all children whose names were retained on the CPR for more than 12 months.*

In 2017 we continued with this holistic approach and to ensure a *whole-family approach*, our review focussed on the following key Quality Indicators:

- *Quality Indicator 2.2 - Impact on families (focus on greater confidence in parenting);*
- *Quality Indicator 5.2 - Assessing and reposing to risks and needs (focus on assessment of risks and needs);*
- *Quality Indicator 5.3 - Planning for individual children and young people (focus on quality, reviewing progress, multi-agency decision making and securing stable and caring environments); and*
- *Quality Indicator 5.4 - Involving individual children, young people and families (seeking and recording views).*

This retrospective, multi-agency review of practice took place over two days in June 2017 and considered children and young people whose names were on the Child Protection Register (CPR) between 1 August 2015 and 31 July 2016.

The period of scrutiny was backdated to August 2014, to include those children and young people whose names had been removed from the CPR (de-registered) previously and whose names had then been re-registered on the CPR within the specified timeframe.

In total, decision-making relating to 34 individual children and young people (including unborn babies and sibling groups) were reviewed and evaluated. The sample included *all* children and young people across Perth and Kinross who had been de-registered and re-registered and those whose names had been retained on the CPR for more than 12 months. The sample included the:

- total number of children and young people de-registered and re-registered on the CPR (9, 3 of which were transferred in to Perth and Kinross); and
- total number of children and young people placed on the CPR for 12 months or more (25).

***In terms of impact***, the high-level findings from this exercise identified:

### ***Key Strengths***

- *wide range of effective, tailored, multi-agency support to meet needs and improve parental capacity;*
- *very good inter-agency communication and information sharing between all agencies;*
- *evidence of contribution from a wide range of agencies to the assessment process;*
- *very good quality assessments to inform multi-agency planning and decision making;*
- *strong evidence that assessments are informed by the national practice model;*
- *detailed chronologies being used effectively to support holistic assessment;*
- *creative plans clearly identified ways to improve stability, security and wellbeing;*
- *plans, informed by robust assessment, focus on meeting wellbeing needs and addressing risks;*
- *plans demonstrated that interventions were ensuring multi-agency participation in responding to the needs of the whole family;*
- *strong evidence of children and young people's views being heard, using narrative, observation, drawings, use of advocacy etc;*
- *staff are persistent in building and sustaining trusting relationships with families;*
- *good evidence of professional challenge of parents and carers to make the necessary changes; and*
- *high levels of support offered post registration.*

### ***Areas for Development***

- *in some cases, despite significant levels of support for families, there is a recognised need to ensure parental change is made within the agreed specified timescales;*
- *there is a need to clearly evidence the impact and outcomes of our interventions and support and how improvements are being sustained over time;*
- *there is a need to ensure that adult services (drug and alcohol, mental health and criminal justice) consistently provide written reports and / or ensure relevant delegated attendance at child protection case conference meetings;*
- *in some cases, plans require to be SMARTer, with clearer expectations and need to include robust contingency planning;*
- *in some cases, children's names are remaining on the child protection register longer whilst referrals to SCRA are being considered; and*
- *there is a need to reinforce, across all agencies, an understanding of the role and responsibility of the Lead Professional to support and coordinate the child protection plan.*

## **Conclusions**

This was a thorough multi-agency review of the most vulnerable children and young people who are subject to child protection processes in Perth and Kinross.

The findings demonstrate consistent key strengths in our practice regarding the assessment of risk and need and demonstrate excellent partnership working and very good information sharing. The meaningful involvement of children, young people and their families has been fundamental to ensuring the provision of safe and stable environments. However, the findings also show that despite significant levels of intervention, support and staff persistence, there is a need to consistently evidence change and improvement and to improve clarity and consistency in some processes. This improvement work is being taken forward by the CPC in terms of its improvement plan.

Since last year, significant improvements have already been implemented to further improve the experience of children, young people and their families at Child Protection Case Conferences (CPCCs) as evidenced below.

### ***Improvement Officer for Child Protection Case Conferences (CPCCs)***

Last year we reported upon work to improve Child Protection Case Conferences (CPCCs); including refresher training for those who Chair CPCs, which was delivered by an external specialist Consultant.

Building upon on this work, in December 2016 an Improvement Officer was seconded for a fixed-term period of 18 months; tasked with improving the overall performance management of CPCCs and improving the experience of children, young people and their families attending CPCCs. This appointment represents a significant investment and our commitment to continuous improvement.

***In terms of impact***, this appointment has already resulted in significant improvements in our CPCCs processes including:

- *improved arrangements for the request and provision of service / agency written reports;*
- *improved timetabling for CPCC meetings to maximise staff availability;*
- *improved CPCC templates and more timely distribution of minutes;*
- *improved timescales for CPCCs; with a particular focus on Pre-Birth CPCCs and Initial CPCCs;*
- *improved methodology in terms of communicating decision-making; particularly for those individuals / services / agencies who were unable to attend the CPCC;*
- *improved involvement of children, young people and families - including ensuring they are better prepared for CPCCs; provided with prior information about CPCCs; assessments / reports being shared and explained before CPCCs;*
- *improved methodologies for seeking and sharing the views of children, young people and families - including improved advocacy support from the Children's Rights Officer, Who Cares Advocacy Worker and Independent Advocacy Perth and Kinross; ensuring views are sought and recorded in assessments, reports and minutes; ensuring they are supported to fully participate at CPCCs and exploring additional ways of seeking views by investing in new technologies, i.e. MOMO App (Mind of My Own);*
- *improved Practitioner's Guide to CPCC, supported by inter-agency staff learning and development opportunities; and*

- *improved support for Chairs of CPCCs - including an aide memoire and monthly peer review groups to share and exchange emerging themes and to support and challenge practice.*

In addition to these improvements already realised, further is planned throughout 2018 / 2018, including:

- *improvements to be made to the existing CPCC information and advice leaflets; potential to replace with short YouTube information videos;*
- *improvements to assessment toolkits; to timeously track impact, outcomes and improvement over time; and*
- *improvements to CPCCs - including adopting a more dynamic strengths-based approach.*

### **Annual Keeping Children Safe Survey: Local Authority Schools Sector 2017**

This year we repeated our annual *How Good is Our School at Helping Me to Stay Safe Survey* across the Perth and Kinross Council Primary and Secondary Schools between May and June 2017.

This year we are again presenting the year-on-year comparative results and showing them separately for primary and secondary schools; albeit both surveys had very slight age-specific and dependent question differences.

In total 5,640 children and young people took part in the survey (compared to 4,811 in 2016 - an increase of 17%). 3,342 (59%) were of *primary school* age and 2,298 (41%) were of *secondary school* age. Since this survey was first started in 2011, a total of 17,897 children and young people have taken part in this annual survey. This year's response rate has been the highest ever.

***In terms of impact***, the following Tables provide a comparative snapshot analysis between the 2017 and 2016 (greyed-out figures) surveys:

Table No: 24

<b>Survey: Keeping Children and Young People Safe</b> Sample Size 2017: 5,640 Sample Size 2016: 4,811		<b>Strongly Agree and / or Agree</b>	
		<b>2017</b>	<b>2016</b>
1. I know what things are dangerous for me	Primary	97%	96%
	Secondary	91%	92%
2. School teaches me how to stay safe online	Primary	91%	89%
	Secondary	76%	74%
3. If I had a problem I know who I would talk to at school	Primary	89%	91%
	Secondary	79%	84%
4. School teaches me how to stay safe in my community	Primary	87%	88%
	Secondary	68%	68%
5. At least one adult knows me well at school	Primary	89%	90%
	Secondary	76%	76%



6. If I had a worry about my friend not being safe, I would talk to an adult I can trust in school	Primary	90%	91%
	Secondary	73%	72%
7. If I have a problem I know school will help me for as long as I need help	Primary	83%	86%
	Secondary	64%	68%
8. At school, if I want to talk to someone privately about a concern, I can do that	Primary	73%	74%
	Secondary	77%	73%
9. I know that I can call ChildLine on 0800 1111 free of charge if I have a problem	Primary	72%	61%
	Secondary	83%	79%
10. I know that it is wrong for anyone to hurt me	Primary	96%	96%
	Secondary	93%	93%
11. I know that it is wrong for anyone to ask me to do something I don't want to	Primary	96%	93%
	Secondary	93%	93%
12. I am confident to say "No" if someone asks me to do something I don't want to	Primary	86%	85%
	Secondary	85%	86%

Table No: 25

<b>Survey: Keeping Safe: Alcohol, Drugs and Healthy Relationships</b> Sample Size 2017: 5,640 Sample Size 2016: 4,811					
	Year	Sector	A Lot	Some	Not Much
1. At school, how much have you learned about the effects of alcohol?	2017	Primary	29%	36%	35%
	2016	Primary	28%	38%	34%
	2017	Secondary	39%	46%	15%
	2016	Secondary	37%	49%	14%
2. At school, how much have you learned about the effects of illegal drug use?	2017	Primary	28%	34%	38%
	2016	Primary	24%	36%	40%
	2017	Secondary	38%	44%	18%
	2016	Secondary	39%	45%	16%
3. At school, how much have you learned about sexual health and relationships?	2017	Secondary School Only	34%	46%	20%
	2016	Secondary School Only	34%	45%	21%

## Conclusions

Allowing for the variation both in cohort and sample size, overall all the results remain consistent year-on-year and very positive. Children and young people continue to have a very good awareness and understanding about keeping themselves and others safe. Overall they have a good knowledge of where and how to seek help and a confidence that they would get the help they need, when they need for as long as they need it.

However, we are not complacent and there remains a need to ensure children and young people know who they can speak to in school, and outwith school, if they are worried or concerned about their own safety and / or the safety of others. There is also a need to continue to promote ChildLine.

Table No: 25 demonstrates a consistently good overall awareness and understanding about the impact of alcohol and drugs and a good understanding of sexual health and relationships (secondary schools only). It also identifies the need to continue with the preventative alcohol, drugs and sexual health educational programmes in all our schools.

In keeping with last year, all schools are being provided with individualised evaluation reports to inform their improvement plans for 2017 - 2018.

### ***Bi-Annual Keeping Children Safe Survey: Independent Schools Sector 2017***

This year we repeated our bi-annual *How Good is Our School at Helping Me to Stay Safe Survey* across the Perth and Kinross Independent School sector in May and June 2017. We last ran this survey across the Independent Schools sector in 2015. This year 7 out of the 10 locally based Independent Schools took part in this survey. This year we slightly realigned the survey to be similar to the survey in the PKC Schools and we are now able to report on the responses from Primary and Secondary sector students separately.

This year, a total of 639 children and young people took part in this survey. 101 (16%) were in Primary P5 - P7 and 538 (84%) were in Secondary S1 - S6. Overall, 273 (43%) were male students and 366 (57%) were female students. Since this survey was first started in 2013, a total of 2,304 children and young people have taken part in this bi-annual survey.

***In terms of impact***, the following Table provides a comparative analysis between the 2015 and 2017 surveys:

Table No: 26

<b><i>Bi-Annual Keeping Children Safe Survey: Independent Schools Sector 2017</i></b> <i>Sample Size 2017: 639</i> <i>Sample Size 2015: 929</i>		<b><i>Strongly Agree and / or Agree</i></b>	
		<b><i>2017</i></b>	<b><i>2015</i></b>
<b><i>1. I know what things are dangerous for me</i></b>	<i>Primary</i>	94%	97%
	<i>Secondary</i>	94%	
<b><i>2. School teaches me how to stay safe online</i></b>	<i>Primary</i>	93%	83%
	<i>Secondary</i>	83%	
<b><i>3. If I had a problem I know who I would talk to at school</i></b>	<i>Primary</i>	88%	87%
	<i>Secondary</i>	86%	

4. School teaches me how to stay safe in my community	Primary	87%	N/A
	Secondary	76%	
5. At least one adult knows me well at school	Primary	93%	85%
	Secondary	86%	
6. If I had a worry about my friend not being safe, I would talk to an adult I can trust	Primary	88%	79%
	Secondary	81%	
7. If I have a problem I know school will help me for as long as I need help	Primary	84%	81%
	Secondary	75%	
8. At school, if I want to talk to someone privately about a concern, I can do that	Primary	78%	N/A
	Secondary	91%	
9. I know that I can call ChildLine on 0800 1111 free of charge if I have a problem	Primary	63%	82%
	Secondary	84%	
10. I know that it is wrong for anyone to hurt me	Primary	95%	N/A
	Secondary	95%	
11. I know that it is wrong for anyone to ask me to do something I don't want to	Primary	91%	N/A
	Secondary	95%	
12. I am confident to say "No" if someone asks me to do something I don't want to	Primary	83%	N/A
	Secondary	88%	

Table No: 27

<b>Survey: Keeping Safe: Alcohol, Drugs and Healthy Relationships 2017</b> Sample Size 2017: 639				
	Sector	A Lot	Some	Not Much
1. At school, how much have you learned about the effects of alcohol?	Primary	36%	45%	19%
	Secondary	41%	41%	18%
2. At school, how much have you learned about the effects of illegal drug use?	Primary	27%	56%	17%
	Secondary	45%	37%	18%
3. At school, how much have you learned about sexual health and relationships?	Secondary School Only	39%	39%	22%

## Conclusions

Broadly speaking, the overall results remain very positive, in keeping with the previous Independent Schools survey in 2015 and the PKC Schools survey 2017. Again, we are not complacent and there remains a need to ensure children and young people know who they can speak to in school, and outwith school, if they are worried or concerned about their own safety and / or the safety of others. There is also a need to continue to promote ChildLine.

Table No: 27 similarly demonstrates a good overall awareness and understanding about the impact of alcohol and drugs and a good understanding of sexual health and relationships (secondary schools only). It also identifies the need to continue with the preventative alcohol, drugs and sexual health educational programmes in all the Independent Schools. The Independent Schools, which participated in this year's survey, have been provided with individualised evaluation reports to inform their respective improvement plans for 2017 - 2018.

### **Perth and Kinross NSPCC Schools Service - "Speak out. Stay safe". Programme 2016 - 2017**



The [NSPCC Schools Service "Speak Out. Stay Safe" Programme](#) continues to work across Scotland and the rest of UK to ensure that children:

- understand abuse in all its forms and recognise the signs of abuse;
- know how to protect themselves from all forms of abuse; and
- know how to get help, and the sources of help available to them including the Childline service.

During the academic year 2016 / 2017 the programme has been delivered to 865 schools in Scotland, (visiting many of these for at least the second time) and 121,986 children and young across Scotland people have participated. This programme is delivered by trained Volunteers.

From August 2016 an extended offer was made to all Primary Schools in Scotland - engagement with the whole school community – children, young people, teachers, parents and carers to ensure that every child in the UK is better protected. A new resource was also developed so that children and young people from across the whole-school had the opportunity to understand abuse and know how to keep themselves safe. An assembly is now available to all P1 - P3 and to P4 -P7 pupils as well as the original workshop, which is still offered to P6 & P7.

Since November 2013 (following pilot work from May 2013), the programme has been offered to all PKC Primary Schools and is now offered to every PKC Primary School, every two years.

Since 1 August 2016, the programme has been delivered in 35 (compared to 30 in 2015 / 2016) PKC Primary Schools and some of the schools have received the programme for a second time. The programme was also delivered at Craigclowan School and Morrison's Academy (Independent Schools). In total around 4,360 (compared to 900 in 2015 / 2016 - up 384%) PKC children and young people have received the programme during this reporting period. This substantial increase in numbers is particularly due to the new whole-school approach, which the majority of PKC schools visited have accepted.

Since May 2013, the NSPCC has visited 66 separate PKC Primary Schools a total of 99 times (includes repeat visits); plus 4 Independent Schools have had 5 visits. 93% of PKC Primary Schools have received the programme at least once; 32% have received the programme twice. In total the number of PKC children and young people who have received the programme since May 2013 is no less than 6,040; whilst the figure for Independent Schools is 471.

***In terms of impact***, the following Table provides a snapshot of post programme comments / feedback received from school staff throughout this reporting period:

Table No: 28

<b><i>School Staff - Comments / Feedback</i></b>	
<i>We recommend that you reinforce the messages from the assembly after our visit as this can help the children with their learning and development. Is this something you have or will be doing?</i>	<p><i>"pupils made Childline posters"</i></p> <p><i>"reinforced key messages encouraging children to speak out"</i></p> <p><i>"revisited the key messages. Went over the key info with a special focus on internet safety"</i></p> <p><i>"used role play situations to practice words and actions needed"</i></p> <p><i>"discussed core messages given"</i></p> <p><i>"followed up internet safety in health &amp; relationships education"</i></p> <p><i>"discussed as part of specific learning – had conversations and reflection"</i></p> <p><i>"will revisit within sexual health &amp; Relationships education later in the year"</i></p> <p><i>"discussed different kinds of abuse particularly emotional abuse"</i></p> <p><i>"yes, followed up all the different kinds of abuse"</i></p>
<i>Following our visit, please rate the impact of the sessions on your pupils' understanding of child abuse?</i>	<p><i>"they know what to do if they feel unsafe"</i></p> <p><i>"they know who to talk to, that you're not alone and that no issue is too small"</i></p> <p><i>"I feel NSPCC gave the children clear language and very clear messages to use to talk about things they already knew a little about but perhaps couldn't articulate clearly"</i></p> <p><i>"I feel they learned most about sexual abuse and neglect"</i></p> <p><i>"they learned about different kinds of abuse particularly neglect and emotional abuse"</i></p> <p><i>"they learned a lot more about the different kinds of abuse"</i></p>
<i>We would like to capture any comments that children made following the assembly and / or workshop presentations. Could you please detail any quotes or observations from children that would be helpful for us to know?</i>	<p><i>"they enjoyed being able to take part in the presentation and seeing their peers take part. I think making the presentation interactive helps children retain the key messages"</i></p> <p><i>"children were all very positive about the experience and were keen to complete their own evaluations"</i></p>

An important extension to this programme is recent NSPCC work that aims to help keep more children and young people safe, by empowering parents and carers to understand their children's on-line world.

This new [NSPCC partnership with O2](#) brings together the O2's technology expertise and the NSPCC's child protection and safeguarding expertise. An hour long NSPCC O2 Adult Workshop identifies some of the risks children and young people face; discusses ways to respond; whilst providing practical learning tools to help start regular conversations at home. Parents and carers are also informed of the support available on the O2 and NSPCC Online Safety Helpline (0808 800 5002), and through Guru appointments in O2 stores.

Workshops were recently delivered at the Community School of Auchterarder & Kinross Primary Schools and both schools invited schools from their LMGs to attend. The workshop was also delivered at Morrison's Academy. Further workshops are being planned.

### ***Getting it Right: Keeping Your Child Safe Event 2017***

Last year we reported on the fifth annual *Getting it Right: Keeping Your Child Safe Event*. This year we held our sixth annual event on 2 March 2017 in the Playhouse Cinema, Perth. This popular event continues to be targeted at inter-agency practitioners, managers, parents and carers in Perth and Kinross.

This event aimed to raise further awareness and understanding about *keeping children and young people safe from harm, abuse and exploitation specifically whilst online*. Guest speakers provided presentations on *popular apps and trends; the impact of online pornography on the adolescent; online gaming and cybercrime*. Three separate sessions took place in the morning, afternoon and evening with a minimum of 609 delegates attending this annual event, compared to 489 last year, an increase of 25%.

Of those who attended this year's event, a total of 357 (59%) took time to complete an exit evaluation form prior to leaving. All the presentations and speakers were evaluated highly.

***In terms of impact***, the following Table provides an analysis of the individual levels of understanding prior to the event; the impact the presentations had on their understanding post the event and a small snapshot of practitioner comments / feedback:

Table No: 29

<b><i>Evaluation: Getting it Right: Keeping Your Child Safe Event 2017</i></b>				
<b><i>Sample Size 2017: 357 out of 609 (59%)</i></b>				
<b><i>Key Indicators</i></b>	<b><i>Very Good</i></b>	<b><i>Good</i></b>	<b><i>Adequate</i></b>	<b><i>Weak</i></b>
<b><i>Knowledge levels <u>before</u> the event</i></b>				
<i>knowledge about keeping children and young people safe from <b>harm, abuse and exploitation online</b></i>	6%	30%	43%	20%
<b><i>Knowledge levels <u>after</u> the event</i></b>				
<i>knowledge about keeping children and young people safe from <b>harm, abuse and exploitation online</b></i>	30%	55%	11%	2%



**Snapshot of Practitioner Comments / Feedback:**

*" There is a need to be more vigilant when children are online gaming etc; I need to change my settings; Digital foot printing and how easy it is to build a picture of someone; I need to be more intrusive and persistent and talk to my kids about this; Prevention and education is most important; Thought I knew the basic but realise now I knew nothing; Parents must not be complacent"*

**Conclusions**

Once again this annual event has been evaluated very highly. This year there was a 25% increase in the number of delegates attending and in terms of impact there was a significant improvement in their immediate understanding and learning. Following this event, key messages and learning for children, young people, families and practitioners was extracted and shared by the CPC via the Council's social media platforms.

**Children's Rights and Advocacy**

2016 - 2017 has again been a very busy year for the Children and Youth Rights Officer (CYRO) and the Who Cares? Scotland Worker. Both workers have had their roles reviewed and they now have enhanced, realigned core responsibilities. Both have been providing additional levels of support and advocacy to children and young people; particularly those involved in the child protection system. Much of their work is underpinned by [Article 12 UNCRC](#), [The Children's Charter](#); [Getting it right for every child \(GIRFEC\)](#) and [The Children and Young People \(Scotland\) Act 2014](#).

Since April 2016, the CYRO has been based within Integrated Services for Young People @scott street and has continued to work closely with the Who Cares? Scotland Worker. Since December 2016, both have been working very closely with the Improvement Officer appointed to Chair and Quality Assure Child Protection Case Conferences (CPCCs). All three are working to improve the experience of children, young people and families at CPCCs, Looked-After Reviews and at Children's Hearings and to increase their participation through enhanced advocacy support.

Since April 2016, in terms of advocacy, we can evidence that increasing numbers of children and young people are being visited prior to CPCCs; Looked-After Reviews and Children's Hearings taking place; their views are actively being sought, captured and provided at these meetings, either by physical advocacy and / or by the provision of written reports. We can also evidence increasing evidence of this work in our assessments and plans.

In addition to this, the CYRO is providing support to other children and young people and this includes a wide range of work to promote children's rights; improve resilience; to prevent bullying and to support care experienced children and young people.

**PKAVS Young Carers Service**

[PKAVS Young Carers Service](#) support children and young people, aged between 7 and 16 years of age, to cope with what can often be an all-encompassing caring role at home. Young Carers may be helping support a family member (s) who have a physical disability; a chronic enduring illness; a terminal illness; mental ill-health issues and / or where problematic substance misuse is prevalent in the home. The vastness of the individual caring role varies, from home to home, but what is commonplace is the potential impact these caring responsibilities can have on each Young Carer's physical, emotional, social and educational development.

More than half of the Young Carers, currently supported by PKAVS, come from single parent families and so the Young Carer can, in fact become the main carer in these scenarios. In these situations, the family member (s) may be unable to work and as a result finances can often be very tight. For this reason PKAVS continue to offer all its weekly respite groups; school holiday day trips and longer residential breaks free of charge. The support offered is based on need and not an ability to afford. One of the main achievements, in the past 12 months, has been a successful bid to the [Big Lottery-Improving Lives Fund](#), which secured funding up to 2020 for this vital work.

Using the local Evidence2Success research and the national Getting it Right for Young Carers research, it is estimated that there are around 1500 Young Carers in Perth & Kinross. Over the past 12 months, the Service has received 110 referrals from a variety of different sources identifying hidden Young Carers. Currently the Service is continuing to provide support to 258 Young Carers.

The Service continues to offer weekly respite groups (including a Bronze Duke of Edinburgh Award Group) during school term time; two age-specific day trips each week during school holiday periods and four 4 longer residential breakaways throughout the year. Staff are also tasked with completing a minimum of two one-to-one support sessions each week; especially with those Young Carers with whom we have limited contact.

### ***Perth & Kinross Young Carers Identification Card***

The other major achievement of the past 12 months has been the launch of the [Perth & Kinross Young Carers Identification Card](#) in January 2017.

PKAVS hosted this a launch event on Friday 27 January 2017, which saw over 70 professionals from statutory and third sectors attend. John Swinney MSP, Deputy First Minister and Cabinet Minister for Education in Scotland was one of the speakers and supporters of the event. The Identification Card will be used in predominantly education and healthcare settings (but also anywhere else useful for Young Carers). The Identification Card will enable children and young people aged 8 to 16, in a caring role, to be recognised as a Young Carer; will increase the confidence of the Young Carer to manage their caring role, will allow medical professionals to share appropriate information with the Young Carer at their discretion, and will assist schools in identifying Young Carers and putting measures in place to support them.

Phase 1 of the launch of the Identification Card has seen it widely used and cascaded within educational settings and much positive work has already been done between PKAVS and Education & Children's Services to ensure that the purpose behind the Identification Card is communicated throughout all schools. To date nearly 100 Identification Card have been issued to Young Carers.

Phase 2 of the launch of the Identification Card is to promote it within health settings (particularly pharmacies) across Perth and Kinross. Working with colleagues at NHS Tayside, Phase 2 is planned commence early autumn of 2017.

Finally, PKAVS and Education and Children's Services have almost finished work on an E-Learning Tool for practitioners which highlights the many challenges faced by Young Carers and it is anticipated that it will be made available in autumn 2017.



## Impact on Staff

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

### **Staff Learning and Development**

*"Child Protection Committees are responsible for publishing, implementing and reviewing an inter-agency child protection training strategy. They should also quality assure and evaluate the impact of that training. Multi-agency training is an essential component in building common understanding and fostering good working relationships, which are vital to effective child protection. Child Protection Committees are well placed to help develop and deliver such training. Training on a single and an inter-agency basis can help develop the core skills needed to support effective inter-disciplinary working both on actual cases of abuse and on prevention and post-abuse programmes. Child Protection Committees should make sure mechanisms are in place for the delivery and evaluation of local training initiatives"*

[National Guidance for Child Protection in Scotland 2014](#)  
(Scottish Government: 2014)

*"It is imperative that all professionals in local front-line roles, operational management, strategic and national roles are committed to a continuous learning approach"*

[Protecting Scotland's Children and Young People: It is Still Everyone's Job](#) (Scottish Government: March 2017)

Since 2012, all CPC inter-agency child protection staff learning and development opportunities have been compliant with the [National Framework for Child Protection Learning and Development in Scotland 2012](#) (Scottish Government: 2012) and the [National Guidance for Child Protection in Scotland 2014](#) (Scottish Government: 2014). We have translated both these policy documents into our robust and dynamic [CPC Inter-Agency Child Protection Learning and Development Framework](#).

All our CPC inter-agency child protection staff learning and development opportunities are embedded within the [Getting it right](#) practice approach. We are continuing to provide a wide range of inter-agency staff learning and development opportunities, which are evaluated highly, to the *general contact workforce; specific contact workforce and the intensive contact workforce*.

We continue to provide these opportunities in a number of flexible ways - online; seminars; workshops and group learning activities, within our existing budget, free of charge at the point of delivery.

Throughout the year we have also taken the opportunity to review these courses to ensure they remain fit-for-purpose and we have developed a number of new courses to support new and emerging practice issues.

We also continue to work in partnership with the Tayside Child Protection Learning and Development Group and with the Perth and Kinross Education and Children's Services ([ECS](#)) [Learning Hub](#); which provides a one-stop shop for all ECS and CPC staff learning and development opportunities across Perth and Kinross.

**In terms of impact,** the following Tables provide an analysis of the inter-agency child protection staff learning and development opportunities we have provided throughout 2016 - 2017:

Table No: 30

<b>OnLine Staff Learning and Development Opportunities - OnLine Modules (01/08/2016 - 31/07/2017)</b>		
<b>Title of Course</b>	<b>No of Unique Users (Internal and External)</b>	
	<b>2016 - 2017</b>	<b>2015 - 2016</b>
<i>Child Protection OnLine Module</i>	1,154	470
<i>Adult Support and Protection OnLine Module</i>	517	373
<i>Getting it Right for Every Child (GIRFEC) OnLine Module</i>	617	408
<b>Totals</b>	<b>2,905</b>	<b>1,251</b>

Table No: 31

<b>CPC Inter-Agency Staff Learning and Development Opportunities (01/08/2016 - 31/07/2017)</b>		
<b>Title of Course</b>	<b>No of Courses</b>	<b>No of Attendees</b>
<i>Basic Awareness Child Protection (Half-Day)</i>	4	115
<i>Protecting People Course (One-Day)</i>	1	17
<i>Designated Child Protection Officer Course (One-Day)</i>	2	60
<i>Designated Child Protection Officer Update Course (One-Day)</i>	2	29
<i>Inter-Agency Child Protection (One-Day)</i>	3	85
<i>Child Protection Case Conference (One-Day)</i>	2	42
<i>Chronology of Significant Events for Children and Young People Course (Half-Day)</i>	5	95
<i>Working with Hostile and Non Engaging Families (One-Day)</i>	2	43
<i>Online Risks for Children and Young People (Half-Day)</i>	2	57
<i>GIRFEC: Introduction to Getting it right in Perth and Kinross (Half-Day)</i>	1	13
<i>GIRFEC Named Person Training Course (One-Day)</i>	4	83
<i>Foundation in Child Welfare and Protection (Two-Day)</i>	1	19
<i>Working with Children and Families Affected by Parental Substance Use (GOPR) (Half-Day)</i>	6	116
<i>Child Sexual Exploitation Training (One-Day)</i>	4	82
<i>Trauma Informed Practice: Working with Children and Young People affected by Sexual Abuse and Exploitation (One-Day)</i>	1	25
<b>Totals</b>	<b>40</b>	<b>881</b>

Table No: 32

<b>CPC Single Agency Bespoke Staff Learning and Development Sessions (01/08/2016 - 31/07/2017)</b>		
<b>Title of Course</b>	<b>No of Courses</b>	<b>No of Attendees</b>
<i>Outcome Focused Planning for Children and Young People (Child Health Team and Woodlea Cottage staff from Services for Children, Young People and Families) (One Day)</i>	1	15
<i>Housing Services CSE Awareness Raising Session (Half-Day)</i>	1	35
<i>Mentor Forensics - Understanding Sex Offender Behaviour: A Foundation in Behaviour Analysis (Two-Day)</i>	1	50
<b>Totals</b>	<b>3</b>	<b>100</b>

Table No: 33

<b>Events, Seminar and Other Workshop Opportunities (01/08/2016 - 31/07/2017)</b>		
<b>Title of Course</b>	<b>No of Events</b>	<b>No of Attendees</b>
<i>Are we Caring Enough? Neglect Conference (One-Day)</i>	1	194
<i>Child Sexual Exploitation (CSE) Training the Trainers Session (One-Day)</i>	1	5
<i>Perth and Kinross Child Protection Committee Annual Development Session (One-Day)</i>	1	38
<i>Tayside Child Protection Training Facilitators Development Session (One-Day)</i>	2	22
<i>Learning Disability and Child Sexual Exploitation (Barnardo's Scotland) (Half-Day)</i>	1	31
<i>Identifying and Responding to Male Victims of Child Sexual Exploitation (Barnardo's Scotland) (Half-Day)</i>	1	32
<b>Totals</b>	<b>7</b>	<b>322</b>

Table No: 34

<b>Early Years Childcare Strategy Team Learning and Development Opportunities for Childminders and Partners Providers (01/08/2016 - 31/07/2017)</b>		
<b>Title of Course</b>	<b>No of Courses</b>	<b>No of Attendees</b>
<i>Child Protection Basic Awareness</i>	3	68
<i>Exploring Child Protection Further</i>	3	55
<i>Child Sexual Exploitation</i>	1	10

<i>Getting Our Priorities Right</i>	<i>1</i>	<i>24</i>
<i>GIRFEC</i>	<i>1</i>	<i>27</i>
<b><i>Total</i></b>	<b><i>9</i></b>	<b><i>184</i></b>

Table No: 35

<b><i>Grand Totals (Course; Bespoke Events; Workshops; Seminars etc) (01/08/2016 - 31/07/2017)</i></b>	<b><i>59</i></b>	<b><i>1,487</i></b>
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## Conclusions

***In terms of impact,*** Tables 30 to 34 evidences that 2016 - 2017 has been a very successful year in terms of staff learning and development opportunities. Table 30 shows a significant increase in the number of people successfully accessing and completing our recently refreshed and improved OnLine Training Modules.

Tables 31 to 34 show that by adopting a more dynamic and flexible approach, we have increased both the number and range of staff learning and development opportunities available to staff. For the third successive year the number of staff learning and development opportunities has risen; this year to 59 (up 16%). Over the three year period this represents a 118% increase in opportunities (51 opportunities in 2015 - 2016; 27 opportunities in 2014 - 2015).

In addition, the number of attending delegates has also increased; this year to 1,487 (up 23%). Over the three year period this represents a 95% increase in number of attending delegates (1,207 delegates in 2015 - 2016; 764 delegates in 2014 - 2015).

At the time of publication, we are continuing to review and expand our staff learning and development opportunities. We have secured additional PKC funding (ACORN) to scope out and implement a whole workforce protecting people learning and development programme (targeted) which will commence late autumn 2017. We are also planning new courses to meet local practice needs.

The CPC continues to collate on-the-day / exit evaluations which are consistently high and we have introduced an evaluation methodology in the workplace; to measure the impact of child protection learning and development opportunities on practice. We have also completed a review of our evaluation forms to ensure we are collecting both quantitative and more importantly, qualitative practice feedback. The following Table provides a small snapshot of comments / feedback from those who attended some of the staff learning and development opportunities over the last year:

Table No: 35

<b><i>Snapshot of Practitioner Comments / Feedback (01/08/2016 - 31/07/2017)</i></b>	
<i>Basic Awareness Child Protection (Half-Day)</i>	<i>"I now have more knowledge to support my team"</i> <i>"in my role (adult alcohol counsellor I am now more acutely aware about the needs of children"</i>
<i>Inter-Agency Child Protection (One-Day)</i>	<i>"I am more confident and understand the systems better"</i> <i>"I am confident about who and when to share information"</i>
<i>Child Protection Case Conference (One-Day)</i>	<i>"I am going to have a closer look at my pre-meeting preparations"</i> <i>"I attend CPCCs and Core Groups - this course has given me more confidence"</i>

<i>Chronology of Significant Events for Children and Young People Course (Half-Day)</i>	<i>"I am much clearer about constitutes a significant event"</i> <i>"I have a better understanding and now have good guidelines"</i> <i>"I have an increased confidence in recording significant events"</i>
<i>Working with Hostile and Non Engaging Families (One-Day)</i>	<i>"I have a clearer understand of how to engage with hostile behaviours"</i> <i>"I will use this in practice and during supervisions"</i>
<i>Working with Children and Families Affected by Parental Substance Use (GOPR) (Half-Day)</i>	<i>"I can now use aspects of this toolkit to clarify my concerns"</i> <i>"I think the general public should be encouraged to access / become aware of the content of this course"</i> <i>"I will check that my children's nursery is aware of this toolkit"</i>
<i>Child Sexual Exploitation Training (One-Day)</i>	<i>"I feel I am now part of a team protecting people - instead of being alone"</i> <i>"I will not take anything for granted and will be more curious"</i>
<i>Trauma Informed Practice: Working with Children and Young People affected by Sexual Abuse and Exploitation (One-Day)</i>	<i>"I am more able to understand trauma and the behaviours associated with it"</i> <i>"I am more equipped with how to deal with disclosures"</i> <i>"I am more comfortable identifying the signs and whop to contact"</i>
<i>Mentor Forensics - Understanding Sex Offender Behaviour: A Foundation in Behaviour Analysis (Two-Day)</i>	<i>"I gained a real understanding of the complexities of this area. It left me with a lot of questions"</i> <i>"Although the course was gruelling, there was a wealth of information that it would have been difficult to get elsewhere"</i> <i>"Extremely thought provoking. Packed full of information and case studies. Fascinating and disturbing. I feel like I'm leaving here with my eyes wider open"</i> <i>"I think the course should be considered (or elements of the course) as mandatory for all child protection social workers"</i>

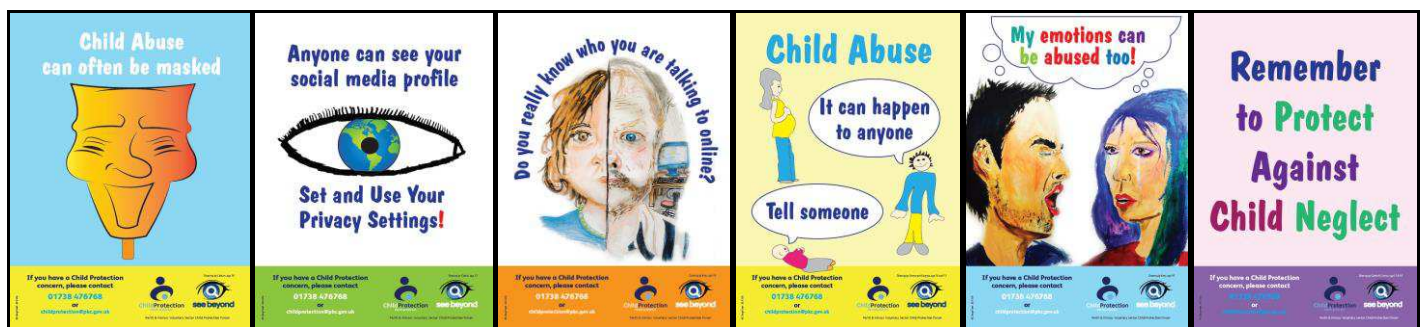
## Impact on the Community

**Evaluation:** We are confident that the CPC is transparent and public-facing; that we are providing highly evaluated public information that is accurate, relevant and useful in terms of helping to keep children and young people safe; that we are communicating, listening and actively engaging with the community, building capacity and helping to keep people safe in their communities.

### ***Public Information, Communication and Engagement***

*"As set out in the National Child Protection in Scotland Guidance (2014), the core functions of Child Protection Committees include public information and communication, alongside continuous improvement and strategic planning. This requires raising public awareness and involving children, young people and families. Public awareness may be focused on how a member of the public can notify appropriate services if they have concerns about a child. There may be particular areas identified (for example, raising awareness about online safety of children). There are also opportunities to consider the messages for families who are in need of support"*

[Protecting Scotland's Children and Young People: It is Still Everyone's Job](#) (Scottish Government: March 2017)



The [CPC Public Information, Communication and Engagement Strategy 2015 - 2018](#) continues to underpin the CPC's approach to *public information, communication and community engagement*. This strategy has three specific strands – *information, communication and engagement*. This has been further strengthened in 2016 by a dynamic CPC Communications Plan, which is supported by professional Communications Officers.

### ***Child Protection Website***

The [CPC Child Protection Website](#), hosted on the PKC Website is fundamental to the CPC's approach to communication.

This public facing website ensures the work of the CPC remains open and transparent. Throughout 2016 - 2017, the website has been significantly improved in terms of appearance, content, accessibility and functionality and now has a much improved intelligent search facility.

***In terms of impact,*** the following Table provides some specific information on key pages within the child protection website; showing unique user activity, page activity and an impact analysis between last year and this year. Many of the users went on to look at one or more sub pages within the child protection website:



Table No: 36

<b>CPC Website Single User and Page Activity 1 August 2016 - 31 July 2017</b>		
<b>Key Webpage Activity</b>	<b>Impact (Minimum) 2016 - 2017</b>	<b>Impact (Minimum) 2015 - 2016</b>
<i>Child Protection Main Landing Page</i>	<i>5,214 users – 23,407 page hits</i>	<i>7,763 users – 24,110 page hits</i>
<i>What's New in Child Protection – News Page</i>	<i>868 users – 3,142 page hits</i>	<i>721 users – 2,217 page hits</i>
<i>Child Protection Committee Main Page</i>	<i>582 users – 1,295 page hits</i>	<i>605 users – 1,157 page hits</i>
<i>P&amp;K Practitioner's Guide and OnLine Toolkit: Information Sharing</i>	<i>491 users – 1,447 page hits</i>	<i>863 users – 1,816 page hits</i>
<i>Protecting People Through Learning &amp; Development</i>	<i>281 users – 977 page hits</i>	<i>N/A</i>
<i>Child Protection – Frequently asked Questions</i>	<i>234 users – 423 page hits</i>	<i>899 users – 1,131 page hits</i>
<i>P&amp;K Practitioner's Guide and OnLine Toolkit: CSE</i>	<i>224 users – 648 page hits</i>	<i>785 users – 2,004 page hits</i>
<i>Child Protection Publications</i>	<i>211 users – 963 page hits</i>	<i>516 users – 1,157 page hits</i>
<i>P&amp;K Practitioner's Guide and OnLine Toolkit: GPR</i>	<i>195 users – 628 page hits</i>	<i>499 users – 1,513 page hits</i>
<i>Information for Practitioners</i>	<i>185 users - 857 page hits</i>	<i>463 users – 855 page hits</i>
<i>National Guidance for Child Protection in Scotland 2014</i>	<i>138 users – 367 page hits</i>	<i>383 users – 828 page hits</i>
<i>P&amp;K Inter-Agency Child Protection Guidelines</i>	<i>96 users – 220 page hits</i>	<i>231 users – 810 page hits</i>
<i>What to do if you are worried about child / young person</i>	<i>95 users – 517 page hits</i>	<i>329 users – 499 page hits</i>
<i>Information for Parents and Carers</i>	<i>91 users – 369 page hits</i>	<i>151 users – 231 page hits</i>
<i>Child Protection Posters</i>	<i>80 users – 132 page hits</i>	<i>312 users – 810 page hits</i>
<i>Information for Children and Young People</i>	<i>80 users – 116 page hits</i>	<i>116 users – 187 page hits</i>
<i>P&amp;K Inter-Agency Learning &amp; Development Framework</i>	<i>80 users – 172 page hits</i>	<i>N/A</i>
<i>National Disability Guide and OnLine Toolkit</i>	<i>49 users – 102 page hits</i>	<i>62 users – 142 page hits</i>
<i>Tayside Plan for Children, Young People and Families</i>	<i>43 users – 105 page hits</i>	<i>N/A</i>

## ***Virtual Community***

Last year we reported upon the establishment of a Protecting People Virtual Community of like-minded / interested members of the community willing to provide advice and feedback on local child protection policy developments. At present the community remains static at 15 members. In February 2017, we invited community members to take part in a short online survey of our CPC Public Information Posters 2014.

***In terms of impact***, 6 community members participated and provided us with the following feedback:

### ***Key Strengths:***

- *posters had been seen in schools; public buildings; buses; recycling vehicles and online;*
- *posters were most effective in terms of conveying the message; promoting the theme; use of text and use of language; and*
- *4 out of the 6 posters were ranked higher in terms of their overall effectiveness.*

### ***Suggested Improvements:***

- *keep the message clear and simple;*
- *keep the image colours strong;*
- *increase the help information font size; and*
- *ensure the overall messages remain consistent.*

At the time of publication a further survey of community members is underway in respect of the improved CPC website and the CPC Public Information Posters 2014 are being refreshed via young people and the Voluntary Sector Child Protection Forum.

## ***Social Media***

Last year we reported upon our CPC pilot use of the PKC social media platforms (Facebook and Twitter) to extend the message reach of our key child protection activities. Working in partnership with Perth and Kinross Council Chief Executive's Corporate Communications Officer and the ECS Communications Officer, we have now completed this pilot work with a positive proof of concept. In February 2017, the CPC decided to mainstream this communications activity which will continue.

Between 1 August 2016 and 31 July 2017, our social media posts have covered both local and national initiatives:

### ***Local***

- *new public information materials e.g. Child Sexual Exploitation;*
- *updates to the CPC webpages on [www.pkc.gov.uk](http://www.pkc.gov.uk);*
- *various staff learning and development opportunities;*
- *notable outcomes of the review of child protection decision-making in 2016;*
- *development of a new P&K Code of Practice: Information Sharing, Confidentiality and Consent;*
- *development of the Protecting People Virtual Community; and*



- the *Getting It Right - Keeping Your Child Safe Event* for parents / carers /practitioners working with children and young people

### **National**

- Scottish Government #CSEtheSigns campaign;
- Police Scotland Grooming and CSE campaign;
- Children 1st #createasmile campaign; and
- Police Scotland Sex Offender Community Disclosure Scheme.

**In terms of impact**, our posts have resulted in a combined reach of 106,467 on Facebook and a total of 54,257 impressions on Twitter. During this reporting period, the three most popular posts on each channel were:

Table No: 37

<b>Most Popular Posts / Tweets - Social Media Activity (1 August 2016 - 31 July 2017)</b>	
<b>Facebook</b>	<b>Reach</b>
<i>Free training opportunity for anyone working with children &amp; young people coming up on 19 Jan: <a href="http://ow.ly/D5rz306JQYn">http://ow.ly/D5rz306JQYn</a> #pkchildprotection (posted on 3 Dec 2016)</i>	6,225 reached; 13 shares; 536 post clicks
<i>Free training opportunity for anyone working with children &amp; young people coming up on 8 Feb: <a href="http://ow.ly/CzGg306JRrb">http://ow.ly/CzGg306JRrb</a> #pkchildprotection (posted on 9 Jan 2017)</i>	5,801 reached; 17 shares; 352 post clicks
<i>Free training opportunity - Working with children &amp; families affected by parental substance use - link to GOPR course flier image (posted on 10 Apr 2017)</i>	5,296 reached; 3 shares; 1 link click
<b>Twitter</b>	<b>Reach</b>
<i>We're supporting Children 1st #createasmile campaign - all Scottish children deserve lives free of abuse &amp; neglect: <a href="http://ow.ly/DRxD304WWbr">http://ow.ly/DRxD304WWbr</a> (posted on 7 Oct 2016)</i>	1,731 impressions; 3 retweets; 1 link click
<i>Our free online safety seminar for parents/carers/professionals is coming up soon: <a href="http://ow.ly/uYY0308BeYT">http://ow.ly/uYY0308BeYT</a> (posted on 2 Feb 2017)</i>	1,587 impressions; 4 retweets; 3 link clicks
<i>Perth &amp; Kinross CPC has produced info leaflets on spotting signs of child sexual exploitation: <a href="http://ow.ly/DYHs30bNnqy">http://ow.ly/DYHs30bNnqy</a> #pkchildprotection (posted on 22 May 2017)</i>	1,255 impressions; 5 retweets; 4 link clicks

### **Engagement with Activity Centres / Approved Providers**

Approved Providers are organisations that provide on-site adventurous, sporting and recreational activities to children and young people from Perth and Kinross. Perth and Kinross Council approve these organisations, if they meet certain standards; particularly in terms of registration, health, safety and liability insurance cover. Whilst the majority of these organisations are based within Perth and Kinross, some are not. Irrespective of where they are based, the approach we have taken to their registration and approval has been the same.

Since 2012, the CPC has been working in partnership with these organisations to promote a culture of promoting child wellbeing and keeping children and young people protected and safe from harm and abuse. This has included support to develop robust child protection policies and procedures and providing their staff members with access to free child protection training.

Throughout this time, as a result of our radical approach, the overall number of active approved providers has continued to fluctuate. We have worked hard to support all approved providers, particularly those who are used *most frequently* by schools across Perth and Kinross. During this reporting period, we have moved to a position where only those organisations who meet the registration criteria; have in place a robust child protection policy; a designated child protection officer and who have provided recent evidence of that person's recent child protection CPD are now Approved Providers.

Working on a RAG Matrix – *GREEN – meets the requirements expected; AMBER – almost meets the requirements expected and RED – does not meet the standards expected*; we are continuing to support our Approved Providers and we are continuing to make good progress with this partnership work aimed at keeping children and young people safe.

At present, 43 organisations are Approved Providers.

***In terms of impact***, the following Tables provide a status overview of the progress we have made @ 31 July 2017:

Table No: 38

<b><i>Approved Providers: Active and In-Active – Review Status</i></b>	<b><i>ACTIVE</i></b>	<b><i>INACTIVE</i></b>	<b><i>TOTAL</i></b>
@ August 2016	45	27	72
@ August 2017	43	31	74

Table No: 39

<b><i>Approved Providers: Child Protection Policy – Review Outcomes</i></b>	<b><i>GREEN</i></b>	<b><i>AMBER</i></b>	<b><i>RED</i></b>	<b><i>TOTAL</i></b>
@ August 2016	36	5	4	45
@ August 2017	40	1	2	43

Table No: 40

<b><i>Approved Providers: Child Protection Training – Review Outcomes</i></b>	<b><i>GREEN</i></b>	<b><i>AMBER</i></b>	<b><i>RED</i></b>	<b><i>TOTAL</i></b>
@ August 2016	28	8	9	45
@ August 2017	36	3	4	43

## How good is our operational management?

This section describes how the CPC has pro-actively led a range of policy and practice developments to protect children, young people and families. It describes improvements already made to key child protection policies, procedures and practices as well as planned improvements. This work aims to support competent, confident and skilful practitioners to make sound professional judgments when dealing with complex issues.

**Evaluation: We are confident that our child protection services are robust, effective and focused on vulnerability, risk and need. We are working extremely hard to improve the life chances of children and young people. Practice is enabled by evidence-based policy, practice and planning improvements and multi-agency practitioner staff learning and development opportunities.**

*"Strong leadership and a competent and confident workforce play a critical role in child protection. Child Protection Committees have a responsibility to identify and promote good, evidence-based policy and practice developments, address issues of poor policy and practice, and encourage learning from effective policy and practice developments"*

[National Guidance for Child Protection in Scotland 2014](#)  
(Scottish Government 2014)

*"There is a strong culture in Perth and Kinross of continually striving for improvement, staff are actively encouraged to innovate. Mechanisms are in place to ensure that good practice is routinely identified, disseminated and celebrated. Perth and Kinross is outward looking and keen to learn from a wide range of sources including good practice elsewhere, for example, contact with other high performing CPCs"*

*Effectiveness of the CPC in Perth and Kinross Council Area:  
Report to Scottish Ministers (Emma McWilliam, Link Inspector,  
Care Inspectorate: March 2014)*

Throughout 2016 and 2017, the CPC has continued to lead on a number of key child protection policy and practice developments, in collaboration with partner agencies and staff. The following are *selected highlights* of some of the progress and key improvements we have made to date, and plan to make, aimed at *supporting and empowering* a competent, confident and skilful workforce:



### **Child Sexual Exploitation (CSE)**

#### **Child Sexual Exploitation (CSE) is Child Sexual Abuse (CSA).**

Elected Members, Chief Officers and Community Planning Partnership (CPP) partners continue to provide strong strategic leadership, direction and scrutiny of our partnership approach of *zero-tolerance to abuse and exploitation and to ensuring a hostile environment across Perth and Kinross.*

The [Children, Young People and Families Partnership \(CYPFP\)](#) and Perth and Kinross Council has been continually provided with CSE Progress and Update Reports and at previous Council meetings, Elected Members have recorded that *"there is no place for abuse and exploitation in our communities"*. This remains a high priority and long-term shared-commitment by all partners. This high-level, strategic leadership, support and buy-in has been fundamental in our approach to prevent and tackle this relatively new, high risk, area of work.

Last year we reported upon the establishment of the multi-agency [P&K CSE Working Group \(CSEWG\)](#) in February 2015. Since then membership of this CSEWG has been kept under constant review and clear Terms of Reference remain in place.

On 1 April 2015, we published the [P&K CSE Work Plan 2015 - 2018](#), which contained a wide range of improvement actions / tasks under four specific workstreams: *Prevention; Intervention; Disruption and Prosecution and Recovery*. Last year we provided an update on this Work Plan and in November 2016, we took the opportunity to review and refresh the Plan.

Building on our previous updates, the following provides a snapshot of what we consider to be our key achievements aimed at preventing and tackling CSE within Perth and Kinross:

### **CSE Work Plan - Achievements**

#### ***Annual Getting it Right: Keeping Your Child Safe Event 2017***

As reported upon previously in this report, this annual event was last held on 2 March 2017 in the Playhouse Cinema, Perth. Aimed at parents, carers, inter-agency practitioners and managers, these events aim to raise further awareness and understanding about keeping children and young people safe from harm, abuse and exploitation, including CSE. Three separate sessions (morning, afternoon and evening) allow those attending to hear directly from a range of expert speakers in their field. This year guest speakers provided presentations on *popular apps and trends; the impact of online pornography on the adolescent; online gaming and cybercrime*.

This year a minimum of 609 delegates attending the event, compared to 489 last year, an increase of 25%. Since 2012, a total of 3,295 delegates have attended these events which continue to be evaluated very highly. We can evidence that these annual events continue to have an extremely positive impact on increasing levels of understanding about abuse and exploitation and how to keep children and young people safe and free from exploitation at home, online and the community. They have also informed our ongoing CSE improvement work.

#### ***Perth and Kinross Practitioner's Guide and Toolkit: CSE***

Originally launched on 8 September 2015, the [Perth and Kinross Practitioner's Guide and Toolkit: CSE](#) continues to provide a one-stop, comprehensive practice guide and toolkit which includes dedicated webpages on CSE definition; vulnerability indicators; risk indicators; non-disclosure issues; key national and local publications; educational media information; many useful links and information and advice on what to do if worried about CSE. In the last 18 months, a minimum of 1,009 unique users have visited the CSE landing page on at least 2,652 occasions; with many of them going on to visit the CSE subpages.

#### ***CSE Information and Advice Leaflets***

Working in partnership with the Perth and Kinross Council Licensing Committee, Community Wardens, Visit Scotland and others we have continued to widely distribute and make available our [CSE Information and Advice Cards and Leaflets](#) to children, young people, parents, carers, and practitioners. We have also continued to distribute hundreds of these publications to Night-Time Economy Workers - Taxi and Private Hire Drivers; Licensed Premises; Hotel and Accommodation Providers. This distribution work continues via a range of internal and external partners. We also continue to promote an awareness and understanding of CSE via PKC social media platforms and we can evidence that they are having a significant impact in terms of reach.

## ***Multi-Agency CSE Staff Learning and Development Opportunities and Workshops***

In March 2016 and again in June 2017, following local recruitment drives, and in partnership with Barnardo's Scotland, we successfully trained and appointed 13 multi-agency CSE Training Champions, who undertake this role in addition to their every-day duties.

Since June 2016, we have rolled-out a programme of multi-agency CSE staff learning and development opportunities. To date, 5 events have been held; 93 multi-agency practitioners have attended these events; evaluated them very highly. A further 6 events are scheduled to take place in 2017 / 2018.

## ***Partnership Working with Barnardo's Scotland***

Working in partnership with Barnardo's Scotland, we have also held two further bespoke, half-day multi-agency CSE staff learning and development workshops which were facilitated by Barnardo's Scotland:

- 27 January 2017: *Identifying and Responding to Male Victims of Child Sexual Exploitation* (32 delegates); and
- 13 March 2017: *Learning Disability and Child Sexual Exploitation* (31 delegates).

We are continuing our partnership work with Barnardo's Scotland; particularly in terms of Night-Time Economy workers and we are discussing with them how best we can further evaluate the impact of our distributed [CSE Information and Advice Cards and Leaflets](#).

## ***Preventing and Tackling CSE***

We are working hard to prevent and tackle CSE; to raise a better understanding and understanding of CSE; to identify CSE and to intervene early; to disrupt and prosecute perpetrators of CSE and to improve the longer term therapeutic support and recovery from CSA / CSE.

In addition to the above, there are a number of other activities we have used, and are continuing to use very successfully to prevent and tackle CSE. These include:

- *annual keeping yourself safe surveys in PKC schools (since 2011 - 19,777 children and young people have responded); and*
- *bi-annual keeping yourself safe surveys in P&K independent schools (since 2013 - 2,304 children and young people have responded); and*
- *public awareness surveys keeping safe / what to do if worried etc (since 2012 - 2,087 children, young people and adults have responded) - using all the feedback and results to identify trends; and to inform practice change.*
- [NSPCC schools service - "speak out. stay safe" programme](#) *has been rolled out across all PKC primary schools since 2013 (in 2016 / 2017 this prevention and awareness programme has been delivered to 4,360 children and young people across 35 PKC primary schools);*
- *continued to deliver a wide range of preventative educational programmes in our schools aimed at preventing child abuse and exploitation;*
- *improved our multi-agency screening group (MASG) and child protection arrangements and where CSE is identified as a possible risk, a more holistic and robust response is now provided;*

- *improved our inter-agency referral discussions to specifically consider CSE and where identified as a possible risk, a more holistic and robust response is now provided;*
- *improved our CPC inter-agency child protection guidelines specifically in respect of recognition and response; unseen / hidden children; trafficking and exploitation; online safety; missing persons; missing children and young runaways;*
- *improved significantly our child interview suite environment at Almondbank House;*
- *delivered (pilot course) a multi-agency practitioners training course on trauma informed practice;*
- *improved our approach to missing persons and return (home) discussions to ensure the risk of CSE is considered;*
- *improved the flow of information and intelligence from practitioners to Police Scotland - Tayside Division re CSE;*
- *appointed a Tayside CSE Coordinator - joint venture between Barnardo's Scotland and Police Scotland - Tayside Division;*
- *participated and learned from the National CSE Workshop held in Stirling on 26 April 2017;*
- *established a Perth and Kinross Young People's CSE Advisory Group; and*
- *about to publish a directory of local and national support services for victims of child sexual abuse and / or exploitation.*

### **CSE Work Plan - Next Steps**

At the time of publication we are in the process of refreshing the [CPC Improvement Plan; CSE Work Plan 2015 - 2018](#) and other plans to ensure alignment with the [Tayside Plan for Children, Young People and Families 2017 - 2020](#).

We will continue to make CSE a priority area of work and we will continue to proactively engage with this work at a national, regional and local level. We will continue to implement and embed the ongoing and remaining actions / tasks contained within the [P&K CSE Work Plan 2015 - 2018](#) and we will continue to provide regular update / progress report to Elected Members and Chief Officers.



#### ***Perth and Kinross Pathfinder: Stop To Listen (STL)***

Last year we reported that in 2015, Perth and Kinross had been appointed as one of four national Pathfinder areas for this new initiative led by [Children 1st](#). The three other Pathfinder areas are Glasgow, North Ayrshire and Renfrewshire.

[Stop To Listen \(STL\)](#) aims to develop and improve prevention, early intervention and child-centred responses to children and young people who may be at risk of, or have experienced sexual abuse and exploitation.

Throughout 20-16 - 2017, building upon very helpful feedback from the *Young People's Speak-Up Innovation Lab* (8 September 2015); *Leadership Summit: Zero-tolerance of abuse and exploitation* (8 September 2015); *CSE Masterclass: CSE - Stop To Think - See Beyond* (3 February 2016) and a *Joint Meeting of the CYPFP and the CPC* (18 February 2016), we established a multi-agency P&K STL Steering Group, which has now met on 5 occasions.



Terms of Reference and a P&K STL Pathfinder Project Plan 2015 - 2017 are in place; the latter being under constant review. Since January 2016, we have made considerable progress with this work and the two practice areas which we have been exploring in terms of initiating practice / culture change are *Joint Investigative Interviewing* and *Peer Mentoring*.

The following provides a snapshot summary of some of the key policy, practice and culture changes and / or development so far:

- October 2016: encouraged and supported local education and children's services, health service and the police service to participate in a national CSA / CSE Data Collection and Trauma Support Scoping Exercise, being led by the NSPCC and Children 1st. Local submissions were made and in February 2017, the national and local findings were published. This study confirmed there were no accurate / reliable national or local prevalence studies of CSA / CSE; identified some of the national and local challenges faced in data collection and highlighted the limited provision of national and local specialist therapeutic support services; particularly longer term support services. It also showed that for victims under 12 years of age, there are no local specialist services which we are considering further;
- October 2016: supported multi-agency practitioners and managers to attend the *Justice for Children: Getting it Right for Child Witnesses Conference* hosted at the Scottish Police College, Tulliallan and organised by Children 1st. Expert speakers provided information about the [Barnehus](#) (National Children's House Norway) approach to interviewing victims of CSA / CSE; Approaches to Gathering the Best Evidence through Intermediaries in England and Wales and the Evidence and Procedure Review (Child and Vulnerable Witnesses) in Scotland;
- October 2016 - March 2017: following from the previous learning, the child interview room (visually recorded interviews) and facilities at Almondbank House, Perth were significantly improved in terms of lighting, decoration, seating and soft furnishings - making it a more safe and comfortable environment for interviewing child victims;
- October 2016 - Ongoing: reviewed our joint (police and social work) investigative interviewing arrangements to identify cases suitable for the STL practice approach; improved the preparation, planning and rapport building stages of joint investigative interviewing; explored ways to improve the digital recording equipment; working to improve the quality assurance of joint investigative interviews and developing disruption and prosecution packages;
- October 2016 - Ongoing: encouraged and supported young people to establish a CSE Advisory Group; which has now met on two occasions (June and August 2017); which they themselves have taken responsibility for; are amending the name and remit of the group and have, within two meetings, applied a young person's perspective on our work and are already suggesting new, creative and innovative ways of preventing and tackling CSE;
- August 2017 - Ongoing: working with an External Consultant, we have identified trained police and social work joint investigative interviewers to participate in enhanced joint training on the impact of trauma; aimed at developing their core interview and communication skills - course being held 24 August 2017; and
- in August 2017, working with Perth and Kinross Rape and Sexual Assault Centre (RASAC) produced a Directory of Support Services for CSA / CSE, which we plan to publish and y distribute widely to all practitioners, services and agencies to support and empower their practice.

## ***Getting it Right in Perth and Kinross (GIRFEC)***

[GIRFEC](#) is the national practice approach in Scotland to improving outcomes and is about *promoting, supporting and safeguarding* the [wellbeing](#) of all children and young people, by offering them the right help, at the right time, from the right people.

GIRFEC has its origins in the [United Nations Convention on the Rights of the Child \(UNCRC\)](#). It puts the rights and wellbeing of all children and young people at the heart of the services that support them to ensure that everyone works together to improve outcomes for a child or young person.

The GIRFEC approach is not new and has grown over a number of years from the practice of health and education professionals and feedback from the children and families they support. GIRFEC is for all children and young people because it is impossible to predict if or when they might need extra support.

[The Children and Young People \(Scotland\) Act 2014](#) (The Act) enshrined certain aspects of GIRFEC into law; in particular *Part 1: Children's Services Planning; Part 4: Provision of Named Persons and Information Sharing; Part 5: Child's Plans and Part 18: Assessment of Wellbeing*.

Embedding GIRFEC remains a high priority for the Perth and Kinross Community Planning Partnership. Throughout 2016 - 2017 and being mindful of this judgment, we have worked to consolidate and embed GIRFEC and requirements of [The Children and Young People \(Scotland\) Act 2014](#) into our local practice arrangements; whilst monitoring the ongoing legislative and policy proposals. The following provides an overview of some of this consolidation work; evidences a high level of readiness and how our approach has been future proofed:

### ***Perth and Kinross CPC Inter-Agency Child Protection Guidelines 2017***

We have recently completed the refresh of the CPC Inter-Agency Child Protection Guidelines 2017, which are to be published on 29 August 2017. These guidelines remain a dynamic resource aimed at supporting and empowering local practice. As part of this refresh, we have clearly articulated that our child protection policy and practice arrangements sit within the wider GIRFEC policy and practice framework.

### ***Perth and Kinross GIRFEC Webpages***

The [Perth and Kinross GIRFEC Webpages](#) have been refreshed and rationalised and now reflect the [Scottish Government GIRFEC website](#) and local practice arrangements. Since 1 August 2016, a minimum of 528 unique users have visited the webpage on at least 2,411 occasions.

### ***Perth and Kinross GIRFEC OnLine Module and Other Training***

The [Perth and Kinross GIRFEC OnLine Module](#) has also been updated and since 1 August 2016, a minimum of 617 individuals have completed this module, which is deemed essential for all Council employees; whilst the module is also readily available to partners and the public.

In addition, all CPC inter-agency child protection training materials and staff learning and development opportunities are delivered within the wider context of the GIRFEC practice approach. We continue to deliver a wide range of GIRFEC and Child Protection Training from basic awareness to more specialised training particularly in respect of the GIRFEC Practice Model; Named Persons; Information Sharing; Assessments; Chronologies and Child's Plans and our practice arrangements remain in a high state of readiness.



## **Information Sharing**

In 2013, working in partnership with the Scottish Government GIRFEC Team, Information Commissioner's Office: Scotland (ICO) and the Perth and Kinross GIRFEC Strategy Group, the CPC published a [Perth and Kinross Practitioner's Guide and Toolkit: Information Sharing, Confidentiality and Consent](#), which within the wider policy and practice context of GIRFEC, provides practitioners with a clear, evidenced based and legally compliant guide and toolkit to support and empower their everyday practice.

Since publication, this work has been embedded in all inter-agency child protection staff learning and development opportunities and continues to be evaluated highly. In terms of impact, since 1 August 2013, a minimum of 4,305 unique users have visited the guide and toolkit on at least 8,212 occasions. This work has been critically acclaimed; hailed as ground-breaking and attracted attention from a number of other CPC areas across Scotland, where it has been replicated in its entirety.

Following a legal challenge in relation to *Part 4: Provision of Named Persons and the provisions for Information Sharing* on 26 July 2016, the UK Supreme Court Judgment ruled "*that the aim of the Act, which is unquestionably legitimate and benign, is the promotion and safeguarding of the wellbeing of children and young persons. However, changes are required to the information-sharing provisions of Part 4 of The Children and Young People (Scotland) Act 2014 to make these provisions compatible with Article 8 of ECHR*".

Following the UK Supreme Court's Judgement (28 July 2016) our Chief Officers identified a need to develop a new Code of Practice, to ensure all staff continued to understand their legal responsibilities and obligations to share information proportionately, where there is a need to *safeguard, support and promote* the welfare of children and young people.

However, in the interim, in February 2017, following further partnership work between local Perth and Kinross partner agencies; the CPC, GIRFEC Strategy Group; Council Legal Services and the Information Commissioner's Office: Scotland (ICO) we published a new [Perth and Kinross Code of Practice: Information Sharing, Confidentiality and Consent](#) which reflects accurately the requirements of The Data Protection Act 1998 and Article 8 ECHR.

Since publication, this Code of Practice has been widely circulated across all service and agencies, including children's service and adult services; it is now embedded in all inter-agency child protection staff learning and development opportunities. It has also attracted interest from across Scotland and more recently from Bedford Borough Safeguarding Children Board.

We are aware that Scottish Government Ministers and Officials are working to address this judgment and that on 19 June 2017, [The Children and Young People \(Information Sharing\) \(Scotland\) Bill](#) has been laid before the Scottish Parliament.

## **Multi-Agency Screening Group (MASG)**

Since 2012, we have been reporting on the work of the Multi-Agency Screening Group (MASG). MASG has been continually reviewed and improved throughout this period and provides an efficient, effective and early multi-agency screening response to Police Child Concern Reports and Unborn Baby Referrals.

MASG promotes proportionate information sharing; holistic multi-agency decision making and the planning of next steps in relation to these reports and referrals. All service / agency representatives at MASG work to their own single service / agency and to the multi-agency MASG guidance.

As part of the MASG Re-Design work and following the UK Supreme Court's Judgement (28 July 2016), all the policy, process and practice changes identified previously have now been made and MASG remains compliant and proportionate with current GIRFEC and child protection legislative and policy requirements. All MASG processes and outcomes are very clear. However, further work is ongoing in respect of the handling and management of Unborn Baby Referrals and this remains an areas for multi-agency improvement.

## **Assessments**

All service / agency assessment frameworks continue to reflect the [GIRFEC National Practice Model - Wellbeing Indicators \(SHANARRI\)](#); [My World Triangle](#); and the [Resilience Matrix](#) and the [National Risk Framework and Toolkit to Support the Assessment of Children and Young People](#) (Scottish Government: 2012). A wide range of assessment tools continue to be used across Perth and Kinross.

Reviews of Decision-Making at Child Protection Case Conferences in 2016 and 2017 identified assessments as a particular strength:

- *there was positive use of multi-agency risk assessment;*
- *recognised frameworks were used to assess need and risk e.g. resilience framework, risk matrix*
- *evidence of contribution from a wide range of agencies to the assessment process;*
- *very good quality assessments to inform multi-agency planning and decision making;*
- *strong evidence that assessments are informed by the national practice model; and*
- *detailed chronologies being used effectively to support holistic assessment.*

In 2017, following practitioner feedback, a further review of the Services for Children, Young People and Families Assessment Framework was completed to further improve practice.

## **Child's Plans**

Since February 2016, we have adopted and implemented the Tayside Child's Plan, which reflect the requirements of, and are in readiness for [Part 5 of The Children and Young People \(Scotland\) Act 2014](#). At present 577 children and young people have a Child's Plan.

Reviews of Decision-Making at Child Protection Case Conferences in 2016 and 2017 identified Child's Plans as a particular strength; albeit we recognise the need to ensure they are SMARTer:

- *robust plans were in place for the majority of children;*
- *very clear plans in place and outcomes defined;*
- *growing evidence of wider use of the 'Child's Plan' to record co-ordinated action (regardless of registration of child);*
- *creative plans clearly identified ways to improve stability; security and wellbeing;*
- *plans, informed by robust assessment, focus on meeting wellbeing needs and addressing risks; and*
- *plans demonstrated that interventions were ensuring multi-agency participation in responding to the needs of the whole family.*

## ***Getting Our Priorities Right Guidance: Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use***

Last year we reported upon this ongoing joint development work between the CPC and the ADP.

We also reported upon the development of the [Perth and Kinross Practitioner's Guide and Toolkit: Getting Our Priorities Right \(GOPR\)](#) and the successful recruitment and appointment of our multi-agency GOPR Training Champions in February 2016.

This guide and toolkit continues to support and empower all practitioners and managers working with children, young people and families affected by problematic alcohol and drugs use. It has been made widely available for use by all practitioners working in the public, private and third sectors those across Perth and Kinross; including all those working in children's services and adult services. It aims to keep children and young people safe; promotes early identification, effective intervention and support. It promotes partnership working across children's services and adult services and practice is supported by a Toolkit with Checklists to aid professional judgement and early assessment.

***In terms of impact***, since first published in August 2014, to date a minimum of 1,212 unique users have accessed this web-based guide and toolkit on at least 3,043 occasions; with many of them going on to visit further GOPR subpages.

Since June 2016, we have rolled-out a programme of multi-agency GOPR staff learning and development workshops which involves a very powerful real-life case study. To date a total of 11 such workshops have taken place and 191 multi-agency practitioners have attended these workshops, which continue to be evaluated very highly. These workshops are continuing throughout 2017 - 2018 and a further 5 events are already scheduled.

## ***Addressing Neglect and Enhancing Wellbeing (ANEW) in Perth and Kinross***

***"Neglect is the primary maltreatment issue that children in Scotland currently face"***

*"We have commissioned both a review of existing policy, legislation and literature, and an updated national survey on neglect to ensure that we have a robust and coherent national framework for responding to child neglect that is evidence-led. We have commissioned a Neglect Improvement Programme, which will utilise improvement methodology, informed by internationally reputable research and empirical findings "on the ground" and shaped by a culture of continuous improvement, to reduce neglect and its impact on our children and young people".*

*"CELCIS have been working collaboratively with Dundee, Inverclyde and Perth & Kinross to develop and test improvement approaches to neglect. These local areas have been assessing needs, identifying the strengths in their system and exploring areas for improvement which will contribute to real and sustainable improved outcomes for vulnerable children and families. This approach relies on both developing and applying a range of effective interventions, based on the best available local, national and international evidence, and, by working in partnership with current experts in the field".*

*"Local teams are guided by the science and practice of implementation. Particular attention is paid to: building local capacity to support effective improvement efforts; using data to inform decision-making, problem-solving, and continuous improvement; and, to developing the necessary implementation infrastructure (collaborative partnerships, and system alignment) to sustain the improvement effort to address neglect and enhance wellbeing".*

[Child Protection Improvement Programme: Report](#)  
(Scottish Government: 2017)

In February 2016, Scottish Government Ministers announced a Child Protection Improvement Programme (CPIP), with various strands of work, including a review of Neglect.

In March 2017, the Scottish Government published [\*Protecting Scotland's Children and Young People: It is Still Everyone's Job\*](#) (Dyer: 2017) and the [\*Child Protection Improvement Programme Report\*](#) (Scottish Government: 2017) in which they articulated their commitment to addressing neglect and enhancing wellbeing as quoted above.

Since August 2016, under the auspices of the CPP, partners within Perth and Kinross; in particular the CYPFP; CPC and other multi-agency Partnerships; Council Services; Health; Police and Third Sector colleagues have been working together with [\*The Centre for Excellence for Looked After Children in Scotland \(CELCIS\)\*](#) to develop and test improvement approaches to address neglect and enhance wellbeing. This is the start of a phased, long-term project, which will continue over the next three years. Similar work is also underway in Dundee and Inverclyde.

Following a series of local introductory meetings between CELCIS, Chief Officers and Senior Managers; scoping and fact-finding meetings with key Stakeholders and a presentation to the CYPFP, which described the context, challenge, proposed methodological approach for Perth and Kinross, a very successful multi-agency Conference was held in Perth Concert Hall.

This conference took place on 17 November 2016 and was *entitled: Are We Caring Enough? Tackling Childhood Neglect*. 194 delegates attended this conference which they evaluated very highly. This conference brought together a wide range of multi-agency Leaders, Chief Officers, Senior Managers and Practitioners, who by way of keynote speakers and practice workshops, had an opportunity to consider the scale and challenge of neglect and how best to address it and enhance wellbeing.

Since then, in terms of the science and methodological approach being followed, much of the work has been within an Exploration Phase, albeit not exclusively. A series of local and national workshops has allowed us to review our current early intervention and referral pathway arrangements; explore alternative options and to share learning with and from the other two areas (Dundee and Inverclyde).

This work with CELCIS has already highlighted a number of strategic priorities which fit and align closely with the priorities which have emerged to date in the development of the [\*Tayside Plan for Children, Young People and Families 2017 - 2020\*](#).

Our proposed “design” for addressing neglect will be integrated into the strategic planning for prevention and early intervention, tackling inequalities and closing outcome gaps, rather than be developed as a single separate strand of work. The key focus area for improvement has now been identified and will be ***Getting it right in the pre-birth period and into the first year of life***. This corresponds with findings in relation to recent case reviews and is intended to provide enhanced support for parental readiness pre-birth.

## How good is our leadership?

This section describes our collective approach to leadership, direction, support, challenge and scrutiny. It describes how we are promoting effective and collaborative partnership working to deliver the best possible outcomes for children and young people. It also describes our commitment to continuous improvement through self-evaluation and our capacity for further improvement across Perth and Kinross.

**Evaluation: We are confident that our individual and collective approach to leadership, direction, support, challenge, scrutiny and joint partnership working is effective and robust and that our commitment to continuous improvement through self-evaluation is providing better outcomes for children and families across Perth and Kinross.**

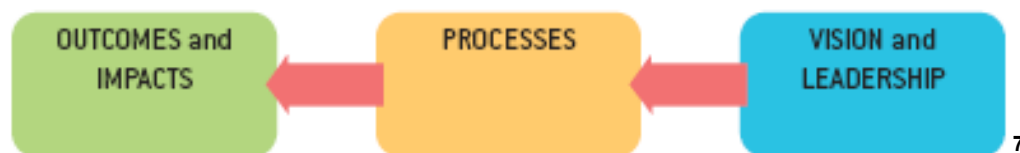
*"Leadership is a critical factor in creating a system with effective processes and culture to ensure children and young people are protected from abuse and neglect. To deliver the shared aspiration for Scotland to be a safe place for children, in their families and communities, there needs to be action at a local and national level and a strong collective voice that can be heard by children, young people and adults that the abuse or neglect of a child or young person in twenty-first century Scotland is not acceptable"*

*"Child Protection Committees need to be supported and also held to account by Chief Officers' Groups and elected members. Child Protection Committees should have strong connections to other public protection fora; for example, Multi-Agency Public Protection Arrangements (MAPPA), Alcohol and Drug Partnerships, Violence against women forums"*

*"To be effective, the CPC must have committed membership from the local representatives at a strategic level and sufficiently senior to commit the organisation to action from across health, education, social care, police, relevant service providers and the third sector. It is critical that every member understands their role on the CPC. This is particularly important due to the level of structural changes within health and social care. The CPC should be open to learning and development opportunities. This should involve a regular review of membership and a sign up to a collectively agreed direction of travel"*

*"The CPC should be open to learning and development opportunities. This should involve a regular review of membership and a sign up to a collectively agreed direction of travel"*

[\*Protecting Scotland's Children and Young People: It is Still Everyone's Job\*](#) (Scottish Government: March 2017)



### **Perth and Kinross Children, Young People and Families Partnership (CYPFP)**

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

<sup>7</sup> Source: Extracted from [How well do we protect children and meet their needs?](#) (HMIE: 2009)



They do so within the [Community Planning Partnership Framework](#) and their work is articulated by:

1. [Perth and Kinross Community Plan / Single Outcome Agreement \(SOA\) 2013 - 2023](#);
2. [Perth and Kinross Council Corporate Plan 2013 - 2018](#); and
3. [Tayside Plan for Children, Young People and Families 2017 - 2020](#).

The partnership continues to provide strong leadership, direction, support, challenge and scrutiny of children's services and child protection services. The partnership also provides the CPC with clear governance; accountability; a reporting framework and is committed to continuous improvement through self-evaluation. Elected Members (Full Council) and Agency Board Members continue to provide added value and scrutiny of the work of the CPC.

Throughout 2016 - 2017, the CPC has provided, and the partnership has scrutinised, regular reports relating to emerging national legislative and policy developments; local quality assurance and self evaluation work and practice improvements. In particular, the partnership has examined reports regularly relating to the CPC Improvement Plan; CPC Self-Evaluation Programme; CSE Work Plan and CPC Standards and Quality Reports, the latter of which have been subject to further scrutiny by Full Council. The partnership has also been kept sighted on Scottish Government's emerging [Child Protection Improvement Programme \(CPIP\)](#). The partnership has been particularly supportive of, and heavily involved in, work to prevent and tackle CSE and in developing a *zero-tolerance to abuse and exploitation and to ensuring a hostile environment across Perth and Kinross*.

Following the UK Supreme Court's Judgement (28 July 2016) in relation to [Part 4 of The Children and Young People \(Scotland\) Act 2014](#) (Named Persons and the provisions for Information Sharing), the partnership identified a need to develop a new Code of Practice in relation to Information Sharing. On 21 February 2017, they approved publication of the [Perth and Kinross Code of Practice: Information Sharing, Confidentiality and Consent](#).

### ***Tayside Plan for Children, Young People and Families***

The first ever [Tayside wide Children's Services Plan](#) has been developed by the three councils, NHS Tayside, Police Scotland, Health and Social Care Partnerships, the third sector, and other key organisations. The plan demonstrates shared leadership towards collaboration between agencies, and across geographical areas, working towards shared priorities in the planning, management commissioning, delivery, evaluation, and improvement of services to children, young people, and their families.

The Plan also reflects a shared and longstanding commitment to implementing the principles of Getting It Right For Every Child (GIRFEC). By working together, sharing knowledge and co-creating between ourselves, we will shift resources and prevent negative outcomes, to meet our aspiration that: ***"Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up"***. This exciting new approach has been recognised by the Scottish Government as an example of innovative collaborative working.

### ***Joint Partnership Workshop***

On 20 January 2017, building on previous partnership work in relation to an established Thematic (cyclical) approach to Performance Reporting, the partnership hosted an Evaluating Outcomes Workshop. 42 participants with a wide representation across the CPP; including the partnership; the GIRFEC Strategy Group; the CPC and other senior managers attended this event.

This workshop allowed participants an opportunity to review data in relation to our performance in improving outcomes for children and young people. Areas where performance was going well, and areas where there is a need for more targeted improvement activity, were highlighted as a result of joint self-evaluation. This subsequently helped to inform a number of key priorities for the new [Tayside Plan for Children, Young People and Families 2017 - 2020](#).

### ***Perth and Kinross Child Protection Committee (CPC)***

[Perth and Kinross Child Protection Committee \(CPC\)](#) is the strategic, multi-agency child protection partnership which oversees the development; dissemination; implementation; and evaluation of child protection policy and practice developments across Perth and Kinross. [Membership of the CPC](#) is reviewed regularly to ensure it fully representative.

The CPC remains compliant with the requirements specified in [Part 2 of the National Guidance for Child Protection in Scotland 2014](#) (Scottish Government: 2014) and continues to operate in terms of a [CPC Partnership Agreement and Constitution](#).

The CPC is supported by a public facing, [Child Protection Website](#), which provides a transparent overview of the work of the CPC. The CPC supports the ethos that ***getting it right for every child is everyone's job*** and it is ***everyone's responsibility to keep children safe*** and to ***protect*** them from harm, abuse and neglect.

### ***Partnership Working***

Perth and Kinross CPC continues to work in partnership with a wide range of national and local services and agencies and works hard to influence the development of national child protection legislative and policy developments.

It also works closely with a range of national partnerships including the Scottish Government GIRFEC and Child Protection Policy Teams; Scottish Government Ministerial / National Working Groups; Child Protection Committees Scotland; Centre for Excellence for Looked-After Children in Scotland (CELCIS); Care Inspectorate; National Child Sexual Exploitation (CSE) Group and the Central and North Scotland Child Protection Committee Consortium.

It also works in partnership with the other local public protection partnerships and supports a number of sub groups; working groups and a wide range of other networks as shown at Appendix II.

### ***2016 - 2017***

2016 - 2017 has been a year of reflection and consolidation for the CPC, much of which has been well described throughout this report. The CPC has also been monitoring the Scottish Government's [Child Protection Improvement Programme \(CPIP\)](#) which has provided the CPC with further opportunities for improvement. In addition the following two activities have provided the CPC with additional learning opportunities which at the time of publication are being addressed and taken forward:

### ***Reviews of Practice***

In August 2016 and December 2016, two separate cases, involving multi-agency practice were brought to the attention of the CPC as it was considered that there was learning to be gained from practitioner, service and / or agency involvement. Both cases were reviewed by a CPC multi-agency Review Team which concluded that there were significant single and multi-agency learning points for process and practice improvement.

These included the need to:

- *establish a CPC multi-agency Practice Review Group, supported by clear guidance;*
- *improve single and multi-agency pre-birth referral pathways for vulnerable mothers and unborn babies - particularly where there is evidence of domestic violence;*
- *improve the timeous reporting of unborn baby referrals to the multi-agency screening group, in keeping with national timescales;*
- *improve the proportionate sharing of information pre-birth and post-birth between and across various disciplines;*
- *improve the contribution of different disciplines and agencies to multi-agency risk assessments;*
- *improve the rigour and management of child protection case conferences processes;*
- *improve awareness and understanding about role of the Lead Professional; and*
- *improve inter-authority information sharing and communication when service users move between different local authorities.*

At the time of publication, a significant programme of single and multi-agency improvement work is well underway to address these issues and the CPC has established a CPC multi-agency Practice Review Group.

### ***CPC Annual Development Day 2017***

This annual event was held on 2 May 2017, in partnership with the the Chairs and Lead Officers from the Adult Protection Committee (APC); Alcohol and Drug Partnership (ADP); Community Safety Partnership (CSP); Multi-Agency Public Protection Arrangements and the Violence Against Women Partnership (VAWP). A total of 38 delegates attended this event which they evaluated very highly. This event allowed CPC members and others an opportunity to reflect on key highlights and achievements over the last 12 months; to identify key strengths, areas for improvement and to look-forward post publication of the [CPIP](#) Reports.

The event also allowed delegates an opportunity to learn more about the [Tayside Plan for Children, Young People and Families 2017 - 2020](#); to consider cross partnership working in public protection and to review the membership and structure of the CPC and Sub Groups.

From this event, the following recurring themes, relating to areas for improvement and / or to promote collaborative partnership working, were identified and are now being taken forward by the CPC as part of its improvement programme:

- *workforce learning and development;*
- *communications;*
- *participation and engagement;*
- *frontline practitioner involvement;*
- *joint working between the partnerships / shared agendas / themes / priorities;*
- *measuring impact;*
- *review of the CPC and Sub Group; and*
- *need to identify a max of six themes to take forward.*



## What is our capacity for improvement?

*“The CPC have identified very ambitious priorities for improvement in the coming year. Based on past performance, there is good reason to be confident that partners have the drive and determination to achieve their stated objectives”*

*Effectiveness of the CPC in Perth and Kinross Council Area:  
Report to Scottish Ministers (Emma McWilliam, Link Inspector,  
Care Inspectorate: March 2014)*

Perth and Kinross CPC can demonstrate a long and well-established commitment to [continuous improvement through self-evaluation](#), as evidenced throughout this and previous [CPC Annual Standard and Quality Reports](#). **We know *how good we are now* and *how good we can be*.**

Strong leadership, direction, challenge, support and scrutiny; effective partnership working; a wide range of joint self-evaluation activities and workshops; engagement and feedback from service users; joint-working with other high-performing CPC areas; benchmarking exercises and local practitioner events helps us to conclude again that our ***capacity for improvement remains very strong***.

Underpinning the work of the CPC is a robust [continuous improvement through self-evaluation programme](#).

Last year we committed ourselves to developing and implementing a three-year [CPC Improvement Plan 2015 - 2018](#), which we published on 29 March 2016. We published a Year-One Progress / Update Report on this plan on 31 July 2016. We have now published a Year-Two Progress / Update Report on this plan on 31 July 2017. We recognise the need to refresh the [CPC Improvement Plan 2015 - 2018](#) to ensure it supports the recently published this [Tayside Plan for Children, Young People and Families 2017 - 2020](#).

We are confident that this Report and the Year-Two Progress / Update Report clearly demonstrates that we have made significant progress and implemented the various improvements we committed ourselves to last year.

In terms of going forward, we have identified the following high level actions / tasks which will underpin the work of the CPC in 2017 - 2018:

### CPC High Priority Actions / Tasks 2017 – 2018

- review our CPC multi-agency arrangements in keeping with the Scottish Government's emerging [Child Protection Improvement Programme \(CPIP\)](#);
- re-align the CPC Improvement Plan to support the [Tayside Plan for Children, Young People and Families 2017 - 2020](#) and continue to implement its provisions in partnership with the Tayside Collaborative Priority Group – Safeguarding and Child Protection;
- refresh the CSE Work Plan and STL Pathfinder Project Plan and continue to implement their provisions;
- continue to refine the CPC management information and performance outcome framework to further enhance the scrutiny and governance of performance;
- continue to refine our approach to quality assurance and self-evaluation using recognised and emerging frameworks;

- *ensure our quality assurance and self-evaluation programme continues to focus on key processes including early intervention; multi-agency screening; holistic assessment; decision making and planning, and continues to have an emphasis on impact;*
- *continue to develop our public information, communication and engagement strategy and communications plan and increase our use of social media platforms to promote further participation and engagement and increase our reach;*
- *continue to develop a competent, confident and skilful workforce through a variety of approaches to multi-agency staff learning and development opportunities aimed at empowering and supporting frontline practice;*
- *continue to embed [GIRFEC](#); [The Children and Young People \(Scotland\) Act 2014](#) and once enacted, the provisions of [The Children and Young People \(Information Sharing\) \(Scotland\) Bill](#) to safeguard, support and promote wellbeing;*
- *continue to ensure the CPC remains outward facing and forward looking; an effective partnership and continue to learn from research; national publications; inquiry reports and reviews of practice.*

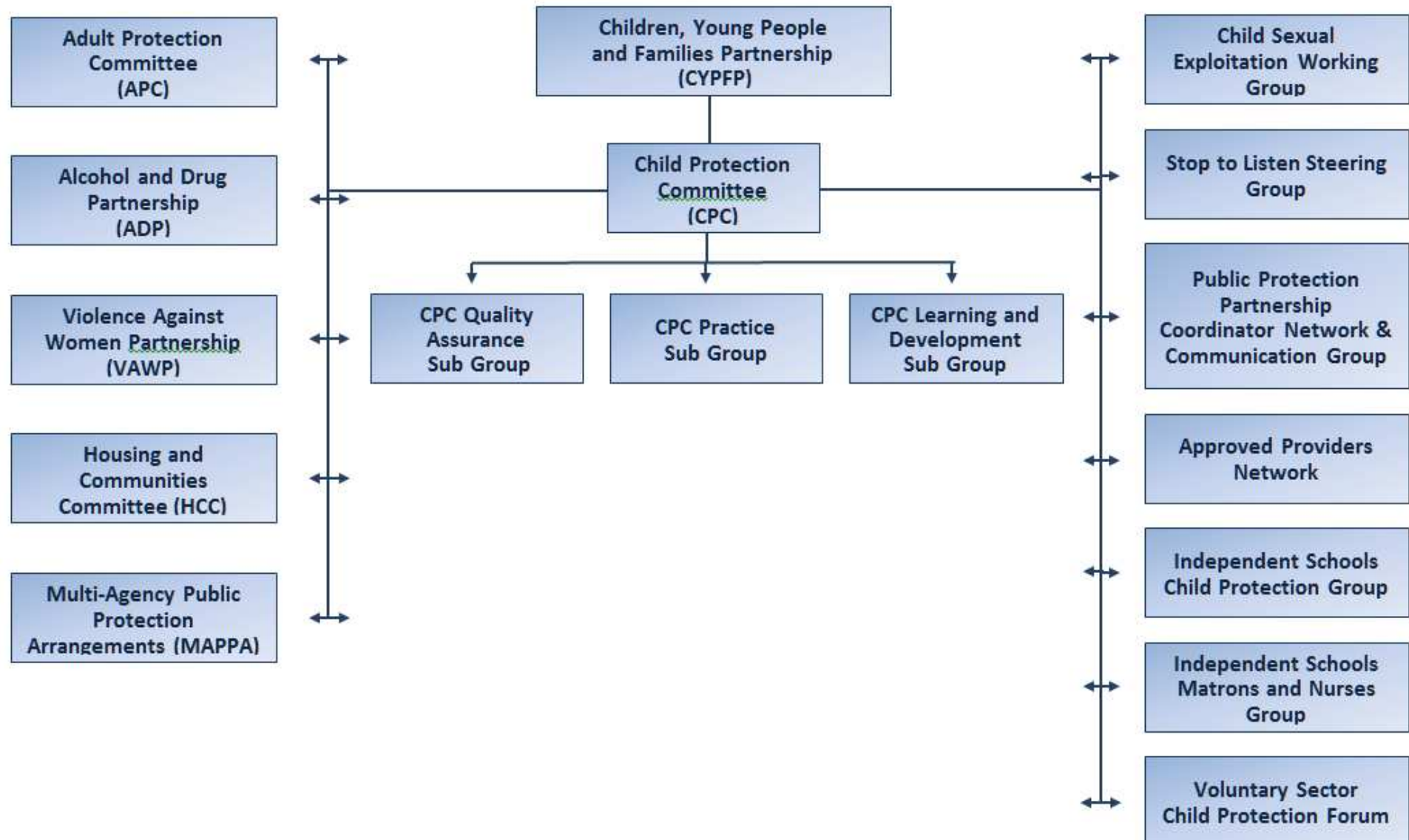
## Key Abbreviations & Acronyms Used

ADP	Alcohol and Drug Partnership
ANEW	Addressing Neglect and Enhancing Wellbeing
APC	Adult Protection Committee
CCR	Child Concern Report
CELCIS	Centre for Excellence for Looked After Children in Scotland
CI	Care Inspectorate
CPC	Child Protection Committee
CPCC	Child Protection Case Conference
CPDT	Child Protection and Duty Team
CPIP	Child Protection Improvement Programme (Scottish Government)
CPO	Child Protection Officer (Schools)
CPO	Child Protection Order
CPP	Community Planning Partnership
CPR	Child Protection Register
CSE	Child Sexual Exploitation
CSO	Compulsory Supervision Order
CSP	Community Safety Partnership
CYPFP	Children, Young People and Families Partnership
CYRO	Children and Youth Rights Officer
ECS	Education and Children's Services
ECHR	European Convention on Human Rights
FOI	Freedom of Information
GIRFEC	<i>Getting it Right for Every Child</i>
GOPR	Getting Our Priorities Right
HMIE	Her Majesty's Inspectorate of Education
ICO	Information Commissioner's Office
IRD	Inter-Agency Referral Discussion
VPD	Vulnerable Person's Database (Police Scotland)
LMGs	Local Management Groups (Education)
MAPPA	Multi-Agency Public Protection Arrangements
MASG	Multi-Agency Screening Group
MOMO	Mind of My Own
MSP	Member of the Scottish Parliament

NHS	National Health Service (Tayside)
NP	Named Person
NSPCC	National Society for the Prevention of Cruelty to Children
P&K	Perth and Kinross
PCC	Police Concern Report
PKAVS	Perth and Kinross Association of Voluntary Service
PKC	Perth and Kinross Council
QIs	Quality Indicators
RAG	Red; Amber; Green
S&Q	Standards and Quality Report
SCRA	Scottish Children's Reporter Administration
SHANARRI	GIRFEC Wellbeing Indicators - Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible; Included
SMARTer	Specific; Measurable; Achievable; Realistic and Time-Limited
SOA	Single Outcome Agreement
STL	Stop To Listen (Children 1st)
UBB	Unborn Baby
UNCRC	United Nations Convention on the Rights of the Child
VAWP	Violence Against Women Partnership
VPR	Vulnerable Person Report (Police Scotland)
VRI	Visually Recorded Interviews

## Perth and Kinross Child Protection Committee Community Organisational Chart @ 31 July 2017

### Appendix II







**CPC Improvement Plan 2015 – 2018**  
**Progress Report for CPC S&Q Report 2015 – 2017**  
**@ 31 July 2017**

Progress Report Published: 31 July 2017

**Getting it Right**  
**in Perth and Kinross**  
*Helping children be the best they can be*

## RAG Legend – Red; Amber; Green;

<b>R</b>	<b>RED:</b> There are <b>significant</b> issues and / or risks that are impacting on the action / task right now = we are not delivering the action / task on time / scope / budget.
<b>A</b>	<b>AMBER:</b> There are <b>some</b> issues and / or risks that are impacting on the action / task if not fixed = we are at risk of not delivering the action / task on time / scope / budget.
<b>G</b>	<b>GREEN:</b> There are <b>no</b> issues and / or risks impacting on the action / task which is progressing according to plan = we are delivering the action / task on time / scope / budget.

## What is our capacity for improvement?

"We found encouraging signs that chief officers and child protection committees are striving for excellence in the protection of children and young people and that the capacity for improvement overall is high. In those areas showing signs of highly effective performance, leaders provide strong direction and collective ownership of shared values for delivering the best possible outcomes for children and young people in need of protection"

"Our link inspectors will build on these conclusions and provide the necessary support and challenge to community planning partnerships, chief officers and child and adult protection committees to effect continuous improvement. They will offer support to build capacity for joint self-evaluation using recognised quality improvement frameworks and carry out work to validate areas of good practice, focusing particularly in those aspects which represent the biggest challenges across Scotland"

[A report on the effectiveness of child protection arrangements in Scotland](#) (Care Inspectorate: November 2014)

"The CPC have identified very ambitious priorities for improvement in the coming year. Based on past performance, there is good reason to be confident that partners have the drive and determination to achieve their stated objectives"

Effectiveness of the CPC in Perth and Kinross Council Area: Report to Scottish Ministers (Emma McWilliam, Link Inspector, Care Inspectorate: March 2014)

## CPC High Priority Actions / Tasks 2015 - 2016 (Year 1)

- develop a management information and performance outcome framework with a particular focus on key outcome measures
- develop a zero-tolerance and preventative approach to child sexual exploitation and other harmful practices
- develop our communications strategy for protecting people and keeping children and young people safe
- develop our advocacy arrangements and methods of engagement with children, young people and families



- develop our screening and management arrangements through the multi-agency steering group and fully implement the MASG improvement plan
- develop the consistency of single and integrated chronologies and integrated assessments for children and young people at risk
- develop a child's plan and continue to align and embed GIRFEC and the provisions of [The Children and Young People \(Scotland\) Act 2014](#)
- continue to implement all the actions / tasks in the [CPC Improvement Plan 2015 - 2018](#).

### **CPC High Priority Actions / Tasks 2016 – 2017 (Year 2)**

- further refine the management information and performance outcome framework to enhance the scrutiny and governance of performance
- refine our approach to quality assurance and self-evaluation using recognised frameworks
- ensure our quality assurance and self-evaluation programme continues to focus on key processes including decision making, but places more emphasis on impact
- continue to review and revise our existing CPC policies; procedures; protocols; guidelines and information leaflets to ensure compliance with new legislative and policy changes
- continue to embrace the opportunities and challenges presented by organisational change; transformational change; partnership working and integration
- continue to develop our public information, communication and engagement strategy and communications plan and make better use of the opportunities presented by the use of social media
- continue to embed the provisions of GIRFEC and [The Children and Young People \(Scotland\) Act 2014](#) to safeguard, support and promote wellbeing - including the wellbeing of 16 - 18 years, who may be at risk
- re-design the multi-agency screening group (MASG) as required to ensure compliance with [The Children and Young People \(Scotland\) Act 2014](#)
- continue to support professional judgement and empower practitioners in terms of information sharing; GOPR; CSE; chronologies; assessments and planning
- develop the P&K Stop To Listen Pathfinder, in terms of joint investigative interviewing and peer-to-peer mentoring
- continue to implement the Year 2 priorities within the [CPC Improvement Plan 2015 - 2018](#) and the P&K CSE Work Plan 2016.

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
1	<b>Outcome 1 - The Child Protection Committee (CPC) and its Sub Groups are very effective; they are working to improve services to protect children and young people and have in place robust systems to monitor, measure and to report improvement</b>				
	<b>1.1</b> Carry out a systematic biennial review the Child Protection Committee (CPC) and CPC Sub Groups to ensure they are providing leadership and direction in terms of their role, remit and function and consider future succession planning for Chairs and Vice-Chairs	Chair of the CPC  Chairs of all CPC Sub Groups	By 31 December 2016 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b>	<div>G</div>
				<ul style="list-style-type: none"> <li>• CPC Partnership Agreement and Constitution 2015 - In Place;</li> <li>• CPC Communications Strategy; Communications Plan; Learning and Development Strategy &amp; Learning Frameworks 2015 - 2018 - In Place / Ongoing;</li> <li>• CPC Improvement Plan 2015 - 2018 - In Place / Ongoing;</li> <li>• CPC Annual Self-Evaluation Programme - In Place / Ongoing;</li> <li>• CPC Multi-Agency Management Information and Performance Outcome Framework - In Place / Ongoing;</li> <li>• CPC and Sub Groups Annual Development Days / Sessions - In Place / Ongoing;</li> <li>• CPC Annual Standards and Quality Reports - In Place / Ongoing;</li> <li>• Governance, Leadership, Direction, Scrutiny and Reporting Framework via Children, Young People and Families Partnership; Full Council and Scrutiny Committee - In Place / Ongoing;</li> <li>• CPC Minutes - Published on CPC Website / Ongoing;</li> <li>• CPC and Sub Groups Self-Briefing and Induction Pack - In Place;</li> <li>• CPC and Sub Group Members - Role, Remit and Responsibility Guidance - In Place;</li> <li>• CPC and Sub Groups Membership - Under</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p>Constant Review;</p> <ul style="list-style-type: none"> <li>Joint Session of the CYP&amp;FP and CPC held on 18/02/2016 - Focus on Governance; Leadership; Accountability; Reporting; Partnership Working; Risks, Opportunities and Challenges - Full Evaluation Report Published;</li> <li>CPC Development Session held on 03/05/2016 - Evaluation Report Published;</li> </ul> <p><b>Year 2: 01/08/2016 - 31/07/2017</b></p> <ul style="list-style-type: none"> <li>CPC S&amp;Q Report 2015 - 2016 - Published / Submitted to Full Council on 05/10/2016 and to Scrutiny Committee on 30/11/2016;</li> <li>CPC Improvement Plan / Programme - Year 1 Completed; Year 2 - Completed;</li> <li>CPC Self-Evaluation Programme 2016 - 2017 - In Place / Completed;</li> <li>CPC and Sub Groups - Review of Membership and Attendance - Completed end of December 2016;</li> <li>CPC Multi-Agency Management Information and Performance Outcome Framework - Reviewed following UK Supreme Court Judgement (July 2016) - In Place from 25 April 2017;</li> <li>Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>BMIP - Providing Additional Reporting to CYP&amp;FP</li> </ul>	<p><b>G</b></p>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<ul style="list-style-type: none"> <li>- Key Child Protection Information;</li> <li>• Review of Thematic Approach to Performance Reporting - Workshop Held on 20/01/2017;</li> <li>• CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in Compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li> <li>• Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>• Draft CPC ICR &amp; SCR Protocol per National SCR Guidance - Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>• Scottish Government Child Protection Improvement Programme (CPIP) - Published in March 2017;</li> <li>• CPIP - CPC - Standing Agenda Item;</li> <li>• CPC Annual Development Day - Held on 02/05/2017 - Feedback and Evaluation Reports - Presented to the CPC in May / June 2017;</li> <li>• Report and Recommendations on future CPC Membership; Structure and Connections Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>• Draft CPC S&amp;Q Report 2016 - 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
2	<b>Outcome 2 - Robust performance management information and statistical reports inform the work of the CPC and are used effectively to monitor performance; identify patterns and trends and assist in leading continuous improvement in the quality of services to protect children and young people</b>				
	<b>2.1</b> From 1 August 2015, implement the revised multi-agency management information and performance outcome framework	Chair of the CPC	Ongoing from 1 August 2015	<b>Year 1: 01/08/2015 - 31/07/2016</b>	G
				<ul style="list-style-type: none"> <li>CPC Multi-Agency Management Information and Performance Outcome Framework - In Place / Ongoing;</li> <li>Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> </ul>	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	A
				<ul style="list-style-type: none"> <li>CPC Multi-Agency Management Information and Performance Outcome Framework - Reviewed following UK Supreme Court Judgement (July 2016) - In Place from 25 April 2017;</li> <li>Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> <li>Review of Thematic Approach to Performance</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				Reporting - Workshop Held on 20/01/2017; <ul style="list-style-type: none"> <li>Central and North Scotland Child Protection Committee Consortium - Developing a CPR Data Set - By 15/08/2017;</li> <li>Scottish Government and CELCIS - Expressed an interest in this CPC and Consortium MIS / Stats / Data Set Work - July 2017;</li> </ul>	
	<b>2.2</b> Make use of the multi-agency management information and performance outcome framework to further enhance the scrutiny and governance of performance by the Child Protection Committee and the Children, Young People and Families Partnership (CYP&FP)	Chair of the CPC  Chair of the Children, Young People and Families Partnership	Ongoing from 1 January 2016	<b>Year 1: 01/08/2015 - 31/07/2016</b>	<b>G</b>
				<ul style="list-style-type: none"> <li>CPC Multi-Agency Management Information and Performance Outcome Framework - In Place / Ongoing;</li> <li>Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> <li>Key Performance Management Information being used to inform ongoing CPC Quality Assurance and the CPC Self-Evaluation Calendar 2015 - 2016 - Completed;</li> </ul>	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	<b>A</b>
				<ul style="list-style-type: none"> <li>CPC Multi-Agency Management Information and Performance Outcome Framework - Reviewed following UK Supreme Court Judgement (July 2016) - In Place from 25 April 2017;</li> <li>Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				Research and Performance Team; <ul style="list-style-type: none"> <li>• BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> <li>• Review of Thematic Approach to Performance Reporting - Workshop Held on 20/01/2017;</li> <li>• Central and North Scotland Child Protection Committee Consortium - Developing a CPR Data Set - By 15/08/2017;</li> <li>• Scottish Government and CELCIS - Expressed an interest in this CPC and Consortium MIS / Stats / Data Set Work - July 2017;</li> <li>• Key Performance Management Information used to inform the CPC Quality Assurance and the CPC Self-Evaluation Calendar 2016 - 2017 - Completed;</li> </ul>	
	<b>2.3</b> Develop and implement robust qualitative measures in relation to the impact of interventions for children and young people in need of protection	Chair of the CPC Quality Assurance Sub Group	By 1 August 2016 / Ongoing	<div data-bbox="1276 842 2011 893">Year 1: 01/08/2015 - 31/07/2016</div> <ul style="list-style-type: none"> <li>• CPC Multi-Agency Management Information and Performance Outcome Framework - In Place / Ongoing;</li> <li>• Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>• Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>• BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> <li>• Key Performance Management Information used to inform ongoing CPC Quality Assurance and the CPC Self-Evaluation Calendar 2015 - 2016</li> </ul>	G

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p data-bbox="1283 277 2004 320"><b>Year 2: 01/08/2016 - 31/07/2017</b></p> <ul data-bbox="1283 320 2004 1369" style="list-style-type: none"> <li>• CPC Multi-Agency Management Information and Performance Outcome Framework - Reviewed following UK Supreme Court Judgement (July 2016) - In Place from 25 April 2017;</li> <li>• Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>• Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>• BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> <li>• Review of Thematic Approach to Performance Reporting - Workshop Held on 20/01/2017;</li> <li>• Central and North Scotland Child Protection Committee Consortium - Developing a CPR Data Set - By 15/08/2017;</li> <li>• Scottish Government and CELCIS - Expressed an interest in this CPC and Consortium MIS / Stats / Data Set Work - July 2017;</li> <li>• Implications of GIRFEC, MASG Re-Design and The Children and Young People (Scotland) Act 2014 - Review Completed;</li> <li>• Key Performance Management Information used to inform ongoing CPC Quality Assurance and the CPC Self-Evaluation Calendar 2016 - 2017 - Completed;</li> </ul>	A



No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
3	<b>Outcome 3 - Our approach to joint self-evaluation of services to protect children and young people is systematic; outcomes-focussed and leads to tangible improvements in performance and better outcomes for children, young people and their families</b>				
	<b>3.1</b> Continue to refine our common approach to self-evaluation using relevant frameworks; implement a planned and coordinated cycle of single agency and joint self-evaluations of services to protect children and young people which integrates well with the evaluation of our implementation of <i>Getting it Right</i> in Perth and Kinross	Chair of the CPC	Annual Evaluation Reports October 2016 October 2017 October 2018	<b>Year 1: 01/08/2015 - 31/07/2016</b>	G
				<ul style="list-style-type: none"> <li>CPC Multi-Agency Management Information and Performance Outcome Framework - In Place / Ongoing;</li> <li>Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> <li>Evidenced By - CPC Improvement Plan 2015 - 2018; CPC Annual Self-Evaluation Calendar and CPC Annual Standards and Quality Reports;</li> </ul>	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	A
				<ul style="list-style-type: none"> <li>CPC Multi-Agency Management Information and Performance Outcome Framework - Reviewed following UK Supreme Court Judgement (July 2016) - In Place from 25 April 2017;</li> <li>Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>BMIP - Providing Additional Reporting to CYP&amp;FP</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<ul style="list-style-type: none"> <li>- Key Child Protection Information;</li> <li>• Review of Thematic Approach to Performance Reporting - Workshop Held on 20/01/2017;</li> <li>• Central and North Scotland Child Protection Committee Consortium - Developing a CPR Data Set - By 15/08/2017;</li> <li>• Scottish Government and CELCIS - Expressed an interest in this CPC and Consortium MIS / Stats / Data Set Work - July 2017;</li> <li>• Implications of GIRFEC, MASG Re-Design and The Children and Young People (Scotland) Act 2014 - Review Completed;</li> <li>• CPC Self-Evaluation Calendar 2016 - 2017 - Included a wide range of quality assurance (review and sampling) and self-evaluation activities - focus on impact and outcomes - Completed;</li> </ul>	
	<b>3.2</b> As part of the Self-Evaluation Programme, examine and quality assure the conversion rates between child concern reports; child protection investigations; child protection case conferences; rate of child protection registrations; de-registrations and re-registrations to ensure the right children, are getting the right help and at the right time	Chair of CPC Quality Assurance Sub Group	Completed by 1 August 2016 and reported 1 October 2016 / Ongoing	<div data-bbox="1276 874 2011 927" data-label="Section-Header"> <b>Year 1: 01/08/2015 - 31/07/2016</b> </div> <ul style="list-style-type: none"> <li>• CPC Self-Evaluation Calendar 2015 - 2016 - Completed; Included:</li> <li>• <i>sampling and quality assurance of the outcomes of wellbeing concerns submitted / considered by the MASG – including those passed to Named Persons without an offer of additional support;</i></li> <li>• <i>sampling and quality assurance of Inter-Agency Referral Discussions (IRDs) which did not lead to a child protection investigation;</i></li> <li>• <i>review and quality assurance of all child protection investigations which did not result in a Child Protection Case Conference;</i></li> <li>• <i>review and quality assurance of all Child Protection Case Conferences which did not result</i></li> </ul>	<div data-bbox="2011 874 2145 927" data-label="Section-Header"></div> <div data-bbox="2011 927 2145 1457" data-label="Text"> <b>G</b> </div>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p><i>in the child's name being placed on the child protection register (CPR);</i></p> <ul style="list-style-type: none"> <li><i>systematic review and quality assurance of all children whose names were removed from the CPR in less than 6 months;</i></li> <li><i>systematic review and quality assurance of all children whose names were retained on the CPR for more than 12 months;</i></li> <li><i>Evaluation Reports - Published;</i></li> </ul> <p><b>Year 2: 01/08/2016 - 31/07/2017</b></p> <ul style="list-style-type: none"> <li><i>CPC Self-Evaluation Calendar 2016 - 2017 - Completed; Included a wide range of quality assurance (review and sampling) and self-evaluation activities - focus on impact and outcomes;</i></li> <li><i>sampling &amp; quality assurance of Inter-Agency Referral Discussions (IRDs) - Focus on Multi-Agency Decision Making &amp; Recording Practices;</i></li> <li><i>review and quality assurance of Child Protection Case Conferences (CPCCs) - Registrations; De-Registrations and Re-Registrations (Specific Time Intervals);</i></li> <li><i>CPC also agreed (December 2016) to monitor the following during 2016 - 2017:</i></li> <li><i>examine the increase in the number of child protection investigations;</i></li> <li><i>examine the increase in the proportion of children and young people (from child concern reports CCRs) affected by domestic abuse;</i></li> <li><i>examine the increase in the number of child</i></li> </ul>	<div></div> <div>A</div>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p>concern reports specifically relating to 11-15 year olds and the underlying nature of these concerns;</p> <ul style="list-style-type: none"> <li>• examine in more detail child protection case conferences (clarifying the number and type of conferences; number of individual children; the vulnerability factors and household characteristics);</li> <li>• examine in more detail child protection registrations; in particular de-registrations and re-registrations (including time intervals and areas of concern);</li> <li>• focus on short term registrations (those less than 6 months) and how improvement is being sustained post de-registration and on longer term registrations (those more than 12 months) where no significant improvement has been achieved despite the registration;</li> <li>• review the outcomes for those children and young people <u>following de-</u> registration - including the cohort of children and young people in the 2016 review of decision making in child protection 12 months on;</li> <li>• examine the increasing number of children and young people on compulsory supervision orders (local trend v national trend) and those on child protection orders;</li> <li>• confirm the unborn baby referral vulnerability factors; the unborn baby screening processes and identify the outcome of these referrals;</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<ul style="list-style-type: none"> <li>Review of P&amp;K IRDs - Small scale sampling and quality assurance exercise - Completed on 13/10/2016 - Evaluation Report;</li> <li>Annual Review and Quality Assurance of Child Decision Making in Child Protection Examining De-Registrations &amp; Re-Registrations - Completed June 2017;</li> <li>Evaluation Report - Being Presented to CPC on 25/08/2017;</li> <li>ECS Services for Children, Young People and Families Improvement Officer - Appointed - Presentation and Report presented to CPC on 23/05/2017 - Further Reports / Inputs Planned;</li> </ul>	
	<b>3.3</b> Ensure that there is a focus on vulnerable children for whom there is a wellbeing concern in the review, self-evaluation and quality assurance of the effectiveness of practices to support prevention and early intervention	Chair of CPC Quality Assurance Sub Group	By August 2016 and Ongoing (Delayed to October 2016 as a result of UK Supreme Court Judgement)	<div data-bbox="1276 756 2011 805">Year 1: 01/08/2015 - 31/07/2016</div> <ul style="list-style-type: none"> <li>CPC Self-Evaluation Calendar 2015 - 2016 - Completed; Included:</li> <li><i>sampling and quality assurance of the outcomes of wellbeing concerns submitted / considered by the MASG – including those passed to Named Persons without an offer of additional support;</i></li> <li><i>sampling and quality assurance of Inter-Agency Referral Discussions (IRDs) which did not lead to a child protection investigation;</i></li> <li><i>review and quality assurance of all child protection investigations which did not result in a Child Protection Case Conference;</i></li> <li><i>review and quality assurance of all Child Protection Case Conferences which did not result in the child's name being placed on the child protection register (CPR);</i></li> <li><i>systematic review and quality assurance of all children whose names were removed from the</i></li> </ul>	G

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p><i>CPR in less than 6 months;</i></p> <ul style="list-style-type: none"> <li><i>systematic review and quality assurance of all children whose names were retained on the CPR for more than 12 months;</i></li> <li><i>Evaluation Reports - Published;</i></li> </ul> <p><b>Year 2: 01/08/2016 - 31/07/2017</b></p> <ul style="list-style-type: none"> <li><i>CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</i></li> <li><i>Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</i></li> <li><i>Implications of GIRFEC, MASG Re-Design and The Children and Young People (Scotland) Act 2014 - Review Completed;</i></li> <li><i>CPC Self-Evaluation Calendar 2016 - 2017 - Completed; Included a wide range of quality assurance (review and sampling) and self-evaluation activities - focus on impact and outcomes:</i> <ul style="list-style-type: none"> <li><i>sampling &amp; quality assurance of Inter-Agency Referral Discussions (IRDs) - Focus on Multi-Agency Decision Making &amp; Recording Practices;</i></li> <li><i>review and quality assurance of Child Protection Case Conferences (CPCCs) - Registrations; De-Registrations and Re-Registrations (Specific Time Intervals);</i></li> </ul> </li> <li><i>CPC has agreed (December 2016) to monitor the following during 2016 - 2017:</i></li> <li><i>examine the increase in the number of child</i></li> </ul>	<div></div> <div>A</div>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p><i>protection investigations;</i></p> <ul style="list-style-type: none"> <li><i>examine the increase in the proportion of children and young people (from child concern reports CCRs) affected by domestic abuse;</i></li> <li><i>examine the increase in the number of child concern reports specifically relating to 11-15 year olds and the underlying nature of these concerns;</i></li> <li><i>examine in more detail child protection case conferences (clarifying the number and type of conferences; number of individual children; the vulnerability factors and household characteristics);</i></li> <li><i>examine in more detail child protection registrations; in particular de-registrations and re-registrations (including time intervals and areas of concern);</i></li> <li><i>focus on short term registrations (those less than 6 months) and how improvement is being sustained post de-registration and on longer term registrations (those more than 12 months) where no significant improvement has been achieved despite the registration;</i></li> <li><i>review the outcomes for those children and young people <u>following de-</u> registration - including the cohort of children and young people in the 2016 review of decision making in child protection 12 months on;</i></li> <li><i>examine the increasing number of children and young people on compulsory supervision orders</i></li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p><i>(local trend v national trend) and those on child protection orders;</i></p> <ul style="list-style-type: none"> <li>confirm the unborn baby referral vulnerability factors; the unborn baby screening processes and identify the outcome of these referrals;</li> <li>Review of P&amp;K IRDs - Small scale sampling and quality assurance exercise - Completed on 13/10/2016 - Evaluation Report;</li> <li>Annual Review and Quality Assurance of Child Decision Making in Child Protection Examining De-Registrations &amp; Re-Registrations - Completed June 2017;</li> <li>Evaluation Report - Being Presented to CPC on 25/08/2017;</li> <li>ECS Services for Children, Young People and Families Improvement Officer - Appointed - Presentation and Report presented to CPC on 23/05/2017 - Further Reports / Inputs Planned;</li> </ul>	
4	<b>Outcome 4 - The quality of services to protect children and young people is continually improved by an outcome-focussed quality assurance framework which evidences tangible and better outcomes for children, young people and their families</b>				
	<b>4.1</b> Develop a joint framework for quality assurance to include a comprehensive set of standards; systems and processes to check on the quality of our work	Chair of the CPC Quality Assurance Sub Group	By 31 December 2016 / Ongoing	<p><b>Year 1: 01/08/2015 - 31/07/2016</b></p> <ul style="list-style-type: none"> <li>CPC Continuous Improvement through Self-Evaluation Framework - In Place;</li> <li>Evidenced By - CPC Improvement Plan 2015 - 2018; CPC Annual Self-Evaluation Calendar and CPC Annual Standards and Quality Reports;</li> <li>CPC Multi-Agency Management Information and Performance Outcome Framework - Under Review following UK Supreme Court Judgement (July 2016);</li> <li>Includes Service Output Indicators (quantitative</li> </ul>	G



No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p>indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</p> <ul style="list-style-type: none"> <li>• Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>• BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> </ul> <p><b>Year 2: 01/08/2016 - 31/07/2017</b></p> <ul style="list-style-type: none"> <li>• Joint QA Framework - Policy &amp; Legislation - Fully Researched;</li> <li>• CPC Joint QA Framework - Being Drafted Autumn 2017;</li> <li>• CPC Multi-Agency Management Information and Performance Outcome Framework - Reviewed following UK Supreme Court Judgement (July 2016) - In Place from 25 April 2017;</li> <li>• Includes Service Output Indicators (quantitative indicators showing frequency and volume) and Proxy Service Improvement Outcomes (qualitative indicators showing improved outcomes over time);</li> <li>• Themed Approach to Performance Reporting to CYP&amp;FP - In Place for the CYP&amp;FP via ECS Research and Performance Team;</li> <li>• BMIP - Providing Additional Reporting to CYP&amp;FP - Key Child Protection Information;</li> <li>• Review of Thematic Approach to Performance Reporting - Workshop Held on 20/01/2017;</li> <li>• Central and North Scotland Child Protection Committee Consortium - Developing a CPR Data Set - By 15/08/2017;</li> </ul>	<p><b>A</b></p>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<ul style="list-style-type: none"><li>CPC Self-Evaluation Calendar 2016 - 2017 - Completed; Included a wide range of quality assurance (review and sampling) and self-evaluation activities - focus on impact and outcomes;</li><li>Evaluation Reports - Published;</li></ul>	
5	<b>Outcome 5 - Staff across services have access to local multi-agency child protection guidelines, which reflect national child protection guidance and Getting it right for every child to support sound practices in protecting children and young people and supporting their wellbeing</b>				
	<b>5.1</b> Review, revise and publish the CPC Inter-Agency Child Protection Guidelines 2011 in keeping with the Scottish Government's <i>National Guidance for Child Protection in Scotland 2014</i> and the provisions of The Children and Young People (Scotland) Act 2014 and associated statutory guidance published in 2015	CPC Short Life Multi-Agency Working Group (SLWG)  CPC Child Protection Inter-Agency Coordinator	By 31 July 2016 Launch and Dissemination August 2016. New deadline proposed to November 2016 as a result of the UK Supreme Court Judgement / Ongoing	Year 1: 01/08/2015 - 31/07/2016	
				<ul style="list-style-type: none"><li>CPC Inter-Agency Child Protection Guidelines 2011 - In Place / Under Review for Compliance with GIRFEC and The Children and Young People (Scotland) Act 2014 - Publication by April 2017;</li><li>P&amp;K CPC SLWG identified to complete this Multi-Agency Work by April 2017;</li></ul>	
				Year 2: 01/08/2016 - 31/07/2017	
				<ul style="list-style-type: none"><li>CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li><li>Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li></ul>	
6	<b>Outcome 6 - Improved joint working to support better outcomes for children and young people through GIRFEC and strengthened approaches to prevention and effective early intervention for children and young people in need of protection</b>				
	<b>6.1</b> Ensure the new arrangements for Health and Social Care Integration support positive joint working	Director of Social Work (Chief Social Work Officer)	Ongoing 2016 - 2018	Year 1: 01/08/2015 - 31/07/2016	
<ul style="list-style-type: none"><li>Update Reports - Presented to the Children, Young People and Families Partnership 2015 / 2016;</li></ul>					

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
	<p>practices between children's services and adult services for children, young people and families affected by:</p> <ul style="list-style-type: none"> <li>• Domestic abuse</li> <li>• Problematic alcohol / drug use</li> <li>• Mental ill-health</li> <li>• Sexual exploitation</li> <li>• Learning disability</li> <li>• Young people in transition between children's services and adults services</li> </ul>			<ul style="list-style-type: none"> <li>• Director of Social Work / CSWO - Presentation at CPC Annual Development Session (3 May 2016);</li> <li>• IJB Membership Review (Children's Services);</li> <li>• <i>Problematic Alcohol / Drug Use</i>: P&amp;K Joint Working between ADP and CPC - Joint Partnership Agreement 2013 - In Place and GOCR Action Plan 2013 - In Place / Ongoing;</li> <li>• <i>Problematic Alcohol / Drug Use</i>: GOCR Multi-Agency Staff Training - Being rolled-out across P&amp;K from June 2016 to June 2017;</li> <li>• <i>Sexual Exploitation</i>: P&amp;K CSE Working Group - In Place; <i>Sexual Exploitation</i> : P&amp;K CSE Work Plan 2015 - 2018 - Refreshed in December 2016 Numerous Actions / Tasks - Ongoing;</li> <li>• <i>Sexual Exploitation</i>: Multi-Agency Staff Training - Being rolled-out across P&amp;K from June 2016 to June 2017;</li> <li>• P&amp;K Partnership Coordinators' Network - In Place - with Terms of Reference to promote Joint Working across all Public Protection Partnerships;</li> <li>• Joint Working - Ongoing between APC and CPC - Public Awareness Survey of AP &amp; CP - Completed end of 2015; Public Caller Survey of Callers to Adult Protection and Child Protection Lines - Completed June 2016;</li> <li>• Services for 16 - 18 Year Olds at Risk - Paper presented to CPC on 07/06/2016;</li> </ul> <p><b>Year 2: 01/08/2016 - 31/07/2017</b></p> <ul style="list-style-type: none"> <li>• <i>Problematic Alcohol / Drug Use</i>: GOCR Multi-Agency Staff Training - Continuing to be rolled-out across P&amp;K from June 2016 to June 2018;</li> <li>• <i>Sexual Exploitation</i>: Multi-Agency Staff Training -</li> </ul>	<div></div> <div>A</div>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p>Continuing to be rolled-out across P&amp;K from June 2016 to June 2018;</p> <ul style="list-style-type: none"> <li>• CPC - Themed Meeting: Domestic Abuse - Held on 31/01/2017 - Further CPC &amp; VAWP Partnership Working Underway;</li> <li>• Scottish Government Child Protection Improvement Programme (CPIP) - Published in March 2017;</li> <li>• CPIP - CPC - Standing Agenda Item;</li> <li>• CPC Annual Development Day 02/05/2017 - Presentations &amp; Inputs from APC; ADP; CSP; MAPPA and VAWP Partnerships; Workshops to explore Joint Partnership Working - Feedback and Evaluation Reports considered by CPC - May / June 2017;</li> <li>• CSWO Meeting with Lead Officers of all Public Protection Partnerships - Held on 30/05/2017;</li> <li>• Report and Recommendations on future CPC Membership; Structure and Connections Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>• ACORN Funding for a PKC Workforce Development Initiative - Approved July 2017;</li> <li>• CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li> <li>• Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
	<b>6.2</b> Review the connectivity between the Integration Joint Board (IJB) and the Child Protection Committee (CPC) to ensure the effectiveness of services to protect children, young people and families	Director of Social Work (Chief Social Work Officer)	Ongoing 2016 - 2018	<div>Year 1: 01/08/2015 - 31/07/2016</div> <ul style="list-style-type: none"> <li>Update Reports Presented to the Children, Young People and Families Partnership 2015 / 2016;</li> <li>Director of Social Work / CSWO - Presentation at CPC Annual Development Session (3 May 2016);</li> <li>Presentation by H&amp;SC and Table Top Discussion - Identified IJB Review Membership in terms of Services for Children, Young People and Families;</li> <li>Scottish Government Child Protection Leadership Summit - Held in Perth on 03/06/2016 - Review of Child Protection in Scotland 2016;</li> </ul> <div>Year 2: 01/08/2016 - 31/07/2017</div> <ul style="list-style-type: none"> <li>Scottish Government Child Protection Improvement Programme (CPIP) - Published in March 2017;</li> <li>CPIP - CPC - Standing Agenda Item;</li> <li>CPC Annual Development Day 02/05/2017 - Presentations &amp; Inputs from APC; ADP; CSP; MAPPA and VAWP Partnerships; Workshops to explore Joint Partnership Working - Feedback and Evaluation Reports considered by CPC - May / June 2017;</li> <li>CSWO Meeting with Lead Officers of all Public Protection Partnerships - Held on 30/05/2017;</li> <li>Report and Recommendations on future CPC Membership; Structure and Connections Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>ACORN Funding for a PKC Workforce Development Initiative - Approved July 2017;</li> </ul>	<div>G</div> <div>A</div>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
7	<b>Outcome 7 - Basic awareness, understanding and knowledge of how to keep children and young people safe from harm, abuse and neglect is high; members of the public and staff know what to do if they are worried or concerned about a child or young person and express confidence in our child protection services</b>				
	<b>7.1</b> Continue to develop and implement a CPC Communications Plan in compliance with the CPC Public Information, Communication and Engagement Strategy which coordinates the work of the CPC to raise awareness and understanding of how to keep children and young people safe and what to do to protect children and young people from harm and abuse	Chair of the Protecting People Communications Group	Annual Evaluation Reports October 2016 October 2017 October 2018	<b>Year 1: 01/08/2015 - 31/07/2016</b>	G
				<ul style="list-style-type: none"> <li>CPC Communications Strategy and Communications Plan 2015 - 2018 - In Place;</li> <li>Includes a wide range of public information, communication and engagement work for all stakeholders;</li> <li>Public Awareness Survey of Adult Protection and Child Protection - Completed end of 2015;</li> <li>Public Caller Survey of Callers to Adult Protection and Child Protection Lines - Completed June 2016;</li> <li>CPC Survey of Children &amp; Young People in Schools - Keeping Safe - Completed June 2016;</li> <li>CPC Survey of Children &amp; Young People in School Transition P7 to S1 - Keeping Safe - Completed June 2016;</li> <li>CPC Social Media Pilot Work - Underway from June / July 2016;</li> </ul>	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	G
				<ul style="list-style-type: none"> <li>CPC Updated on 09/08/2016 by PKC CEX &amp; ECS Communications Officers on CPC Social Media Pilot on Facebook and Twitter - CPC agreed to continue this work for a further 6 months - Evaluation Report to be provided to CPC by end of March 2017;</li> <li>CPC Updated Further on 28/03/2017 CPC Social Media Pilot on Facebook and Twitter - Agreed to continue to make use of PKC Facebook and</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				Twitter - Indefinitely; <ul style="list-style-type: none"> <li>• CPC Self-Evaluation Calendar 2016 - 2017 - Completed; Included survey questionnaires / sampling of children, young people and families planned between January 2017 and end June 2017;</li> <li>• Child Protection Website - Improved early 2017;</li> <li>• CPC Communications Plan - Continually being updated;</li> <li>• Keeping Yourself Safe Surveys - Completed in PKC Schools &amp; Independent Schools June 2017;</li> <li>• CPC S&amp;Q Report 2016 - 2017 - Includes a full update on CPC Communications - Being presented to the CPC on 29/08/2017;</li> </ul>	
8	<b>Outcome 8 - Staff across services are working in partnership; they are confident and competent in getting it right for every child by placing each child at the centre. They are skilful in recognising and responding to children and young people who may be at risk of harm, abuse and neglect and in need of protection; they respond quickly and they provide very effective and flexible support to meet individual needs and risks and to protect their wellbeing</b>				
	<b>8.1</b> Ensure that the delivery of the statutory duties of <i>Getting it Right in Perth &amp; Kinross</i> prioritises and promotes the protection of children and young people	Chair of the CPC  Chair of the GIRFEC Strategic Group	By August 2016 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b> <ul style="list-style-type: none"> <li>• P&amp;K GIRFEC Strategy Group - In Place / Ongoing;</li> <li>• Minutes and Output Papers;</li> <li>• GIRFEC and The Children and Young People (Scotland) Act 2014 - Impact of changes - Redesign of the MASG - Being Reviewed;;</li> <li>• Regular Reports / Presentations being provided to the CYP&amp;FP - 2015 / 2016;</li> <li>• Perth and Kinross CPC / GIRFEC Strategy Group - Membership of National CP / GIRFEC Group;</li> <li>• CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and</li> </ul>	G

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				Workshops -Evaluation Report; <ul style="list-style-type: none"> <li>GIRFEC Training - Named Person; Child's Plan and Chronologies - Ongoing;</li> </ul>	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	
				<ul style="list-style-type: none"> <li>UK Supreme Court Judgement of 27/07/2016 - Examined and Observed;</li> <li>P&amp;K Code of Practice: Information Sharing, Confidentiality and Consent - Published on 21/02/2017 - Widely Disseminated;</li> <li>CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li> <li>Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>GIRFEC Training - Named Person; Child's Plan and Chronologies - Ongoing / Further GIRFEC and CP Training planned 2017 / 2018;</li> <li>P&amp;K GIRFEC Website and OnLine Training Module - Refreshed / Updated January 2017;</li> <li>CYP&amp;FP - Approved P&amp;K OnLine E-Learning Modules as Essential Training for all P&amp;K Council Employees 2016 / 2017;</li> <li>P&amp;K GIRFEC Named Person OnLine Toolkit - Under Development Autumn 2017;</li> </ul>	<b>G</b>
	<b>8.2</b> Ensure multi-agency staff learning and development opportunities support the GIRFEC approach and principles - including the Practice Model; Named Person; Child's Plan	Chair of the CPC Learning & Development Sub Group	By August 2016 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b>	
				<ul style="list-style-type: none"> <li>CPC Learning and Development Sub Group - In Place / Ongoing;</li> <li>Re-Configured to include Child Protection and GIRFEC 2016;</li> </ul>	<b>G</b>



No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
	and that it promotes, supports and safeguards wellbeing			<ul style="list-style-type: none"> <li>• Learning and Development Framework 2015 - 2018 - In Place / Ongoing;</li> <li>• P&amp;K Child Protection and GIRFEC Training - Includes GIRFEC Practice Model; Named Person; Child's Plan; Lead Professional and Chronologies;</li> <li>• CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report;</li> <li>• Programme for 2016 / 2017 - Approved by CPC L&amp;DSG on 02/06/2016;</li> </ul> <div data-bbox="1276 655 2011 703">Year 2: 01/08/2016 - 31/07/2017</div> <ul style="list-style-type: none"> <li>• P&amp;K Child Protection and Adult Protection OnLine E-Learning Modules - Refreshed / Updated October 2016;</li> <li>• P&amp;K GIRFEC Website and OnLine Training Module - Refreshed / Updated January 2017;</li> <li>• CYP&amp;FP - Approved P&amp;K OnLine E-Learning Modules as Essential Training for all P&amp;K Council Employees 2016 / 2017;</li> <li>• UK Supreme Court Judgement of 27/07/2016 - Examined and Observed;</li> <li>• P&amp;K Code of Practice: Information Sharing, Confidentiality and Consent - Published on 21/02/2017 - Widely Disseminated;</li> <li>• CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li> <li>• Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li> </ul>	<div data-bbox="2011 272 2145 655"></div> <div data-bbox="2011 655 2145 1453">G</div>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<ul style="list-style-type: none"> <li>P&amp;K GIRFEC Named Person OnLine Toolkit - Under Development Autumn 2017;</li> <li>All CPC Multi-Agency Child Protection Training 2017 / 2018 - Now set within the wider GIRFEC Policy and Practice Framework;</li> <li>Evaluation Reports - Published;</li> </ul>	
<b>Outcome 9 - Staff across services are confident and competent when working with children, young people and their families affected by problematic alcohol and / or drug use; and are keeping them safe and protected from harm, abuse, neglect and exploitation</b>					
9	<b>9.1</b> Continue the multi-agency roll-out of staff learning and development opportunities and evaluate the impact of the Perth and Kinross Practitioner's Guide and OnLine Toolkit to GOPR: <i>Getting our Priorities Right: Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use</i>	Chair of the ADP  Chair of the CPC	Ongoing from 1 April 2016	<b>Year 1: 01/08/2015 - 31/07/2016</b>	G
				<ul style="list-style-type: none"> <li>Joint Working - Ongoing between ADP &amp; CPC - <i>Getting Our Priorities Right: Working with Children, Young People and Families Affected by Problematic Alcohol and / or Drug Use</i>;</li> <li>ADP &amp; CPC Joint Partnership Agreement 2013 - In Place and GOPR Action Plan 2013 - In Place / Ongoing;</li> <li>GOPR Practitioner Guide &amp; OnLine Toolkit - In Place;</li> <li>GOPR Training for Trainers - Completed March 2016</li> <li><i>Problematic Alcohol / Drug Use</i>: GOPR Multi-Agency Staff Training - Being rolled-out across P&amp;K from June 2016 to June 2017;</li> </ul>	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	G
				<ul style="list-style-type: none"> <li><i>Problematic Alcohol / Drug Use</i>: GOPR Multi-Agency Staff Training - Being rolled-out across P&amp;K from June 2016 to June 2018;</li> <li>Since June 2011 - 11 Multi-Agency GOPR staff learning and development workshops held - 191 multi-agency practitioners attended;</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<ul style="list-style-type: none"> <li>Workshop Evaluation Reports - Published;</li> <li>Further 5 Workshops planned June 2017 - June 2018;</li> </ul>	
<b>Outcome 10 - Early and effective sharing of wellbeing concerns and unborn baby referrals is robust; relevant information is shared quickly and appropriately with the Named Person and Lead Professional to ensure children, young people and families get the help they need when they need it</b>					
10	<b>10.1</b> Re-design the Multi-Agency Screening Group (MASG) to become a key mechanism for <i>Getting it Right in Perth and Kinross</i> and the implementation of Named Person, in keeping with the provisions of The Children and Young People (Scotland) Act 2014 and associated statutory guidance published in 2015	Chair of the CPC Practice Sub Group  Chair of the MASG Review Group	By 1 May 2016 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b>	G
				<ul style="list-style-type: none"> <li>P&amp;K MASG - Established November 2012;</li> <li>Evaluated / Reviewed in 2014 / 2015;</li> <li>MASG Improvement Plan 2015 - Work Completed and Reported to CPC and CYP&amp;FP 2015 / 2016;</li> <li>Multi-Agency MASG Re-Design Group - Established 2015 / 2016;</li> <li>Implications of GIRFEC and The Children and Young People (Scotland) Act 2014 - Identified;</li> <li>Presentation and Report provided to CYP&amp;FP on 20/05/2016 - Work Ongoing for August / September 2016;</li> <li>CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report;</li> <li>Police Scotland - Reporting to Children and Young People Implementation Team via DI Loudon on Impact of Changes to Local Screening Groups;</li> <li>Police Scotland and NHS Tayside - Sharing Learning from Reviews of Early Screening Group in Angus and MASH in Dundee;</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<b>Year 2: 01/08/2016 - 31/07/2017</b> <ul style="list-style-type: none"> <li>P&amp;K MASG Re-Design Group - Continuing to work on MASG Re-Design following UK Supreme Court Judgment in 28 July 2016;</li> <li>Awaiting further Scottish Government Guidance and Legislation (GIRFEC) - Autumn 2018;</li> <li>MASG - Review - Completed 2017 - All partners have in place single service / agency guidance;;</li> <li>CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li> <li>Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>Includes updated / revised / comprehensive Guidance on MASG;</li> </ul>	<b>G</b>
<b>Outcome 11 - Staff across services are confident and competent when working with children, young people and their families affected by sexual abuse and exploitation and when working with young people who may be engaging in under-age sexual activity; they can better assess their needs and protect them from harm and abuse</b>					
11	<b>11.1</b> Further develop and implement a zero-tolerance approach to the prevention of abuse, exploitation, harmful practices and child sexual exploitation by implementing the provisions of the <u>CSE Work Plan</u> and from the messages from the Young People's Speak-Up Innovation Lab and Leadership Summit held in Perth on 8 September 2015	Chair of the CSE Working Group	Ongoing 2016 - 2018	<b>Year 1: 01/08/2015 - 31/07/2016</b> <ul style="list-style-type: none"> <li>P&amp;K CSE Working Group - In Place / Ongoing;</li> <li>Meetings and Workshops - Minutes Published;</li> <li>Terms of Reference - In Place and CSE Work Plan 2015 - 2018 - In Place / Ongoing;</li> <li>P&amp;K CPC CSE WebPages - In Place;</li> <li>P&amp;K CSE Practitioner's Guide and OnLine Toolkit - In Place;</li> <li>P&amp;K CSE Information &amp; Advice Leaflets (Various Stakeholders) - In Place;</li> </ul>	<b>G</b>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<ul style="list-style-type: none"> <li>• P&amp;K Young People's Speak-Up Innovation Lab and Leadership Summit held in Perth on 8 September 2015 - Feedback and Evaluation Reports;</li> <li>• Key Messages re GIRFEC and CSE - Extracted;</li> <li>• Elected Members and Chief Officers - Public Statements - Zero-tolerance of abuse and exploitation within P&amp;K - Reported by Media;</li> <li>• P&amp;K CSE Masterclass held in Perth on 03/02/2016 - Feedback and Evaluation Reports;</li> <li>• CSE Multi-Agency Staff Training - Being rolled-out across P&amp;K from June 2016 to June 2017;</li> <li>• P&amp;K Annual GIRFEC - <i>Keeping Your Child Safe</i> Event held in Perth Cinema on 3 March 2016 - Evaluation Report Presented to CPC on 07/06/2016;</li> <li>• P&amp;K Annual Keeping Yourself Safe Survey in Schools – Completed June 2016;</li> <li>• P&amp;K NSPCC Schools Programme in Primary Schools – Speak Out Stay Safe Programme - Completed 2015 / 2016;</li> </ul>	G
				<p><b>Year 2: 01/08/2016 - 31/07/2017</b></p> <ul style="list-style-type: none"> <li>• P&amp;K NSPCC Schools Programme in Primary Schools – Speak Out Stay Safe Programme 2016 / 2017 - Completed;</li> <li>• CSE Reports being provided to CPC and CYP&amp;FP - Ongoing;</li> <li>• Police Scotland - Launched CSE Procedures within P&amp;K with a view to Early Identification of Proactive Work around Young People at Risk;</li> <li>• Police Scotland - To share learning with P&amp;K</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p>about CSE Advisor Pilot with Barnardos;</p> <ul style="list-style-type: none"> <li>• P&amp;K CSE Working Group - CSE Workshop held on 28/11/2016; Membership Reviewed / Updated; Work Plan 2015 - 2018 - Refreshed;</li> <li>• Barnardo's Scotland CSE Practitioner Workshops held on 27/01/2017(Boys and Young Men) and on 13/03/2017 (Learning Disability) - Evaluation Reports - Published;</li> <li>• CSE Update Report Submitted to Full Council on 26/04/2017;</li> <li>• National CSE Workshop held in Stirling on 26/04/2017 - Feedback and Evaluation Report Published;</li> <li>• P&amp;K CPC Delegates and Representation from the Central and North Scotland CPC Consortium Attended;</li> <li>• Workshop Discussions and Feedback Transcribed - P&amp;K CSE Work Plan - Being Updated Autumn 2017;</li> <li>• P&amp;K STL Steering Group and Work Plan - In Place / Ongoing;</li> <li>• P&amp;K Stop To Listen Pathfinder (1 of 4 nationally in Scotland) - Multi-Agency STL Steering Group - In Place / Ongoing;</li> <li>• P&amp;K STL Steering Group Terms of Reference - Approved September 2016;</li> <li>• Practice Themes Agreed - JII and Peer Mentoring - Sub Groups being established October 2016;</li> <li>• National STL CSE Trauma Scoping Exercise and CSE Data Collection - P&amp;K Submissions made to National STL Steering Group - October 2016;</li> <li>• National STL CSE Trauma Scoping Exercise and</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p>CSE Data Collection - Reports Published in February 2017;</p> <ul style="list-style-type: none"><li>• Reports Presented to P&amp;K STL Steering Group on 13 March 2017 and shared with P&amp;K Early Years and Early Intervention Programme Board on 07/07/2017;</li><li>• P&amp;K STL Pathfinder Project Plan - Updated June 2017;</li><li>• P&amp;K CSE Work Plan 2015 - 2018 - Being Updated - Autumn 2017;</li><li>• <b>Comprehensive Position Statement and Good Practice Example on CSE</b> - Drafted - Being Presented to Care Inspectorate as part of the Joint Inspection of Children's Services which commences on 11 September 2017;</li></ul>	
	<b>11.2</b> Review, publish and implement a revised CPC Under-Age Sexual Activity Protocol in compliance with the Scottish Government: <i>National Guidance for Under-Age Sexual Activity – Meeting the Needs of Children and Young People and Identifying Child Protection Concerns</i>	CPC Short Life Multi-Agency Working Group (SLWG)  CPC Child Protection Inter-Agency Coordinator	By 31 July 2016 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b>	<b>A</b>
				<ul style="list-style-type: none"><li>• CPC Inter-Agency Child Protection Guidelines 2011 - In Place / Under Review for compliance with GIRFEC and The Children and Young People (Scotland) Act 2014 - Publication by April 2017;</li><li>• Will include guidance on Under-Age Sexual Activity;</li></ul>	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	<ul style="list-style-type: none"><li>• CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li><li>• Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li><li>• Cannot include updated / revised Guidance on</li></ul>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				Under-Age Sexual Activity - Ongoing Legal and Policy Challenges between Scottish Government and Police Scotland; <ul style="list-style-type: none"><li>Incidents / Reports of Under-Age Sexual Activity continue to be dealt with on a case-by-case basis per existing Child Protection processes;</li></ul>	
<b>Outcome 12 - Staff understand the impact of financial hardship and poverty on children and families and can take action to mitigate the risks to children and young people</b>					
12	12.1 Examine the relationship between poverty and child protection and the implications of welfare reform through a multi-agency workshop for staff working with children, young people and families	Head of Community Care	2015 - 2018	<b>Year 1: 01/08/2015 - 31/07/2016</b> <ul style="list-style-type: none"><li>Presentation to CPC on 18/08/2015 by P&amp;K Welfare Benefits Team - Poverty and DWP Benefit Reforms;</li></ul>	<b>G</b>
				<b>Year 2: 01/08/2016 - 31/07/2017</b> <ul style="list-style-type: none"><li>No further to Update;</li><li>Perth and Kinross Fairness Commission: Fairer Futures Report presented to Council in April 2017 and to CPC August 2017;</li></ul>	<b>A</b>
<b>Outcome 13 - Staff across services who are working with children, young people and families maintain chronologies of significant events and use them effectively to identify significant events or an accumulation of events which may adversely affect the child or young person's wellbeing</b>					
13	13.1 Implement the Tayside Practitioner's Guide: Chronologies (Single and Integrated), roll it out and support it with multi-agency staff learning and development opportunities	Chairs of all CPC Sub Groups	Ongoing from 1 April 2016	<b>Year 1: 01/08/2015 - 31/07/2016</b> <ul style="list-style-type: none"><li>Tayside (GIRFEC) Tayside Practitioner's Guide: Chronologies - Published on 14/12/2015;</li><li>Distributed Widely across P&amp;K;</li><li>P&amp;K CPC Multi-Agency Chronology Training - In Place - Positive Evaluation Reports;</li><li>P&amp;K CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report;</li></ul>	<b>G</b>



No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				Year 2: 01/08/2016 - 31/07/2017	
				<ul style="list-style-type: none"> <li>• P&amp;K CPC Multi-Agency Chronology Training - In Ongoing 2016 - 2018;</li> <li>• Training Courses Evaluation Reports - Published;</li> <li>• CPC Practice Sub Group - Examined a selection of P&amp;K Single Service / Agency Chronologies - Evaluation Report Published on 02/08/2016;</li> <li>• Tayside Child Protection Lead Officers (CPCs; Police &amp; Health) - August 2017 - Collating Together Pan-Tayside Issues and Challenges re Chronologies;</li> <li>• CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li> <li>• Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>• Includes detailed guidance on Chronologies;</li> </ul>	A
	13.2 Review, evaluate and quality assure the effectiveness of Chronologies to ensure they are meeting the wellbeing needs of children and young people	Chairs of all CPC Sub Groups	Ongoing from 1 April 2016	Year 1: 01/08/2015 - 31/07/2016	
				<ul style="list-style-type: none"> <li>• Tayside-wide challenges in relation to the Tayside Chronology Template - Identified in Angus, Dundee City and Perth &amp; Kinross;</li> <li>• Cultural, Practice and IT Issues Identified - Being considered further;</li> <li>• Tayside Child Protection Lead Officers (CPCs; Police &amp; Health) - August 2017 - Collating Together Pan-Tayside Issues and Challenges re Chronologies;</li> <li>• Review Deferred until 2018;</li> </ul>	G

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<div>Year 2: 01/08/2016 - 31/07/2017</div> <ul style="list-style-type: none"><li>Tayside-wide issues in relation to the Tayside Chronology Template - Identified in Angus, Dundee City and Perth &amp; Kinross;</li><li>Cultural, Practice and IT Issues Identified - Being considered further;</li><li>CPC Practice Sub Group - Examined a selection of P&amp;K Single Service / Agency Chronologies - Evaluation Report Published on 02/08/2016;</li><li>Care Inspectorate cited Tayside Practitioner's Chronology Guidance &amp; Template as an exemplar in refreshed Guidance - January 2017;</li><li>Care Inspectorate have already examined Chronologies in Dundee City and Angus;</li><li>Perth and Kinross Chronologies - Being examined by Care Inspectorate Autumn 2017;</li><li>Tayside Child Protection Lead Officers (CPCs; Police &amp; Health) - August 2017 - Collating Together Pan-Tayside Issues and Challenges re Chronologies;</li><li>Review Deferred until 2018;</li></ul>	A
14	Outcome 14 - Staff across services make use of assessment frameworks very effectively to assess needs and risks to reach informed judgements and to make sound and timely decisions				
	14.1 Review the effectiveness of existing frameworks for assessing risks and needs and implement staff learning and development opportunities to ensure continuous improvement in the quality of assessments	Chairs of all CPC Sub Groups	Ongoing Evaluation Reports 2016 - 2018	<div>Year 1: 01/08/2015 - 31/07/2016</div> <ul style="list-style-type: none"><li>Single Service / Agency Assessment Frameworks - In Place;</li></ul>	G
				<div>Year 2: 01/08/2016 - 31/07/2017</div> <ul style="list-style-type: none"><li>ECS Services for Children, Young People and Families Whole Service Day on 29/09/2016 - Agreed to Review their Existing Assessment</li></ul>	G

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	RAG
				Framework - Ongoing; <ul style="list-style-type: none"> <li>ECS Services for Children, Young People and Families Assessment Framework - Review Completed;</li> <li>CPC Practice Sub Group on 29/11/2016 - Examined the variety of Service / Agency Assessment Templates - Information provided to the CPC March 2017;</li> </ul>	
<b>Outcome 15 - Staff across services who are working with children, young people and their families use plans very effectively to reduce risks, meet needs and to improve wellbeing; plans are SMART and are reviewed regularly</b>					
15	<b>15.1</b> Implement the Tayside Child's Plan in keeping with The Children and Young People (Scotland) Act 2014, roll it out and support it with multi-agency staff learning and development opportunities	Chairs of all CPC Sub Groups	Ongoing from January 2016	<b>Year 1: 01/08/2015 - 31/07/2016</b> <ul style="list-style-type: none"> <li>Tayside (GIRFEC) Child's Plan - Published April 2016;</li> <li>Child's Plan Template - Posted on CPC Website;</li> <li>Child's Plan - Included in all CPC Multi-Agency Child Protection and GIRFEC Training;</li> </ul>	G
				<b>Year 2: 01/08/2016 - 31/07/2017</b> <ul style="list-style-type: none"> <li>Child's Plan - Included in all CPC Multi-Agency Child Protection and GIRFEC Training;</li> <li>577 Child's Plans - In place by July 2017;</li> </ul>	G
				<b>Year 1: 01/08/2015 - 31/07/2016</b> <ul style="list-style-type: none"> <li>Tayside (GIRFEC) Child's Plan - Published April 2016;</li> <li>Child's Plan Template - Posted on CPC Website;</li> <li>Child's Plan - Included in all CPC Multi-Agency Child Protection and GIRFEC Training;</li> </ul>	G
				<b>Year 2: 01/08/2016 - 31/07/2017</b> <ul style="list-style-type: none"> <li>CPC Quality Assurance and Review of Multi-Agency Decision Making: CPCCs - 63 children's</li> </ul>	G
	<b>15.2</b> Review, evaluate and quality assure the effectiveness of the planning arrangements to ensure they are meeting the risks and needs of children and young people	Chairs of all CPC Sub Groups	Ongoing from January 2016		

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				<p>files examined - Key Findings included in CPC Standards and Quality Report 2015 - 2016 (October 2016);</p> <ul style="list-style-type: none"> <li>CPC Quality Assurance and Review of Multi-Agency Decision Making: CPCCs - 34 children's files examined - Key findings included in CPC Standards and Quality Report 2016 - 2017 - Being presented to CPC on 29/08/2017;</li> <li>577 Child's Plans - In place by July 2017;</li> </ul>	
16	<b>Outcome 16 - Staff use the Inter-Agency Referral Discussion process very effectively to jointly plan the response, including investigations, to children and young people who may be at risk by sharing and reviewing information quickly and effectively, identifying risks and planning carefully the actions they need to take to protect children and young people. Information is shared quickly with the Named Person</b>				
	<b>16.1</b> Review, evaluate and quality assure the effectiveness of the Inter-Agency Referral Discussions (IRDs) across Perth and Kinross and implement actions to improve practice	Chair of the CPC Quality Assurance Sub Group  Chair of the CPC Practice Sub Group	By 31 March 2016 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b>	G
				<ul style="list-style-type: none"> <li>P&amp;K CPC Inter-Agency Screening and IRD Protocol - In Place / Under Review 2016;</li> <li>Re-Design of MASG - Future Proofing Identified Changes;</li> <li>Police Scotland Tayside Division Review of IRDs - Completed September 2015;</li> <li>CPC Self-Evaluation Calendar 2015 - 2016 - Completed; Included the <i>sampling and quality assurance of Inter-Agency Referral Discussions (IRDs) which did not lead to a child protection investigation</i>;</li> </ul>	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	G
				<ul style="list-style-type: none"> <li>CPC Self-Evaluation Calendar 2016 - 2017 - Completed; Included the <i>sampling &amp; quality assurance of Inter-Agency Referral Discussions (IRDs) - Focus on Multi-Agency Decision Making &amp; Recording Practices</i>;</li> <li>Review and Sampling of IRDs - Review conducted</li> </ul>	

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				in October 2016 - Evaluation Report Published January 2017; <ul style="list-style-type: none"> <li>• IRD procedures being included in the refresh of the CPC Inter-Agency Child Protection Guidelines;</li> <li>• CPC Inter-Agency Child Protection Guidelines 2011 - Refreshed in compliance with GIRFEC, The Children and Young People (Scotland) Act 2014 and other Policy and Practice Changes;</li> <li>• Draft CPC Inter-Agency Child Protection Guidelines 2017 - Being presented to the CPC on 29 August 2017 - For Approval;</li> <li>• Includes updated / revised Guidance on IRDs;</li> </ul>	
	<b>16.2</b> Participate as a Pathfinder area for the Stop to Listen project in partnership with Children 1 <sup>st</sup> with the aim of improving our practices in responding to and investigating child sexual abuse and sexual exploitation	Chair of the CPC	By 31 January 2017 / Ongoing	<div data-bbox="1276 730 2011 783">Year 1: 01/08/2015 - 31/07/2016</div> <ul style="list-style-type: none"> <li>• P&amp;K Stop To Listen Pathfinder (1 of 4 nationally in Scotland) - Multi-Agency STL Steering Group - In Place 1 June 2016 / Ongoing;</li> <li>• Part of the P&amp;K CSE Work Plan 2015 - 2018 - Ongoing;</li> <li>• P&amp;K CPC - Attending the National STL Steering Group Meetings - Minutes and Outputs;</li> </ul> <div data-bbox="1276 1050 2011 1102">Year 2: 01/08/2016 - 31/07/2017</div> <ul style="list-style-type: none"> <li>• P&amp;K STL Steering Group and Work Plan - In Place / Ongoing;</li> <li>• P&amp;K Stop To Listen Pathfinder (1 of 4 nationally in Scotland) - Multi-Agency STL Steering Group - In Place / Ongoing;</li> <li>• P&amp;K STL Steering Group Terms of Reference - Approved September 2016;</li> <li>• Practice Themes Agreed - JII and Peer Mentoring - Sub Groups being established October 2016;</li> <li>• National STL CSE Trauma Scoping Exercise and</li> </ul>	<div data-bbox="2011 730 2145 1050">G</div> <div data-bbox="2011 1050 2145 1484">G</div>

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				CSE Data Collection - P&K Submissions made to National STL Steering Group - October 2016; <ul style="list-style-type: none"> <li>National STL CSE Trauma Scoping Exercise and CSE Data Collection - Reports Published in February 2017;</li> <li>Reports Presented to P&amp;K STL Steering Group on 13 March 2017 and shared with P&amp;K Wellbeing Collaborative and Early Intervention Programme Board;</li> <li>P&amp;K Young People's CSE Advisory Group - Established - First Meeting 27/06/2017 - Further Meetings planned for 2017;</li> <li>Significant Improvements made to the environment, lighting and furnishings at the Interview Suite, Almondbank House, Perth;</li> <li>P&amp;K STL Pathfinder Project Plan - Updated 31 May 2017;</li> </ul>	
17	<b>Outcome 17 - Arrangements for the protection and investigation of the abuse of young people aged 16 -18 years are robust and take account of the duties contained within the Children and Young People (Scotland) Act 2014 and local practice</b>				
	<b>17.1</b> Jointly develop ways to manage risk to young people 16-18 years of age who may be Care Leavers / Looked-After and / or in Transition, in keeping with provisions of The Children and Young People (Scotland) Act 2014	Chair of the CPC  Chair of the Adult Support and Protection Committee  Head of Community Care	By 1 April 2017 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b> <ul style="list-style-type: none"> <li>CPC Development Session held on 03/05/2016 - Key GIRFEC Provisions Presentation and Workshops - Evaluation Report;</li> <li>UK Supreme Court Judgement of 27/07/2016 - Examined and Observed;</li> <li>P&amp;K MASG Re-Design Group - Continuing to work on MASG Re-Design following UK Supreme Court Judgment in 28 July 2016;</li> <li>Paper on 16 - 18 Years at Risk - Paper presented and discussed at Central and North Scotland CPC Consortium Meeting on 08/06/2016 and CPC</li> </ul>	G

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				Meeting on 07/06/2016;	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	
				<ul style="list-style-type: none"> <li>• Implications of GIRFEC, MASG Re-Design and The Children and Young People (Scotland) Act 2014 - Review Completed;</li> <li>• Awaiting further Scottish Government Guidance and Legislation (GIRFEC and The Children and Young People (Scotland) Act 2014) - 2017 / 2018;</li> </ul>	A
18	<b>18.1</b> Continue to improve the arrangements to ensure a robust and consistent approach to involving children, young people and their families meaningfully in child protection processes, including independent support through Advocacy	Chair of the CPC Practice Sub Group  Service Manager Children and Families Services (Child Protection)	Evaluation Report by 1 April 2017 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b> <ul style="list-style-type: none"> <li>• Report and Recommendations for Consultation, Engagement and Involvement of Children and Young People in Child Protection Processes - February 2015 - Reported to CPC by Rachel McEwan;</li> <li>• P&amp;K Advocacy Group - Minutes &amp; Outputs - In Place;</li> <li>• Views of Children and Families - Being captured in key Child Protection processes per the CPC Self-Evaluation Calendar 2015 - 2016;</li> <li>• View of Children and Families being captured at CPCC Minutes; Child's Plan; What do you Think and Have Your Say Forms;</li> <li>• Young People's Speak-Up and Innovation Lab - 8 September 2015 - Feedback &amp; Evaluation Report;</li> <li>• CPC Survey of Children &amp; Young People in Schools - Keeping Safe and Survey of Children &amp; Young People in School Transition P7 to S1 - Keeping Safe - Completed June 2016;</li> <li>• CPC Practice Sub Group on 24/05/2016 - Discussed and started to identify where engagement takes place throughout the child</li> </ul>	G

No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
				protection process;	
				<b>Year 2: 01/08/2016 - 31/07/2017</b>	
				<ul style="list-style-type: none"> <li>CPC Communications Strategy and Plan 2015 - 2018 - In Place promoting public information, communication and engagement;</li> <li>CSE Young People's Advisory Group - Established 27/06/2017;</li> <li>ECS CYP&amp;FS Improvement Officer - Appointed for CPCCs - Quality Assurance Reports;</li> <li>View of Children and Families being captured at CPCC Minutes; Child's Plan; What do you Think and Have Your Say Forms - Ongoing;</li> <li>CPC Self-Evaluation Calendar 2016 - 2017 - In Completed; Included survey questionnaires / sampling of children, young people and families planned between January 2017 and July 2017;</li> <li>Participation &amp; Engagement Strategy - Being published August 2017;</li> <li>Children and Young People - being provided with Advocacy via Children's Rights Officer; Who Cares Scotland Worker and via Perth and Kinross Independent Advocacy;</li> <li>MOMO App (Mind of my Own) - Purchased and being rolled-out to promote new creative ways of Engagement and Seeking Views;</li> </ul>	<b>G</b>
<b>19</b>	<b>19.1</b> Develop and implement an engagement strategy for involving children, young people and families in policy, planning and service development taking account of the	Chair of the CPC  CPC Child Protection Inter-Agency Coordinator	By 31 December 2016 / Ongoing	<b>Year 1: 01/08/2015 - 31/07/2016</b>	
				<ul style="list-style-type: none"> <li>CPC Communications Strategy and Plan 2015 - 2018 - In Place promoting public information, communication and engagement;</li> <li>Includes a wide range of public information, communication and engagement work for all</li> </ul>	<b>G</b>



No	Action / Task	Strategic Lead	Timescale	Progress / Sense Check / Evidence @ 31 July 2017	R A G
	messages from the Young People's Speak-Up Innovation Lab and Leadership Summit held in Perth on 8 September 2015	Youth Services		<p>stakeholders;</p> <ul style="list-style-type: none"> <li>• P&amp;K Protecting People Communications Group - EStablished February 2015 - Outputs;</li> <li>• Public Awareness Survey of Adult Protection and Child Protection - Completed end of 2015;</li> <li>• Public Caller Survey of Callers to Adult Protection and Child Protection Lines - Completed June 2016;</li> <li>• CPC Survey of Children &amp; Young People in Schools - Keeping Safe - Completed June 2016;</li> <li>• CPC Survey of Children &amp; Young People in School Transition P7 to S1 - Keeping Safe - Completed June 2016;</li> <li>• CPC Social Media Work - Underway from June / July 2016;</li> </ul> <p><b>Year 2: 01/08/2016 - 31/07/2017</b></p> <ul style="list-style-type: none"> <li>• CPC Child Protection Website - Public Facing - Contains Key Information;</li> <li>• CPC Updated on 09/08/2016 by PKC CEX &amp; ECS Communications Officers on CPC Social Media Pilot on Facebook and Twitter - CPC agreed to continue this work for a further 6 months - Evaluation Report to be provided to CPC by end of March 2017;</li> <li>• CPC Updated Further on 28/03/2017 CPC Social Media Pilot on Facebook and Twitter - Agreed to continue to make use of PKC Facebook and Twitter - Indefinitely;</li> <li>• CPC Self-Evaluation Calendar 2016 - 2017 - Completed; Included survey questionnaires / sampling of children, young people and families planned between January 2017 and July 2017;</li> </ul>	<div>G</div>

<b>No</b>	<b>Action / Task</b>	<b>Strategic Lead</b>	<b>Timescale</b>	<b>Progress / Sense Check / Evidence @ 31 July 2017</b>	<b>R A G</b>
				<ul style="list-style-type: none"> <li>• P&amp;K Protecting People Communications Group - (established February 2015) - Merged into the P&amp;K Partnership Coordinators' Network from March 2017;</li> <li>• Participation &amp; Engagement Strategy - Being published August 2017;</li> <li>• P&amp;K Protecting People Virtual Community (Public) - Survey Completed to evaluate the impact of CPC Child Protection Posters - February 2017;</li> <li>• CPC Child Protection Posters - Being refreshed Autumn 2017 in partnership with Voluntary Sector Child Protection Forum;</li> </ul>	

**Ross Drummond**  
**Child Protection Inter-Agency Coordinator**  
**31 July 2017**



**PERTH & KINROSS INTEGRATION JOINT BOARD**

**23 March 2018**

**WINTER PLAN 2017/18 UPDATE**

**Report by Chief Officer**

**PURPOSE OF REPORT**

This report is to provide an update to the Integrated Joint Board on the actions and the additional resources invested in, to ensure effective levels of capacity to support continued service delivery in order to minimise any potential disruption to services, patients and carers during the winter period of 2017/18.

**1. RECOMMENDATION(S)**

It is recommended that the Integrated Joint Board:

- Note and support the plans put in place for the Perth & Kinross Health & Social Care Partnership during the Winter/Festive period (November 2017 to March 2018).
- Request a detailed report in June 2018 which will provide the Partnership's performance during the Festive and full winter period.

**2. BACKGROUND**

Perth & Kinross Health & Social Care Partnership submitted to the Integrated Joint Board in November 2017 the Partnership's Winter Plan 2017/18 for approval. The plan provided information on the focussed approach to the planning for the additional pressures and business continuity challenges that could potentially be faced during the winter period, which is an annual requirement from the Scottish Government. .

The plan is a whole system health and social care response to ensure NHS Tayside and Health & Social Care Partnerships meet the needs of Tayside's population. In particular, the frail elderly and those who are acutely ill over the winter period.

In December 2017 the Scottish Government announced additional funding to support winter resilience and implementation of the recommendations from the Public Holiday Review Report to strengthen resilience across Health & Social Care Services. NHS Tayside's NRAC allocation was £627,688.

The Scottish Government outlined a number of key areas of focus in order for health boards and its partners to provide an optimal service over winter, specifically the weekends and the festive period, which include maintaining effective discharges and appropriate admission avoidance by ensuring the following:

- Targeting secure additional staffing to create extra capacity and resilience across social, primary, secondary, independent and third sector care services.
- Weekend and festive period patient discharges, increased to normal weekday levels, given the evidence about the impact of reduced weekend and particularly long weekend discharging.
- Ensuring that staff across acute, social and primary care are aware of staffing levels available over weekends in order to maintain effective patient discharge and admission avoidance.
- Optimise level of diagnostic, pharmacy, OT/physio and non clinical services (portering and cleaning) to promote early appropriate intervention and appropriate discharge.
- Ensure effective local messages via staff, signposting and local media about using OOH/MIU/NHS 24/Pharmacy as an alternative to attending hospital, where appropriate.

Following this announcement, Health & Social Care Partnerships in collaboration with NHS Tayside and Acute Sector clinicians put in place Influenza Like Illness (ILI) business continuity plans and bed capacity plans for Perth Royal Infirmary and Ninewells. This was to put in place actions to support not only the winter planning requirements but also the predicted increase in influenza like illness, and weather related falls and accidents.

### **3. PROGRESS**

Perth & Kinross Health & Social Care Partnership put in place the following key actions to ensure the continued delivery of services in order to meet the potential additional pressures and challenges for Winter 2017/18.

- Updated business continuity management arrangements/plans to manage and mitigate against any key disruptions including the impact of severe weather.
- Ensured staffing cover within the Discharge Hub (health and social work) in Perth Royal Infirmary over the public holiday period to ensure continued effective admission and discharge processes.
- Invested in additional GP ward round cover for Perth & Kinross Community Hospitals over the 4 day shut down periods of Xmas and New Year and continued this investment during January for 7 day cover.

- Provided a local directory of services to inform public and staff how to access key services during the festive period.
- The Locality Management Teams identified those most at risk / isolated in the community to anticipate their support requirements during this period.
- Provided additional investment into 7 day working for community services (Allied Health Professionals, District Nursing, Social Work, Rapid Response, Older People Community Mental Health Teams etc) to support assessment and discharge to improve hospital flow and patient care and experience.
- Invested in staffing additional inpatient beds in Crieff Community Hospital and Tay Ward to support capacity and flow through Perth Royal Infirmary.
- Business continuity team put in place to report daily on delayed discharge, service capacity and staff absence/issues due to Influenza like illness.

As at the end of January 2018, the Partnership have projected an investment of approximately £140k to ensure provision of additional cover over the Festive and Winter Period.

#### 4. CONCLUSION

This report provides the Integrated Joint Board with information on the key actions and additional investment that the Partnership has put in place over the Winter Period of 2017/18. This was to ensure effective levels of capacity was in place to support continued service delivery in order to minimise any potential disruption to services, patients and carers during the winter period of 2017/18.

#### 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.

