PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

19/10/2022

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in **the Council Chamber** on **Wednesday, 26 October 2022** at **13:00**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Jacquie Pepper
Chief Officer – Health and Social Care Partnership

Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website as soon as possible following the meeting.

Voting Members
Councillor Michelle Frampton, Perth and Kinross Council
Councillor David Illingworth, Perth and Kinross Council
Councillor Sheila McCole, Perth and Kinross Council
Councillor Colin Stewart, Perth and Kinross Council (Vice-Chair)
Bob Benson, Tayside NHS Board (Chair)
Beth Hamilton, Tayside NHS Board
Donald McPherson, Tayside NHS Board
Vacancy, Tayside NHS Board

Non-Voting Members
Jacquie Pepper, Chief Officer- Health and Social Care Partnership/Chief Social Work Officer, Perth and Kinross Council
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board
Sarah Dickie, NHS Tayside
Dr Sally Peterson, NHS Tayside
Dr Lee Robertson, NHS Tayside
Dr Emma Fletcher, NHS Tayside

Stakeholder Members
Sandra Auld, Service User Public Partner
Bernie Campbell, Carer Public Partner
Lyndsay Glover, Staff Representative, NHS Tayside
Stuart Hope, Staff Representative, Perth and Kinross Council
Ian McCartney, Service User Public Partner
Maureen Summers, Carer Public Partner
Sandy Watts, Third Sector Forum

Perth and Kinross Integration Joint Board

Wednesday, 26 October 2022

AGENDA

Note: There will also be a presentation on this item.

6.7	**STRATEGIC PLANNING GROUP - DRAFT MINUTE FROM 16 AUGUST 2022 AND UPDATE** Report by Head of ASWSC (Commissioning) (copy herewith)	**85 - 96**
7	**FINANCE/AUDIT & PERFORMANCE**	
7.1	**AUDIT AND PERFORMANCE COMMITTEE** Verbal Update by Chair of Audit & Performance Committee and head of Finance & Corporate Services	
8	**FOR INFORMATION**	
8.1	**AUDITED ACCOUNTS 2021/22** Report by Head of Finance & Corporate Services (copy herewith)	**97 - 154**
8.2	**P&K & HSCP ANNUAL PERFORMANCE REPORT 2021/22** Report by Head of Finance & Corporate Services (copy herewith)	**155 - 246**
8.3	**INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022/23** (copy herewith)	**247 - 252**
9	**FUTURE MEETING DATES 2022/23**	

14 December 2022
15 February 2023
29 March 2023

FUTURE IJB DEVELOPMENT SESSIONS 2022/23
16 November 2022
25 January 2023
15 march 2023

If you or someone you know would like a copy of this document in another language or format, (on occasion, only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000.

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

All Council Services can offer a telephone translation facility.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the hybrid meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, 2 High Street, Perth on Wednesday 31 August 2022 at 1.00pm.

Present:

Voting Members:
Mr B Benson, Tayside NHS Board (Chair)
Mr D McPherson, Tayside NHS Board
Ms B Hamilton, Tayside NHS Board
Mr G Martin, NHS Tayside Board (Proxy Member)
Councillor C Stewart, Perth and Kinross Council (Vice Chair)
Councillor D Illingworth, Perth and Kinross Council
Councillor M Frampton, Perth and Kinross Council
Councillor S McCole, Perth and Kinross Council

Non-Voting Members
Ms J Pepper, Chief Officer / Director – Integrated Health & Social Care, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Head of Finance and Corporate Services, Perth and Kinross Health and Social Care Partnership
Ms S Dickie, NHS Tayside
Dr S Peterson, NHS Tayside
Dr L Robertson, NHS Tayside

Stakeholder Members
Ms S Auld, Service User Public Partner
Ms M Summers, Carer Public Partner
Mr I McCartney, Service User Public Partner
Ms S Watts, Third Sector Representative
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms L Glover, Staff Representative, NHS Tayside

In Attendance:
K Russell (for Item 9.2 only) and Dr P LeFevre (for Item 9.2 only) (both NHS Tayside); S Hendry, A Taylor, A Brown, M Pasternak and S Rodger (up to Item 9.4) (all Perth and Kinross Council); Z Robertson (up to Item 9.4), K Ogilvy, E Devine, H Dougall, C Jolly (from Item 3 onwards), D Mitchell, D Huband, V Aitken, P Jerrard (all Perth and Kinross Health and Social Care Partnership); and A Chan (Ethnic Minorities Group).

1. WELCOME AND APOLOGIES

B Benson welcomed all those present to the meeting.

2. DECLARATIONS OF INTEREST

Councillor S McCole declared a non-financial interest in Item 3 as a member of the Adult Support and Protection Committee.

3. PERTH AND KINROSS PARTNERSHIP – HIS JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION PUBLIC REPORT AUGUST 2022

There was submitted for information a copy of the Joint Inspection of Adult Support and Protection (G/22/107).

The Chief Officer provided the Board with a presentation on the Joint Inspection report. The IJB heard that the inspection findings were positive with the determination and hard work of staff over the last two years being recognised in the report. The report showed evidence of strong multi-agency arrangements and effective partnership working in Perth and Kinross. This contributes to keeping adults who at risk of harm, safe and protected. The inspection stated that key processes were effective and strategic leadership in Adult Support and Protection was also strong.

D McPherson commended the report findings and acknowledged the good work undertaken by the Chief Officer and her team. It was noted that the involvement of independent advocacy was stated as mixed in the report. J Pepper advised that the take up of independent advocacy is key to very effective adult protection processes. Independent advocacy is commissioned from Independent Advocacy Perth and Kinross and as a result of this report this provision will be reviewed in terms of sufficiency and quality and of how it can be improved.

The Board noted the position.

4. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 27 JUNE 2022

The minute of the meeting of the Perth and Kinross Integration Joint Board of 27 June 2022 was submitted and approved as a correct record.

5. ACTIONS POINT UPDATE

The action points update (G/22/108) was submitted and noted.

6. MATTERS ARISING

There were no matters arising.

7. MEMBERSHIP UPDATE

There was a verbal report by the Clerk to the Board updating the Board on the membership of the Board.

Resolved:

(i) It be noted that there is still a vacancy of a voting member from Tayside NHS Board but it was hoped that we should receive notification of an appointment to this position in the near future.
(ii) It be agreed that Dr Emma Fletcher, Director of Public Health at NHS Tayside be appointed to the Board as a public health representative as an additional non-voting member.

8. GOVERNANCE

8.1 PERTH AND KINROSS INTEGRATION JOINT BOARD DIRECTIONS POLICY

There was submitted a report by the Chief Officer (G/22/109) providing the Board with a new Directions Policy which has been developed in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance published in January 2020.

The Chief Officer advised the Board that policy further strengthens our approach on Directions taken to date by widening the use of Directions across all our business, enhancing our governance arrangements and ensures that Directions are formulated to deliver the changes we are trying to achieve. The policy gives a clear statement of Partner responsibilities and provides enhanced performance monitoring and widens the remit of the Audit and Performance Committee to be able to monitor progress. J Pepper advised that more work is required with our Partners regarding the Lead Partner role and the process for the issuing of Directions in this regard. It is anticipated that this work will be concluded by the next IJB meeting in October.

Resolved:
(i) The Directions Policy and Procedure as detailed at Appendix 1 of Report G/22/109, be approved with effect from 1 September 2022.
(ii) The Chief Officer be requested to prepare an Addendum relating to the Lead Partner role for Pan-Tayside functions for approval at the next meeting of the Board on 26 October 2022.
(iii) The requirement to amend the report template for IJB reports to comply with the policy, be noted.
(iv) The intention to devote time at an IJB Development Session for all IJB members on 14 September on the implementation of the policy, be noted.

9. DELIVERING ON STRATEGIC OBJECTIVES

9.1 CHIEF OFFICER STRATEGIC UPDATE

There was a verbal report by the Chief Officer providing an update on key strategic matters since the last IJB meeting in June. J Pepper advised that inductions sessions have been held for new and existing Members. A joint briefing session was held with Members and PKC elected Members in relation to the National Care Service and its implications. Work continued, as noted previously, on the Adult Support and Protection inspection. Further, the Chief Officer along with the Chair and Vice-Chair met with the Independent Oversight and Assurance Group into

Mental Health Services and discussed the role of the IJB with regards to strategic planning and the integration scheme. J Pepper advised the Board that Delayed Discharge continues to be a major challenge in Perth and Kinross; and as such she intends to bring a paper to the next IJB outlining these key challenges, the improvement work underway and the intended impact of this work.

Resolved:
The Board noted the position.

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AND CONSIDER ITEM 9.4 AT THIS POINT.

9.4 STRATEGIC PLANNING GROUP – MINUTE FROM 17 MAY 2022 AND ACTION NOTE FOR NOTING

The minute and action note of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 17 May 2022 was submitted and noted for information.

THERE FOLLOWED A SHORT RECESS AND THE MEETING RECONVENED AT 2.30PM.

KEITH RUSSELL AND PETER LEFEVRE JOINT THE MEETING AT THIS POINT.

9.2 MENTAL HEALTH SERVICES

There was submitted a report by the Chief Officer (G/2/110) providing the Board with an update on the current position in relation to mental health services.

The Chief Officer advised that the report presented today covers the position regarding the role of P&K IJB and its oversight in terms of the integration scheme for Inpatient Mental Health and Learning Disability Services, an update on the Chief Officer role in the coordination of strategic planning and also an update on the early work undertaken regarding Listen, Learn, Change and the role of the Independent Oversight and Assurance Group.

D McPherson welcomed the report and that this is now going to be a standing item on the agenda and commented on Delayed Discharges in Mental Health Services and queried what is been done to address this issue. J Pepper advised that some of the people seeking discharge from hospital require very complex packages of care to enable the discharge. However, work continues locally in Perth and Kinross to ensure the capacity is there in our social care system to support discharge and new models of care are being considered. Keith Russell echoed this and stated that we are very conscious that each delayed discharge number is a person with their own life story and that they need to be living a life beyond a hospital. This is not a comfortable position as a Board so work is ongoing with each HSCP across Tayside and with providers to strive to achieve a sustainable resolution to this issue.

Councillor McCole queried how the ongoing work in Inpatient Services will impact and influence a strategy for Outpatient Services and particularly around prevention? J Pepper advised that the report presented today is a work in progress and does not fully reflect the work going on in community mental health teams and across our communities more generally. This is something that is being worked towards and a more comprehensive update will be provided in future reports. Dr P LeFevre agreed with this and agreed that outpatient services and multi-disciplinary teams need to work proactively and focus more on prevention, particularly for those individuals who are most likely to use inpatient services who have more complex disorders. Community Mental Health Teams (CMHT) across Tayside are very broadly spread with the demands on them being huge and this presents workforce challenges. A focus on recruitment and retention is therefore required. Dr LeFevre advised the Board that a major redesign of CMHTs is being embarked upon.

Councillor C Stewart queried section 2.3 of the report concerning a review of the terms of reference for the Mental Health and Wellbeing Board and queried where this Board sits in a governance structure and where it reports into. J Pepper advised that the Programme Board has not been directly reporting into any of the IJBs or NHS Tayside. This is something which needs to be reviewed as part of any changes to the Terms of Reference.

Resolved:

(i) The contents of Report G/22/110, be noted.

(ii) The Chief Officer be authorised to engage with NHS Tayside Executive Directors and other Chief Officers (Dundee and Angus IJBs) to consolidate the leadership arrangements; refine the governance and structures to support the change programme to deliver on Living Life Well and strengthen the programme support team.

(iii) The Chief Officer be authorised to work with NHS Tayside Director of Finance and the three Chief Finance Officers (Perth and Kinross, Dundee, and Angus IJBs) to bring about a financial framework to support the delivery of Living Life Well.

9.3 UPDATE ON RE-DESIGN OF SUBSTANCE USE SERVICES IN PERTH AND KINROSS AND THE IMPLEMENTATION OF MAP STANDARDS

There was submitted a report by Clare Mailer, the Chair of the Alcohol and Drug Partnership, presented by K Ogilvy, providing an update on (1) progress made in the redesign of substance use services; (2) progress in embedding and implementing the Medication-Assisted Treatment (MAP) Standards; and (3) progress in the delivery of the priorities outlined in the Perth and Kinross Alcohol and Drug Partnership (ADP) Substance Use Strategic Delivery Plan 2020-23.

S Dickie mentioned how stark the data regarding alcohol brief interventions (ABI) is compared to 2018, 2019 and 2020 with only 290 reported in this period. This is concerning especially with the number of alcohol related deaths increasing. The 2 actions seem to be about intervention and not prevention. K Ogilvy advised that brief interventions have dropped significantly and that more work is needed to determine if this is an accurate reflection. It may that in Primary Care the number is higher but

patients have not been recorded or considered for an ABI and may mean that people are being referred onto statutory substance use services instead. However, it is clear we are not getting near the national ABI target. K Ogilvy advised that a post for an ABI coordinator has been part funded, along with Angus and Dundee, which will look into this and strive to increase the number of ABIs across Tayside. H Dougall stated that the number of ABIs may reflect the manner of the interactions in Primary Care and the much higher use of telephone triage. However, he noted that the figure is from April 2021 and that we may get a better reflection of more accurate figures next year with more face to face appointments now happening. This could remain a challenge though as the same level of face to face appointments may not return.

Resolved:

(i) The progress made with the redesign of substance use services, be noted.
(ii) The progress made in embedding and implementing the MAT Standards, be noted.
(iii) The progress made in delivering the priorities in the Perth and Kinross ADP Strategic Delivery Plan 2020-23, be noted, with a further update being provided to the Board in twelve months.

10. AUDIT AND PERFORMANCE COMMITTEE ANNUAL REPORT 2021/22

There was submitted a joint report by the Chair of the Audit and Performance Committee and the Head of Finance and Corporate Services (G/22/113) summarising the work of the Audit and Performance Committee during the year 2021/22.

Resolved:

(i) The contents of the Annual Report for the year 2021/22, be noted.
(ii) The input provided to the Audit and Performance Committee from its members and those supporting the Committee, be acknowledged.
(iii) The performance and effectiveness of the Audit and Performance Committee for the year 2021/22 be noted.

11. FOR INFORMATION

11.1 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022/23 (G/22/114)

Resolved:
The contents of Report G/22/114 be noted.

12. FUTURE IJB MEETING DATES 2022/23

26 October 2022
14 December 2022
15 February 2023
29 March 2023

Future IJB Development Sessions 2022/23

14 September 2022
16 November 2022 (Budget)
25 January 2023
15 March 2023

Resolved:
The above meeting dates be noted.

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
26 October 2022
(REPORT NO. G/22/156)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
131	09 Dec 2020	7.2	Mental Health & Wellbeing Strategy	The Tayside MH Strategy 'Living Life Well' - Financial Framework to be provided.	Director of Finance NHS Tayside/ COs/CFOs	Ongoing	Work on this continues across Tayside with the NHST director of Finance in discussions with the 3 HSCP CFOs and Cos
137	30 Mar 2022	5.	Matters Arising	Review of mechanisms for ongoing IJB Member communication to ensure effectiveness.	Chief Officer	31 Aug 2022	Agenda item 26 October 2022.
138	30 Mar 2022	7.1	3 Year Budget	A development session to be held with IJB members around the Inpatient Mental Health overspend and roles and responsibilities.	Chief Officer	31 Aug 2022	As part of the discussions to take forward the Mental Health Financial Framework, the Chief Officers and Chief Finance Officers are in discussion with the Director of Finance NHST to ensure a clear and agreed understanding of respective responsibilities in line with the integration scheme.
139	30 Mar 2022	8.2	Membership and roles on Integration Joint Boards	Chair and CO to meet to agree appropriate next steps in relation to Public Partner representatives around the voting status of public partners and how this can be raised at national level.	Chief Officer	31 Aug 2022	Ongoing

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
26 October 2022
(REPORT NO. G/22/156)

140	31 August 2022	9.1	Chief Officer Strategic Update	Paper on outlining key challenges with Delayed Discharges, the improvement work underway and the intended impact of this work to be brought to next IJB meeting.	Chief Officer	26 Oct 2022	Agenda item 26 October 2022.

PERTH AND KINROSS INTEGRATION JOINT BOARD

26 October 2022

APPOINTMENT OF CHIEF FINANCE OFFICER

Report by Chief Officer
(Report No. G/22/157)

PURPOSE OF REPORT

To set out the proposed arrangements to ensure the Integrated Joint Board (IJB) has a proper officer discharging the Chief Finance Officer role with responsibility for the administration of its financial affairs following the resignation of the current postholder.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board: -

(i) Notes the resignation of the current Chief Finance Officer for the Perth and Kinross Integration Joint Board and the recruitment arrangements agreed by NHS Tayside and Perth and Kinross Council.

(ii) Delegates authority to the Chief Officer to introduce interim arrangements for the discharge of the role of proper officer for the Perth and Kinross Integration Board until the permanent role of Chief Finance Officer is filled.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 Section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to appoint a Chief Finance Officer as proper officer with responsibility for the administration of its financial affairs.

2.2 The Chief Finance Officer is accountable to the IJB for the planning, development, and delivery of the IJB's financial strategy. The postholder is responsible for the provision of strategic financial advice and support to the IJB and the Chief Officer as well as financial administration and financial governance. The Chief Finance Officer is the Accountable Officer for financial management and administration of the IJB and the responsibilities

include ensuring probity, sound corporate governance and achieving Best Value.

2.3 The Chief Finance Officer is responsible for developing the financial strategy of the IJB and must be actively involved in, and able to bring influence to bear on all material business decisions to ensure immediate and longer-term financial implications, opportunities and risks are fully considered and aligned with the IJB's financial strategy. The Chief Finance Officer must lead the promotion and delivery by the IJB of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently, and effectively. The Chief Finance Officer is responsible for creating, in conjunction with those responsible for finance in the Council and Health Board, a collaborative arrangement with business partners and other senior finance officers.

3. PROPOSALS

3.1 Recruitment process for the Chief Finance Officer

A vacancy has arisen for this statutory post following the resignation of the current Chief Finance Officer who has been in the role since 2016 and who will leave the post at an agreed date which is likely to be on or around the end of the calendar year. It is intended that both partner organisations will advertise the post according to current recruitment policy and procedures and NHS Tayside will take the lead role for the recruitment process. A panel comprising of senior/executive representation from the Finance functions of both organisations, a senior Human Resources representative as well as the Chief Officer will form the appointment panel.

3.2 Interim arrangements to ensure continuity in the Chief Finance Officer role

The Integration Joint Board requires a proper officer who has responsibility for the administration of its financial affairs. A vacancy will arise for this statutory post following the resignation of the current Chief Finance Officer who will leave the post at an agreed date which is likely to be on or around the end of the calendar year. It is intended that both partner organisations will advertise the post according to current recruitment policy and procedures and NHS Tayside will take the lead role for the recruitment process.

3.3 While the permanent and substantive Chief Finance Officer post is recruited to, the Integrated Joint Board will require arranging an interim arrangement to discharge the duties. The Chief Officer has been in discussions with NHS Tayside and Perth and Kinross Council to identify the range of options to resolve the immediate gap. It is requested that the IJB agrees to delegate authority to the Chief Officer to negotiate an interim arrangement with the agreement of the Partner organisations. This will ensure that there is not a gap in the statutory role being fulfilled as it is particularly important to avoid a gap during crucial budget setting processes across the IJB and Partner bodies.

4. CONCLUSION

A vacancy has arisen for this statutory post of Chief Finance Officer following the resignation of the current postholder. The post will fall vacant on or around the end of the calendar year. The process of recruiting to the vacancy has already commenced and it is intended that both partner organisations will advertise the post according to current recruitment policy and procedures. NHS Tayside will take the lead role for the recruitment process and a panel comprising of senior/executive representation from the Finance functions. It is likely that there will be a gap between the current postholder leaving and the successful candidate taking up post. In order to avoid a potential gap at a crucial time of budget setting, it is proposed that the Chief Officer is authorised to work with NHS Tayside and Perth and Kinross Council and in accordance with HR policies and procedures appoint to the role on an interim basis.

Authors

Name	Designation	Contact Details
Jacquie Pepper Pauline Johnstone Jackie Bayne	Chief Officer Senior HR Manager Perth and Kinross Council Head of Human Resources, Business Relations, NHS Tayside	jpepper@pkc.gov.uk

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

.

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report and its recommendations support the overall delivery of the Perth and Kinross Integration Joint Board's Strategic Commissioning Plan in terms of the contribution made to manage integrated budgets for the purposes of supporting people to lead independent, healthy and active lives and towards

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

2. Resource Implications

2.1 Financial

There are no financial implications arising from this report as the budget is available to fully fund this post.

2.2 Workforce

This report relates to the recruitment and selection process for the Chief Finance Officer, the most senior finance leadership post within the Perth & Kinross Health and Social Care Partnership. The Human Resources Lead Officers in NHS Tayside and Perth and Kinross Council have contributed to this report.

3. Assessments

3.1 Equality Impact Assessment

Under the Equality Act 2010, PKC and NHS Tayside are required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. The recruitment and selection process will be carried out based on fair recruitment policies and practices of the respective partner organisations.

3.2 Risk

The selection panel will have professional HR advice from NHS Tayside and Perth and Kinross Council. This is a joint appointment which reflects the employment policies and responsibilities of the respective partner organisations.

3.3 Other assessments

None.

4. Consultation – Patient/Service User first priority

4.1 External

None.

4.2 Internal

The Chief Executives of NHS Tayside and Perth and Kinross Council, The Director of Finance for NHS Tayside and Head of Finance for Perth and Kinross Council have been consulted on the proposals within this report.

4.3 Impact of Recommendation

Continuity of the statutory Chief Finance Officer functions.

5. Legal and Governance

5.1 None

5.2 Continuity of the statutory Chief Finance Officer functions.

6. Directions

None.

7. Communication

The vacancy will be advertised internally and externally to attract the best available candidates for the post.

8. BACKGROUND PAPERS/REFERENCES

None.

9. APPENDICES

Appendix 1: Joint Recruitment Process for post of Chief Finance Officer.

Perth & Kinross Health and Social Care Partnership

Chief Finance Officer Vacancy

Joint Appointment Arrangements

The Chief Officer has consulted the Chief Executives of Perth & Kinross Council and NHS Tayside on the job description and person specification in advance of advertising this post.

The salary grade for the post will depend on whether the successful candidate is employed by the Council or by NHS Tayside. The current NHS Grade is 8C. Within Perth & Kinross Council, the post is graded SM15.

An overview of the appointment process is given below:

The recruitment of Chief Finance Officer is a joint Perth & Kinross Council and NHS Tayside process.

The selection panel will consist of Chief Officer Perth & Kinross Health & Social Care Partnership, Director of Finance NHS Tayside and Head of Finance (Section 95 officer) Perth & Kinross Council. Jackie Bayne, Head of HR, NHS Tayside and Pauline Johnstone, Corporate HR Manager Perth and Kinross Council will be HR Advisers to the panel.

Both partner organisations have their own employment policies and procedures which must be considered in any recruitment and selection process.

The post of Chief Finance Officer is a permanent appointment. Given the seniority of the post, this type of vacancy will be advertised externally at the same time that it is advertised internally within the partner organisations. The vacancy will be advertised through MyJobScotland and the NHS Jobtrain, with the application process being administered through the NHS Tayside recruitment system.

The vacancy will also be promoted using social media – Facebook, Twitter and LinkedIn.

Applicants will be required to complete an online application which will ensure consistency in the type of information available to the selection panel when deciding who to invite to take part in the

appointment process. The process will be administered by the Recruitment Team within NHS Tayside in line with recent discussions on joint recruitment.

For a senior executive position, both NHS Tayside and Perth & Kinross Council have similar appointment processes which utilise a range of selection methods including panel interviews, presentations, personality and ability testing and references. Questions will be developed by the panel members in advance.

Therefore, the appointment process for the Chief Finance Officer is designed as follows:

- Assessment Centre, incorporating personality and ability tests
- Panel interview with the selection panel
- Presentation (to be delivered at the start of the interview)
- References – for the successful candidate

External consultants will be engaged by NHST to run the Assessment Centre. The consultant will provide feedback to the selection panel on each candidate's performance with reference to the person specification.

The successful candidate would be employed by either Perth & Kinross Council on local authority terms and conditions or by NHS Tayside, on NHS terms and conditions, depending on which organisation they come from. It should be noted that as the salary and terms and conditions package differ in each organisation, the candidates cannot select terms from each employer: they will be offered the whole package of terms and conditions from one.

14 October 2022

PERTH & KINROSS INTEGRATED JOINT BOARD

26 October 2022

MENTAL HEALTH SERVICES UPDATE

Report by Chief Officer
(Report No. G/22/158)

PURPOSE OF REPORT

The purpose of this report is to provide the Integration Joint Board (IJB) with an update on the current position in relation to mental health services. This is a standing item for the IJB.

1. RECOMMENDATIONS

It is recommended that the IJB:

i. Notes the contents of this report;
ii. Authorises the Chief Officer to continue to engage with NHS Tayside Executive Directors and other Chief Officers (Dundee and Angus IJBs) to consolidate the leadership arrangements and refine governance and structures to deliver on Living Life Well and to bring forward a report for IJB approval by end of March 2023;
iii. Requests that the Chief Officer brings forward a report on the implications of the final report by the IOAG and the responses by Scottish Ministers by end of December 2022; and
iv. Requires the Chief Officer to bring forward detailed proposals to progress the decision about single site provision in Tayside for inpatient Mental Health by end of March 2023.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 The IJB has requested an update on the current position in relation to mental health services Tayside-wide as a standing agenda item. This report provides:

- an updated position in relation to inpatient mental health services (for which operational responsibility rests with NHS Tayside) to assist the IJB with

oversight of acute, mental health inpatient services and ensure compliance with the strategic plan;
- an update on the coordination of strategic planning for mental health services across Tayside (which is delegated to the Perth and Kinross IJB as lead partner within the revised Integration Scheme approved in June 2022); and
- an outline of the current position in relation to Listen Learn Change and the work of the Independent Oversight and Assurance Group.

A similar report will be considered by the NHS Tayside Board on 27th October 2022.

2.2 **Inpatient Services**

The Integration Scheme clarifies that operational management responsibilities for mental health and learning disability inpatient services rests with NHS Tayside. The Executive Nurse Director is the executive lead with responsibility. Day-to-day functions are managed by two General Managers, one responsible for general adult psychiatry inpatient services and one responsible for learning disability inpatient services.

2.3 **Learning Disability Inpatient Services**

Learning Disability Inpatient Services continue to be provided from the following hospital sites:

(1) Carseview Centre in which the Learning Disability Assessment Unit provides for 10 patients
(2) Strathmartine Hospital which provides for 15 longer-term patients in small units.

There were 14 patients whose discharge was delayed at 7/10/22 and these are broken down in the table below.

Hospital Site	No. of Learning Disability Delayed Discharges	Health and Social Care Partnership
LDAU – Carseview (Capacity 10)	8	Dundee (5) Angus (3)
Flat 1 – Strathmartine (Capacity 9)	1	Other
BSI Unit – Strathmartine (capacity 6)	5	Dundee (2) Perth & Kinross (3)
Total	**14**	

2.4 The majority of patients have very complex needs, and many have been receiving inpatient care for long periods. Complexity of the care and support needs of these patients have resulted in extended periods. There are significant delays

in achieving a supported transition to the community when hospital care and treatment is no longer required due to this complexity. All require 24/7 care and support via intensive care packages by specially trained and supervised care teams in order to support people to move from hospital and to live within their own accommodation. Securing care providers and teams of social care staff is notoriously difficult across Tayside for this level of need. In some instances, in order to leave hospital, these patients require specialist residential care for which there is a national shortage. The pressure on the Learning Disability Assessment Unit (LDAU) in Carseview is particularly challenging and there are instances where vulnerable patients with a learning disability requiring inpatient assessment are having to be admitted inappropriately to General Adult Psychiatry inpatient services.

2.5 Recruitment and retention of an appropriately skilled workforce continues to present challenges across the in-patient Learning Disability Service. Promoting conditions which ensure positive staff wellbeing continues to be a priority for managers in order to enhance recruitment, retention, and support in the event of challenging clinical situations.

2.6 The Mental Welfare Commission (MWC) visited the Learning Disability Assessment Unit on 24 May 2022 and a report on the visit will be published in October 2022.

2.7 There is much work required to achieve a single site model for learning disability inpatient services and to accelerate the discharge of long term patients in line with the Coming Home Implementation report published in February 2022 (https://www.gov.scot/news/coming-home-implementation-report/). In order to progress this, it is essential that an urgent workstream is established within the revised governance arrangements for realising the Living Life Well strategy referred to in paragraph 2.13 of this report.

2.8 **General Adult Psychiatry Inpatient Services**

The challenges of demand and capacity persist. These services continue to experience high levels of occupancy beyond the Royal College of Psychiatry's recommended level of 85%. In the 3 months June-August 2022 the occupancy levels were 97%, 101% and 104% respectively. Actions to reverse this trend will require whole system change.

2.9 There were 13 patients whose discharge was delayed at 7/10/22 and a further 4 people experiencing a delay from rehabilitation. Delays are attributed to the availability of supported accommodation, residential care/nursing placement, care and support packages and the requirement to safeguard welfare through Guardianship Orders.

Hospital Site	No. of GAP delayed discharges	Health and Social Care Partnership
Carseview Murray Royal: GAP	7 2	Angus 3, Dundee 4 Perth & Kinross 2
Total	13	

2.10 Workforce issues continue to present ongoing risk to service delivery and quality of care and in a few instances, there are deficits of 50% in the Registered Nursing workforce.

A number of actions have been taken to improve the situation, including:

- successful recruitment to senior nursing posts and newly qualified practitioners
- supplementary staffing and block booking of agency staff to support continuity of care
- the Moredun Ward at Murray Royal is currently capped at 19 (a reduction in the bed base from 22) to ensure safe staffing ratios
- a workforce review undertaken within the Crisis and Intensive Home Treatment Team and redirection of urgent referrals and weekend support

Dr Gordon Cowan, Consultant Psychiatrist has been appointed in an Interim Clinical Director role and it is anticipated that this key additional leadership role will help drive improvement and address medical shortages.

2.11 The Mental Welfare Commission (MWC) has published a report on 22 August following a recent visit to Moredun Ward, Murray Royal Hospital on 22 August 2022. The report highlights a number of positive findings, including:

- Patients mostly spoke positively about their care and treatment on the ward.
- Patients were aware of having a named nurse and were able to have one-to-one sessions with them when required. Patients were also aware that they could speak to their doctor if they wished to and could attend weekly clinical meetings.
- Patients were aware of their rights as detained patients and had access to advocacy and legal representation.
- Patients talked about the activities that they participated in
- The MWC saw a range of detailed and person-centred care plans that addressed both physical and mental health care needs.
- Each patient had a risk assessment on file which was comprehensive and showed evidence of appropriate intervention and strategies to manage risk.
- Multidisciplinary Team (MDT) involved in the provision of care and treatment in the ward and the social work team has provided two dedicated social workers to link with the ward which should ensure a joined-up approach for patients.

- Presence of Citizens Advice Bureau on ward and access to “therapet” dog

The following is a summary of the recommendations which will be incorporated into a service improvement plan:

1. Managers should have a clear process to ensure that any requirements set out by medical staff using the Mental Health (Care and Treatment) (Scotland) Act 2003 are completed lawfully, and with the proper authority and safeguards in place.
2. Managers should clarify what steps and/or discussions with relevant stakeholders are being undertaken to ensure that non section 22 locum consultant psychiatrists are able to access and undertake section 22 AMP training, as a priority, to reduce the likelihood of the circumstances above arising.
3. Managers should ensure that staffing numbers within Moredun Ward reflect patient needs and take into account the challenges presented by the layout of the ward.
4. The size and layout of the ward is not conducive for nursing staff observation especially when the ward has a significant staffing issue. Managers should prioritise a review of the ward layout to ensure that it provides a safer environment for patients.
5. Managers should ensure that the boosting of the Wi-Fi signal and improvement of mobile phone reception takes place as soon as is practicable.
6. Managers should ensure that plans to install an additional phone on the ward are expedited.

2.12 **Lead Partner: update on the coordination of strategic planning**

A review of the requirements for programme management support has been completed and resulted in a decision to establish a new permanent team to support the delivery of the Living Life Well Strategy and transformation programme. A permanent team consisting of a Programme Manager and two project support officers have now been recruited. The Programme Manager commenced the role on 3 October and will be managed within NHS Tayside’s Improvement Academy by the Associate Director – Improvement. This will bring additional “in-house” capacity and dedicated resources.

2.13 As intimated in August, a review of the governance structures for Listen Learn Change and Living Life well has commenced and soundings taken from the Tayside Executive Partners, the Strategic Leadership Group, members of the Integrated Leadership Group and the Programme Board. In addition, there has been initial discussion with NHS Tayside Employee Director and staff-side representatives to consider how their involvement will be most effective. Next steps include finalising a streamlined structure, a re-evaluation and re-prioritisation of the current workstreams and updating the terms of reference for the Programme Board. It is intended that these changes will better support transformational change and achieve the following:

- new reporting arrangements that take account of responsibilities in the revised Integration Schemes

- clarification of decision-making & use of Directions through the IJB/Lead Partner in order to commission services to be provided by NHS Tayside and the three local authorities to meet the requirements of the strategic plan
- refine the number of priorities and workstreams and provide a much stronger focus on progressing to a single site model for inpatient services, addressing environmental deficits and delayed discharge
- incorporating the development of a financial framework to support delivery into the governance arrangements
- incorporate the 'legacy' from the Listen Learn Change action plan and improvements
- increase pace of change and transformation to ensure the delivery of new models of care and an agreed financial framework to bring this about
- enable and resource for meaningful engagement & co-production with people with lived experience and the workforce
- use existing structures and streamline wherever possible

2.14 A Short-Life Working Group with representation from the 3 Health and Social Care Partnerships and NHS Tayside Board Secretary has commenced to prepare a policy and decision-making route for delegated services coordinated by a Lead Partner. This will enable the Perth and Kinross IJB to lead the strategy for the transformation of mental health services with confidence including the use of Directions. It is intended that there will be a workshop event for IJB Chairs and Vice Chairs and NHS Tayside Board members in the next few months.

2.15 The Chief Officer has taken forward the plans for a values-based leadership and relationship building experience supported by Norman Drummond and Columba 1400. A member of the Living Life Well Programme Board representing the Stakeholder Participation Group is jointly planning two sessions to be held in November 2022. This will bring together a number of people with lived experience of mental health and learning disability services and an equal number of senior leaders who are instrumental to the delivery of a successful transformation programme.

2.16 **Listen Learn Change and the work of the Independent Oversight and Assurance Group (IAOG)**

The Listen Learn Change Action Plan was published in August 2020 and is the whole system response to the 51 Recommendations set out in Trust and Respect, the report of the Independent Inquiry into mental health services in Tayside led by David Strang. The IOAG on Tayside's Mental Health Services was established by the Minister for Mental Wellbeing and Social Care in October 2021 to provide assurance to Ministers of the progress being made and to give advice and support to the Tayside Executive Partnership as they lead the change that is required for Tayside's mental health services. The IOAG is chaired by Fiona Lees with David Williams and Fraser McKinlay as members. The Tayside Executive Partners comprises the Chief Executives of NHS Tayside; Angus, Dundee City and Perth & Kinross Councils; and the Divisional Commander for Police Scotland.

2.17 The Independent Oversight and Assurance Group published its third and final quarterly report for the period May to August 2022 on 22 September 2022 and this

can be found via this link: Independent Oversight and Assurance Group on Tayside's Mental Health Services: quarterly report - May 2022 to August 2022 - gov.scot (www.gov.scot). This report provides progress against seven themes:

1. Integration
2. Patient Safety
3. Engagement and Culture
4. Workforce
5. Governance
6. Performance
7. Children and young people

The next steps in the quarterly report are for the Tayside Executive Partners to provide a collective assessment of their delivery of their leadership promise set out in Living Life Well and a repeat of the recommendations to the TEP in the second quarterly report which were to:

1. progress the decision about single site provision in Tayside for inpatient Mental Health care as a matter of priority

2. address environmental issues arising from the accommodation provided to patients with a learning disability at Strathmartine

3. address the significant issues of delay in discharge for some patients who do not require to be cared for as an inpatient

2.18 An evidence repository has been built by NHS Tayside to provide a single site for a wide range of documentary evidence to demonstrate progress in relation to the 49 recommendations set out in Trust and Respect and contained within the Listen Learn Change Action Plan. These are also organised around the themes being taken forward by the IOAG. The IOAG has carried out a substantial engagement with leaders, staff, patients, communities and visits to various establishments and services across Tayside and is coming to the end of its work and will be preparing a Final Report to Scottish Ministers by mid November 2022. A final update was provided by Tayside partners on 7 October 2022 in a template which sets out the understanding of each of the 49 recommendations, partners' response, outcomes achieved, the actions required and the milestones for success. This was accompanied by an assessment of progress using a RAG status to end of September 2022. The Oversight Group indicated that they would also provide and assessment of the commitment and capacity for change and continuous improvement within Tayside and a commentary on the leadership of the transition from Listen Learn Change to Living Life Well.

3. CONCLUSION

3.1 This report updates the IJB on the current position in relation to mental health services across Tayside. It sets out the continued challenges associated with demand management in acute inpatient services and serves to highlight the urgent need to advance plans for new models of care and to refine the number of priorities currently underpinning the delivery of Living Life Well to provide a much stronger

focus on progressing to a single site model for inpatient services, addressing environmental deficits and delayed discharge and addressing workforce shortfalls. The work of the IOAG will conclude in a report to Scottish Ministers in mid-November and there will be a need to ensure that outstanding or legacy actions are taken forward within our strategic planning arrangements.

Author(s)

Name	Designation	Contact Details
Jacquie Pepper	Chief Officer	jpepper@pkc.gov.uk

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

.

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

There are no implications for the Perth and Kinross IJB Strategic Commissioning Plan at this stage.

2. Resource Implications

2.1 Financial

The Chief Officer and Chief Finance Officer have worked with the Director of Finance for NHS Tayside and the Chief Officers and Chief Finance Officers for Dundee and Angus IJBs to provide a financial package to support the recruitment of a programme management team for the Tayside Mental Heath Strategy. The costs will be shared equally and funding of £63K is required from Perth and Kinross HSCP.

2.2 Workforce

There are no implications for the Perth and Kinross workforce at this stage.

3. Assessments

3.1 Equality Impact Assessment

Assessed as **not relevant** for the purposes of EqIA

3.2 Risk

The risks associated with a lack of clarity in relation to roles and responsibilities for mental health services are reduced as a result of the publication and approval of the revised integration scheme for 2022. A series of risk workshops are underway to update and revise the risk management arrangements for strategic mental health risks. This may result in a change to the Perth and Kinross IJB strategic risk register which will be reported to the IJB Audit and Performance Committee.

3.3 Other assessments

Not applicable

4. Consultation – Patient/Service User first priority

4.1 External

NHS Tayside Executive Nurse Director, Medical Director and Director of Finance.

4.2 Internal

Chief Finance Officer.

5. Legal and Governance

Not applicable

6. Directions

There are no directions as a result of this report.

7. Communication

There is no requirement for a communications plan.

8. BACKGROUND PAPERS/REFERENCES

NHS Tayside reports and minutes of meetings (NHS Board and Care Governance Committee).

9. APPENDICES

None

PERTH & KINROSS INTEGRATION JOINT BOARD

26 October 2022

PRIMARY CARE STRATEGIC DELIVERY PLAN

Report by Associate Medical Director
(Report No. G/22/159)

PURPOSE OF REPORT

The purpose of this report is to provide the Integration Joint Board (IJB) with the draft Primary Care Strategic Delivery Plan for the period 2023-26 in advance of a period of consultation. This provides a vision for Primary Care Services in Perth & Kinross and shows the necessary actions required to achieve the objectives relating to Perth & Kinross HSCPs Strategic Commissioning Plan and connects these actions to the Perth & Kinross HSCP Financial Framework.

1. RECOMMENDATION(S)

It is recommended that the IJB:

- Note the development of the draft Primary Care Strategic Delivery Plan;
- Approve a period of consultation and engagement with key stakeholders inclusive of Angus IJB as the Lead Partner for Primary Care Services to be concluded by 31 March 2023; and
- Note the establishment of a 3 Year Financial Framework which will be developed by 31 March 2023.

2. SITUATION / BACKGROUND / MAIN ISSUES

As set out in the Integration Scheme, the lead partner role for Primary Care Services (excluding the NHS Board administrative, contracting and professional advisory functions) has been delegated to the Angus Integration Joint Board. Through the Angus Chief Officer, Angus IJB will co-ordinate the strategic planning and seek approval from all Integration Joint Boards on proposed strategy having regard to all localities in the Tayside area.

Perth and Kinross HSCP is the first to develop a draft 3 year plan for 2023-26. It is based on reform in Primary Care through the 2018 General Medical Services (GMS) contract and the subsequent Memorandum of Understanding

(MoU) between Integration Authorities, the British Medical Association, NHS Tayside and Scottish Government. There has been service redesign, an expansion of the multidisciplinary workforce and funding through Primary Care Improvement to enable changes and work towards agreed priorities.

The draft strategic delivery plan takes into account the national context and the locally agreed Primary Care Improvement Plans which outline Perth & Kinross' approach to the delivery of the MoU.

For this strategic delivery plan, Primary Care is defined as a service for all of the population to access both as a first point of contact and also as a gateway to a wide variety of other services in Primary, Community and Secondary care.

Perth and Kinross has an older population compared to the rest of Scotland. This means an aging population with increased multi-morbidity, increased frailty and high levels of mental health issues. In addition, the over 75 population is projected to increase further by 31% by 2028 and the 60-74 year old population by 13% in the same period. These increases are greater than the projected Scottish averages and will place considerable pressure on health and social care services at a time when public expectations regarding access and continuity of care are growing. Local actions are anticipated to mitigate the risks identified, however, it is important to note that action at national level will also be required.

Perth and Kinross has an overall lower rate of deprivation compared to Scottish average, however, there are four postcode areas in the highest deprivation category (ranked SIMD 1). Poverty is one of the key drivers of ill health.

Within Perth and Kinross, there are 23 General Practices operating out of 17 separate buildings (5 G.P. owned, 1 NHS owned, 1 PKC owned and 10 leased to third party developers) spread across both rural and urban areas, which brings challenges for the delivery of primary care services, especially in the remote and rural areas.

3. STRATEGIC PRIORITIES

Perth & Kinross HSCPs vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible.

Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of primary care services. The teams will be highly skilled, well motivated and operating from modern fit-for-purpose premises.
This Delivery Plan focuses on the following key themes which are in line with national and local direction:

- **OUTCOMES FOR PEOPLE**

  We will ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.

- **OUTCOMES FOR WORKFORCE**

  We will deliver sustainable services by ensuring that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.

- **OPTIMISING FOR THE SYSTEM**

  We will develop a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

We will deliver primary care services which better contribute to improving population health and addressing health inequalities.

4. FINANCIAL PLAN

The financial implications of the Primary Care Strategic Delivery plan are currently being established and a 3 Year Financial Framework will be developed by 31st March 2023.

5. CONCLUSION

Over the duration of the strategbic delivery plan we will take a whole system collaborative approach to provide Primary Care services for people living in Perth & Kinross. We will build on the significant progress already made and further develop key identified areas of Communication, Primary Care Improvement Plan delivery, GP Sustainability, Premises, developing skills and practice across the workforce to ensure correct assessment, treatment, care and support with a clear focus on prevention and tackling inequalities aimed at supporting Public Health Scotland's public health priorities.

Low level action plans have been developed for the implementation of the Primary Care Strategic Delivery Plan. A Primary Care Strategic Delivery Group will be established to monitor implementation of the plan and expected outcomes and will work closely with Performance team colleagues.

A high level, outcome focussed Performance Management Framework has been developed to measure the impact to this Strategic Delivery Plan. This will be incorporated with Performance Reports to the IJB Audit and Performance Committee.

A period of consultation has been planned. We will engage with Primary Care Partners including Angus HSCP as Lead Partner, Dundee HSCP, GP Sub Committee and also Perth and Kinross GPs and Cluster Quality Leads and will report the outcomes back to a future IJB. We will take further direction from Angus HSCP as the lead partner for Primary Care on a public engagement plan.

Author(s)

Name	Designation	Contact Details
Evelyn Devine	Head of Health	evelyn.devine@nhs.scot
Lisa Milligan	Service Manager	lisa.milligan@nhs.scot
Danny Smith	GP Clinical Lead	Daniel.smith2@nhs.scot

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

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

The Strategic Delivery Plan supports the delivery of the Perth and Kinross Strategic Commissioning Plan in relation to all five deliverables below:

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

In order to meet increasing demand, provide high quality, effective support for Primary Care and meet the objectives outlined in the Strategic Commissioning Plan (2020-25) as set out above, Primary Care, Perth and Kinross HSCP will prioritise the identified themes: Outcomes for People, Outcomes for Workforce and Optimising the System.

- Ensure that the patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time. Working with communities and partners across all sectors to develop a range of Primary Care services.

- Provide a rapid, Primary Care multi-disciplinary response.
- Deliver sustainable services by ensuring that our primary care workforce is multi-disciplinary, integrated and better co-ordinated with community and secondary care.
- Designing and implementing safe, sustainable, patient and outcomes focused systems of Primary Care Managed services.
- Support the development a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.
- Deliver primary care services which better contribute to improving population health and addressing health inequalities.

2. Resource Implications

2.1 Financial

The financial implications of the Primary Care Strategic Delivery plan are currently being established and a 3 Year Financial Framework will be developed by 31st March 2023.

2.2 Workforce

The workforce implications are set out in the Strategic Delivery Plan.

3. Assessments

3.1 Equality Impact Assessment

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

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

(i) Assessed as relevant previously and the following positive outcomes are expected to continue taking account that there is now an obligation to have due regard to remove inequality of outcomes caused by socio economic disadvantage and rurality as well as to comply with other equalities' legislation. It will be identified within the development of the Primary Care Strategy that there is a clear requirement to ensure services are easily accessible without barriers, irrespective of ethnicity, gender, sexual orientation, age or disability.

3.2 Risk

The IJB's strategic risk register aims to identify risks that could impact on the achievement of PKIJB's objectives. The register includes strategic risks

related to workforce, financial resources and viability of external providers for which the development and implementation of the Primary Care SDP will be a key mitigatory measure and expected to be a positive influence on the risk exposure for the risks identified above. The success of the SDP will have a significant influence on the IJB achieving its objectives.

National shortages are occurring in Pharmacy and this is expected to last for 5-10 years and is a significant workforce risk.

3.3 Other assessments

The following headings should be included in the report where relevant:

Measures for Improvement
The Primary Care Performance Framework will provide measurement of key actions. Updates will be regularly providing to the identified forums/groups**.**

Patient Experience
Regular patient feedback will be sought in relation to experience and satisfaction. Learning from any adverse events will continue to be encouraged and feedback from individual services will be shared with P&K Clinical Care and Professional Governance Group (P&K)

Benefit Realisation
The PC SDP sets out its aims and ambitions of benefiting the people of Perth and Kinross by ensuring appropriate access to services for all. Working together with all partners to make sure people can get the right care at the right time by an appropriate member of a multi-disciplinary team.

4. Consultation – Patient/Service User first priority

4.1 External

No consultation has yet occurred. It is planned to engage with Lead Primary Care Partners in Angus HSCP, Dundee HSCP, GP Sub Committee and also Perth and Kinross GPs and Cluster Quality Leads.

4.2 Internal

Internally, the proposed 3 year strategic delivery plan has been shared and consulted upon with the Executive Management Team (EMT).

4.3 Impact of Recommendation

5. Legal and Governance

5.1 The Primary Care Strategic delivery plan and onwards performance framework will be governed through P&K Primary Care Board**.**

6. Directions

There will be not be a legal requirement on the IJB to issue Directions to NHS Tayside and Perth and Kinross Council in relation to the contents of this paper at this point in time. Directions will be issued upon completion of the period of consultation and the approval of the Lead Partner Appendix of the Directions policy.

7. Communication

7.1 The Primary Care Strategic Delivery Plan and associated action plan will be closely monitored and supported through the P&K Primary Care Board. This forum will be supported by the Key Themes sub Groups and updates and communications will be provided to EMT and IJB accordingly

8. BACKGROUND PAPERS/REFERENCES

None

9. APPENDICES

Appendix 1 – PKHSCP Primary Care Strategic Delivery Plan 2022-25

Appendix 1

Strategic Delivery Plan

Primary Care

Perth & Kinross Health & Social Care Partnership

2023-2026

TABLE OF CONTENTS

INTRODUCTION

Primary care is an individual's most frequent point of contact with the NHS. Its influence on population outcomes and the function of the wider health and social care system is significant. It acts both as a first point of contact and as a 'gateway' to a wide variety of services.

Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life. Primary Care is delivered 24 hours a day, 7 days a week. When people need urgent care out of core service hours, generalist primary care professionals provide support and advice which connects people to the services they need, in a crisis, in a timely way.

There is clear evidence that strong primary care systems are positively associated with better health and better health equity. Looking to the future, it is essential that there is clarity of vision and purpose in order to ensure that all the people and organisations providing care or treatment know how they can contribute to securing maximum impact and benefits for all concerned. It will also assist people who use and benefit from these services to be aware of both the services available to them and how they can influence the planning of their care and the delivery of services.

To this end, the Perth and Kinross Health and Social Care Partnership (HSCP) Strategic Delivery Plan for Primary Care has been developed:

- to provide a vision for primary care services in Perth and Kinross over the next 3 years;
- to set out the actions being taken to achieve the objectives relating to the Perth and Kinross HSCP Commissioning Plan, and connect them to the Perth and Kinross HSCP Financial Framework;
- to develop a Performance Management Framework which will provide an organisational mechanism for planning, monitoring, maintaining and improving the quality and standard of Primary Care delivery, in line with the objectives above.

NATIONAL CONTEXT

The last four years has seen significant reform in primary care, which provides the bedrock for what we do now, and in the future. The 2018 General Medical Services (GMS) Contract for General Practitioners (G.P.'s) establishes a refocused role for all G.P.'s as Expert Medical Generalists (EMGs) and as the senior clinical decision maker in the community.

The contract is supported by a Memorandum of Understanding (MoU) between Integration Authorities, the British Medical Association, NHS Boards and the Scottish Government. The MoU represents a statement of intent from all parties to support the delivery of the EMG role through service redesign and the expansion of the multidisciplinary workforce. Ring-fenced resources were allocated to enable the changes to happen, along with new national and local oversight arrangements, and agreed priorities.
Locally agreed Primary Care Improvement Plans (PCIPs), produced for the first time in summer 2018, outlined how Perth and Kinross HSCP, working with their partners, would deliver the aims of the MoU.

As set out in the Scottish Government's "The Health and Social Care Delivery Plan", their vision for the future of primary care is for enhanced and expanded multi-disciplinary teams, made up of a variety of roles across health, social and community services, each contributing their unique skills to improving outcomes for individuals and local communities. This will help deliver our aspiration of care being provided at home or in a homely setting, and help ensure rewarding, well-supported careers for our healthcare workforce. Developing the digital and physical infrastructure in primary care to help facilitate these reforms also continues to be a key long-term strategic priority.

Getting primary and community care right is an essential component in ensuring the health and social care system is sustainable, helping to deliver the right care, in the right place, at the right time. Figure 1 below illustrates the Scottish Government's vision for primary care, the six Primary Care Outcomes, and how they align to the National Health and Wellbeing Outcomes. This forms the basis of our Primary Care Strategic Plan locally within Perth and Kinross.

Figure 1: Scottish Government Primary Care Outcomes

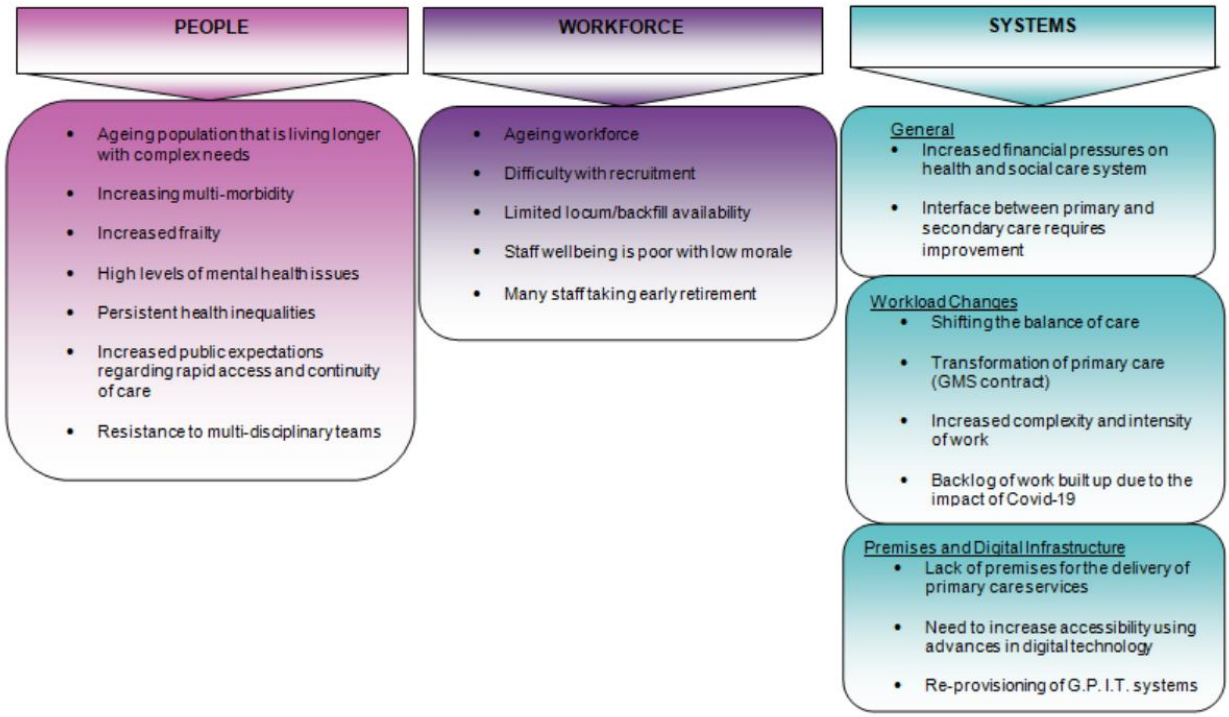
LOCAL CONTEXT

MEETING THE CHALLENGE – A VISION FOR THE FUTURE

This three year plan for 2023-2026 is the first Strategic Delivery Plan for Primary Care to be developed within Perth and Kinross. It is therefore based on the needs and effectiveness of our current primary care service, in particular builds on our progress with the delivery of the 2018 GMS contract; the desire to meet the objectives outlined within the Perth and Kinross Strategic Commissioning Plan, and with consideration of the key local drivers for change.

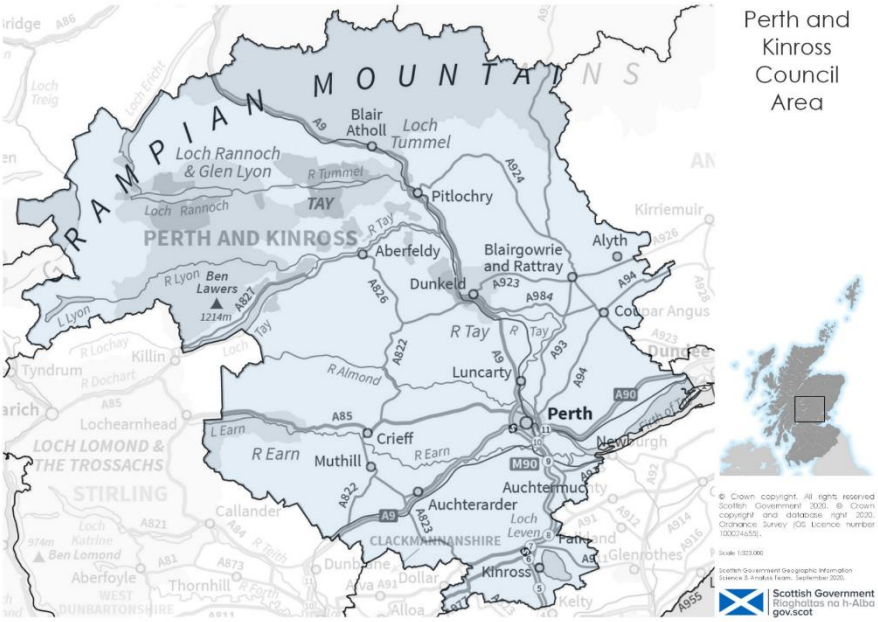
There are key factors driving change in Scotland's primary care system, however it is important to examine these at a local level to provide some clarity about what they mean for the future shape of primary care in Perth and Kinross. The key factors currently driving change locally are shown in Figure 2 below:

Figure 2: Perth and Kinross Primary Care Drivers for Change



DEMOGRAPHICS

Perth and Kinross has a diverse mix of urban and rural communities and has a population of 151,290 (2018 NRS) living across the areas 5,268 square kilometres. Perth and Kinross has an urban centre and a large rural and remote hinterland.



The geographical distribution of the population is important as it brings challenges for the delivery of services to rural and remote communities, and also in relation to staff recruitment.

Some key demographics

- There are 35,199 people aged 65+, 23.3% of the population
- P&K population is projected to increase by just 1% in the next 10 years however the 0-14, 15-29, 45-59 age categories will reduce while 30-44, 60-74 and 75+ are set to increase

- Over the last 10 years P&K has experienced a 25% increase in the number of people aged 75+ and this is projected to increase by a further 31% in the next 10 years. This is significantly higher than the Scottish average of25% and will impact on our services e.g. acute hospital admissions, dementia diagnosis and support, prescribing budget, G.P.. and multi-disciplinary team pressures
- The Scottish Government Urban Classification ranks Perth & Kinross as 8th most rural Local Authority area across Scotland. Rurality drives a more extreme workforce recruitment challenge in our rural areas, further increasing the challenge to deliver existing or redesigned models of care
- Whilst P&K has a lower rate of deprivation overall, there are four postcode areas in the highest deprivation category (ranked SIMD 1). Poverty is one of the key drivers of ill health.
- P&K has a higher rate of employment compared to much of the rest of Scotland, with a large tourism and hospitality sector that attracts people who might otherwise consider a career in health and care.
- Within P&K, there are 23 General Practices, operating out of 17 separate buildings (5 G.P. owned; 1 NHS owned; 1 PKC owned; 10 leased to third party developer), spread across both rural and urban areas, which brings challenges for the delivery of primary care services, especially in the remote and rural areas. There are also 5 branch surgeries, one of which is currently under review.

Figure 3: *Perth and Kinross adult population by age group*

Age Group	2018 Population	2020 Population	2023 Projected Population	2024 Projected Population	2025 Projected Population	2028 Projected Population	% Change 2018 - 2028
0-14	22,807	22,652	22,238	21,911	21,654	20,705	-9%
15-29	23,988	23,765	22,642	22,486	22,395	22,132	-8%
30-44	25,396	25,607	26,654	26,812	26,794	26,477	4%
45-59	33,623	33,052	31,400	30,840	30,249	29,093	-13%
60-74	29,214	30,025	30,816	31,270	31,790	33,094	13%
75 & over	16,262	17,026	18,942	19,482	19,958	21,278	31%
Total	**151,290**	**152,127**	**152,692**	**152,801**	**152,840**	**152,779**	**1.0%**

(Source: Mid-Year Estimates (MYE) NRS (National Records of Scotland) 2018-based population projections)

As seen in the table above, our over 75+-year-old population is projected to increase by 31%, by 2028 and the 60–74-year-olds by 13%. This is higher than the Scottish average which is 25% and 14% respectively. This will place considerable pressure on health and social care services. This is coupled with a projected reduction in working age population. Whilst local actions will help to mitigate the risks identified, it is important to note that action at national level will also be required.

STRATEGIC PRIORITIES

Our Vision for 2026

Our vision is aligned to the National Primary Care vision and aims to achieve the following:

> Our vision is of general practice and primary care at the heart of the healthcare system.
> People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible.
> Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services. Our teams and those we work alongside, will be highly skilled, well motivated and fairly rewarded, operating from modern fit-for-purpose premises.

This Delivery Plan focuses on the following key priority areas in order to realise this vision:

OUTCOMES FOR PEOPLE

PRIORITY 1

We will ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.

OUTCOMES FOR WORKFORCE

PRIORITY 2

We will deliver sustainable services by ensuring that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.

OUTCOMES FOR THE SYSTEM

PRIORITY 3

We will develop a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.

PRIORITY 4

We will deliver primary care services which better contribute to improving population health and addressing health inequalities.

PROGRESS TO DATE

Primary Care Improvement Plan

The 2018 Scottish General Medical Services Contract (GMS)offer and its associated Memorandum of Understanding (MoU) was a landmark in the reform of primary care in Scotland. It committed to a vision of general practice being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower and deliver services in communities for those people in need of care. It recognised the statutory role of Integration Authorities (IA's) in commissioning primary care services and service redesign to support the role of the G.P. as an expert medical generalist. This refocused role will incorporate the core existing aspects of general practice and introduce a renewed focus on:

- undifferentiated presentations;
- complex care in the community;
- whole system quality improvement and clinical leadership.

The Perth and Kinross Primary Care Improvement Plan (PCIP) set out in detail how implementation of the six priority services (Pharmacotherapy, First Contact Physiotherapy, Social Prescribing, Urgent Care, Primary Care Mental Health Services and Community Care and Treatment Services) would be achieved. Vaccination is now a centrally managed service. IA's are required to provide updates on their progress on an annual basis, and data on increases in workforce numbers and spread of services every six months through an agreed standard tracker template.

The pace of service redesign has been impacted by the Covid-19 pandemic across all areas, with some services and recruitment paused during 2020/21. This included the reduction of appointment times, reduction to programme management capacity, restrictions to patient capacity and workforce reallocation. Many appointments shifted to telephone or Near Me video consultations, with face-to-face appointments offered following telephone triage where necessary.

The current progress towards implementation of the MoU is shown in Annex 1, Figure 4.

By 31 March 2022, the following services were available:

- patients from all 23 practices had partial access to level 1, level 2 and level 3 Pharmacotherapy services;
- patients from all 23 practices had full access to First Contact Physiotherapy services;
- patients from all 23 practices had full access to social prescribing services;
- patients from 11 practices had partial access to urgent care support whilst patients from the other 12 practices had full access;
- patients from all 23 practices had full access to mental health services;
- patients from all 23 practices had full access to all vaccination services;
- with regards Community Care and Treatment Services (CCATS), the following is available:
  - patients from 23 practices have access to phlebotomy service;
  - patients from 23 practices have access to management of minor injuries and dressings service;
  - patients from 23 practices have access to ear syringing service;
  - patients from 23 practices have access to suture removal service
  - patients from 12 practices have access to chronic disease monitoring and related data collection

Workforce Profile

There are currently 76.4 WTE posts to support the implementation of the six priority services in Perth and Kinross, agreed in the MoU within the GMS contract, with a plan to increase staffing to 94.6 WTE. This is demonstrated within Annex 2, Figure 5.

The data shows that there has been a sustained increase in recruitment across all areas of the MoU. While increases in workforce may be indicative of progress towards delivery of the MoU, there is in general no expectation of specific workforce levels which are required across Scotland. It should be recognised that there may be variation in appropriate staffing numbers depending on the clinical model developed, the skill mix of the workforce and local population needs.

The pace of recruitment has been impacted by the COVID-19 pandemic across all areas. Many multi-disciplinary team (MDT) members were redeployed to support the pandemic response and vaccine roll-out, directing resources away from services listed in the MoU. Almost all services are remobilised with recruitment complete or underway. It should be noted that recruitment to many of these roles remains a challenge and reflects the workforce crisis being experienced across the whole system.

NEXT STEPS: STRATEGIC DELIVERY PLAN

Over the next 3 years we will continue to build on the significant progress already made in working together to support people living in Perth & Kinross to lead healthy and active lives and to live as independently as possible with choice and control over their care and support. Our aim is to improve their wellbeing and outcomes, to intervene early and to work with the Third and Independent sectors and communities to prevent longer-term issues arising.

This will include learning from the experience of responding to the Covid pandemic and taking account of any ongoing impact. There is evidence of increased demand and an increase in complex presentations, which are, at least partly, caused by the pandemic and people having restricted access to health, social care and community services and supports during lockdown.

Sustainability issues within General Practice are well known, and it is one of our key priorities for action in Perth and Kinross. Other priority areas include addressing the lack of suitable premises for the delivery of primary care services and ensuring that there is adequate staffing resource to provide positive outcomes for both users of the service, and those involved in the delivery of the service.

With consideration of our four key priority areas, the key actions below have been identified:

1 OUTCOMES FOR PEOPLE - KEY ACTIONS 2023-26

PRIORITY 1 - **"We will ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time."**

1.1 Effective user, staff and community engagement in local planning decisions is essential if public and staff confidence in the primary care system is to be maintained and strengthened. It is also essential that the public fully understand the services being delivered and any transformation within these systems. Therefore, one of our key actions is to develop a Perth and Kinross Communications and Engagement Strategy which will ensure:

- the promotion and development of the role of all multidisciplinary professionals within our primary care teams, the G.P. becoming one of a number of services that a patient may be sign-posted to, rather than the person doing the signposting;
- links are developed and maintained with General Practice, the Local Medical Council (LMC), G.P. Sub Committee, G.P. Clusters and Cluster Quality Leads (CQL's);
- engagement with local communities and co-production of solutions, which will build community health, capacity and resilience and take into consideration the impact of accessibility in rural Perthshire; and
- the particular needs of our rural communities are understood and taken into account

1.2 We will deliver in full, the Primary Care Improvement Plan, which will provide extended primary care services into localities. This is intended to re-invigorate general practice and help people access the right person in the right place at the right time. In particular, it focuses on maintaining and improving access, introduces a wide range of health professionals to support the expert medical generalist, and enables more time with the G.P. for patients with complex needs. This is limited to what can be delivered with the envelope of the available PCIF budget.

1.3 We will provide or arrange a range of preventative health and social care services, through working with the third sector and other organisations.

1.4 We will promote self-management, prevention, and early intervention within the primary care services we deliver.

1.5 We will develop a Primary Care Mental Health and Wellbeing (MHWPC) Service and provide a centralised management structure for all mental health and wellbeing services and teams. The MHWPC Service would provide timely support and treatment for people in that setting with the G.P. providing clinical leadership and expert general medical advice where needed. Where more specialist input is required the resources of Community Mental Health Teams or other appropriate secondary care Mental Health services would be accessed in partnership with the wider Practice Primary Care team, where appropriate.

1.6 We will seek to improve quality, safety and efficiency in prescribing, resulting in a reduction in harm and waste, a reduction in side-effects and in deterioration of long-term conditions, which should reduce unnecessary G.P. appointments and hospital admission. Our key actions involve:

- engagement with G.P. practices, looking at areas of significant prescribing variance;
- annually, develop a portfolio of prescribing initiatives which promote practice engagement, high quality and cost-effective prescribing;
- engagement with, and contribution to, the wider NHS Tayside prescribing agenda.

2 OUTCOMES FOR WORKFORCE - KEY ACTIONS 2023-26

PRIORITY 2 - **"We will deliver sustainable services by ensuring that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care."**

2.1 Sustainability issues within primary care are widely recognised. Managing G.P. primary care services that are at or beyond capacity risks locking practices into responding reactively and inhibits effective strategic leadership and practice management. Recruitment challenges exacerbate these difficulties and, with a significant proportion of Perth and Kinross GPs in the last 5 years of their career, the likelihood is that increasing numbers of practices may struggle to maintain safe and effective services in the coming years. This has been laid out within the 3-year Workforce Plan in relation to Primary Care.

Perth and Kinross HSCP has set out a proactive plan for supporting practices in a wide range of ways to maintain them, keep practices 'healthy' and to increase the likelihood of successful G.P., nurse, pharmacist and ANP recruitment to Perth and Kinross. These key actions include:

- development of, and recruitment to, a Primary Care Resilience Team which will provide capacity resilience over a number of primary care roles;
- development of a sustainability plan for general practice with timescales for review and monitoring and routes of escalation of issues to the Primary Care Board;
- ensuring that those services delivering primary care support have adequate resources, including staffing and training needs.

2.2 In line with commitments to be made in the MoU, NHS Tayside and the HSCP will provide a wider primary care multidisciplinary team in G.P. practices and the community, who will work alongside G.P.'s and practice staff to reduce G.P. workload and provide a more person-centred experience.

2.3 It is important to ensure effective working between primary and secondary care. Interface working will be better achieved through well-functioning primary and secondary care interface groups which will support the HSCP to reduce G.P. workload and provide a better patient experience. The recommendations include:

- improved processes for routine follow-up of hospital procedures and test results;
- allow the issuing of fit note certificates by secondary care providers or other primary care MDT's at the time of discharge;
- more efficient use of the primary care MDT by ensuring that the patient is seen by the most appropriate professional for their condition e.g. social care or district nurse

2.4 We will continue to develop integrated and co-ordinated pathways of services and support by ensuring that the services we provide are person centred, easier to access and avoid delay, repetition and duplication as far as possible. Reducing gaps and inefficiencies in care requires:

- better planning;
- more involvement with service users;
- access to good information

In respect of this, we are working collegiately with secondary care to review what opportunities there may be to take some Radiology diagnostic services into communities.

2.5 People overwhelmingly state that they wish to remain in their own homes for as long as possible and receive support at home or in their local community rather than institutions such as hospitals or care homes.

Over the last three years there has been a focus on shifting the balance of care, which has involved developing integrated models of care to provide health and social care support in local communities where people live. This includes providing alternatives to admission to hospital and care homes. The key mechanism for delivering elements of this within Primary Care, has been the implementation and expansion of the Advanced Nurse Practitioner (ANP) role, to assess and proactively manage frail adults with complex needs, to prevent further deterioration and to ensure that the right care is provided in the right place by the right person. They have provided this support to general practice by establishing an ANP home visiting service within the urgent care service model, and it is our aim to:

- build on the existing Advanced Nurse Practitioner model to enhance integration and coordination between primary and secondary care;

- continue to develop the Urgent Home Visiting Service with a single point of contact for G.P.'s to refer all patients that require an urgent review.

2.6 Annually, G.P. practices will engage in a sustainability survey developed by the HSCP. This will involve the collection or extraction of information on activity and capacity and will continue to inform and influence the development of the extended primary care teams and primary care resilience team.

In June 2022, this survey showed the lack of resilience within General Practice and the stark reality facing the medical workforce as follows:

- there are around 20% of the G.P. partner workforce in P&K over the age of 55 years;
- there are 13% of G.P. partners who plan to retire within the next two years;
- 21 out of 23 practices deliver over 75% of their weekly clinical sessions through G.P. partners alone;
- 30% of practices have one or more vacant G.P. posts;
- in the event of G.P. absence from the practice, 11 practices could not provide more than three additional sessions per week.

3 OUTCOMES FOR THE SYSTEM - KEY ACTIONS 2023-26

PRIORITY 3 - **"We will develop a primary care Infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery."**

3.1 This strategic delivery plan will be strongly linked to the Perth and Kinross Primary Care Premises Strategy, which we will continue to develop and publish in partnership with the Angus and Dundee Integrated Joint Boards. This will support us to provide modern, fit-for-purpose premises where we can deliver appropriate and effective primary care services. In particular, the key priority areas for actions are:

- Perth western expansion generates the need for either a new G.P. practice, or the relocation of a G.P. practice. This also requires that current practice boundaries are redefined;
- the need for suitable accommodation for the delivery of an effective community care and treatment service (CCATS);
- the need for purpose built premises in the Carse of Gowrie;
- the need for clarity of the lease assignation process to enhance G.P. recruitment possibilities.

3.2 We will ensure that the Technology Enabled Care Strategy underpins all transformation within primary care. This focuses on citizen facing digital solutions where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality, cost effective care and support.

3.3 We will expand the use of a federated system to encompass all of the primary care managed services.

3.4 Modern, secure G.P. I.T. systems which will support the evolving models of care will be provided by the re-provisioning of these systems. The new systems are designed to be more user friendly and intuitive, focussed on offering improved functionality including: better

online services for patients; improved monitoring and reporting and remote and mobile access for primary care teams.

PRIORITY 4 - **"We will deliver primary care services which better contribute to improving population health and addressing health inequalities."**

4.1 'Improving Together' is a new quality framework for G.P clusters in Scotland, which offers an alternative route to continuously improve the quality of care that patients receive by facilitating strong, collaborative relationships across G.P clusters and localities. At the heart is learning, developing and improving together for the benefit of local communities. Within Perth and Kinross, we will develop a new meeting and governance structure, which will maintain and develop further, the work of the G.P. clusters and actively contribute to the ongoing improvement of primary care services.

4.2 By the development and regular update of our primary care programme plan and service tracker, we will identify issues, risks, milestones and further actions required in a more effective way. This will lead to a more responsive and effective service and provide better outcomes for patients and staff.

4.3 A fundamental part of the solution to health inequalities is a strong, well resourced general practice and wider primary care service at the heart of the community, with the means to provide both proactive and reactive care, supported by a wider integrated health and social care system. Living in remote and rural areas can lead to social isolation and in some cases, it means that patients face longer distances to travel to health care services.

Over many years, there has been little improvement in the differences in health outcomes due to the increasing pressures on general practice. Many of our previous actions, along with some additions contribute significantly to improvement in this area, as follows:

- People who need care will be more informed and empowered, will access the right care, at the right time, and will remain at or near home wherever possible;
- Expansion of the primary care workforce;
- Development of primary care sustainability plan;
- Empowering patients to have greater engagement with their own care;
- Locality working provides services more locally;
- Deployment of 9 social prescribers across all localities, linked to G.P. practices, to help people to access community based groups, welfare teams and activities in their area. This service will continue to be developed in order to strengthen these community links.

STRATEGIC ENABLERS

This Primary Care Strategic Delivery Plan will be driven by the components above, but will require to be underpinned by a series of strategic enablers in order to execute the plan, including:

5.1 **Workforce Plan**

A Perth and Kinross H&SC Workforce plan has been developed which includes the workforce requirements for Primary Care.

5.2 IJB 3 Year Financial Plan

A 3 year financial plan which will be developed from financial frameworks underpinning our strategic delivery plans.

5.3 Primary Care Infrastructure

To support service delivery a primary Care infrastructure will be developed incorporating:

- A Primary Care Premises Strategy is in development.
- We will work with the NHST Digital Strategy to ensure Digital Technology underpins all transformation within primary care.

5.4 **Sustainability Plan**

A sustainability plan for general practice will be developed with timescales for review and monitoring and routes of escalation of issues to the Primary Care Board included. This is further detailed under key priority 2.

5.5 **Communication and Engagement Plan**

A consultation and engagement programme will be required to promote and develop the contents of the Strategic Delivery Plan for key stakeholders. This will encompass the consultation and engagement work for the Older People Strategic Delivery Plan.

5.6 **Performance Management Framework**

The performance management framework for Primary Care is demonstrated later in this plan.

5.7 **Perth and Kinross HSCP Primary Care Improvement Plan (PCIP)**

The Perth and Kinross PCIP sets out in detail how implementation of six priority services would be achieved. Progress so far is detailed earlier in this plan.

PERFORMANCE MANAGEMENT FRAMEWORK

In order to provide the necessary assurance, that our actions are making the impact so desired, we have developed a strategic, outcomes focussed, performance management framework. This framework considers the key outcomes we seek to deliver through the implementation of this strategic delivery plan and links them directly to key performance indicators, which are themselves linked to the overall National Health and Wellbeing Outcomes.

The table below demonstrates how we will measure our progress towards the outcomes we seek to deliver.

STRATEGIC OUTCOME STATEMENTS	STATEGIC OUTCOMES	KPI's	THEMES	NATIONAL HEALTH and WELLBEING OUTCOMES								
				1	2	3	4	5	6	7	8	9
We will ensure that our patient's experience of primary care is enhanced, where they feel more informed and empowered and the right care is delivered in the right place, at the right time.	Patients are more informed and empowered when using primary care services	1. Increase in the % of people who agreed or strongly agreed with the statement "I understood the information I was given" (HACE) 2. Increase in the % of people who agreed or strongly agreed with the statement "The health professional checked I understood what I had been told" (HACE) 3. Increase in the % of people who feel their health or social care support was well communicated 4. Increase in the % of people who feel they had a say in how their health or social care support was provided	OUTCOMES FOR PEOPLE	✓	✓	✓	✓					
	The patients experience of primary care services are enhanced	1. Increase in the % of people who rate their care or support as excellent or good (HACE) 2. Increase in the score for people who rate the overall health or social care support they received (0-10)		✓	✓	✓	✓			✓		
	The right care is delivered in the right place at the right time	1. Increase in the % of people who feel their health or social care support was easily accessible 2. Decrease in the waiting time length and/or number of people on waiting lists for Primary Care Services 3. Decrease in A&E attendances per 100,000 population			✓	✓		✓		✓		✓
We will deliver sustainable services by ensuring that our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care.	Our workforce is expanded and maintained to provide Primary Care Services	1. Increase in the % of "new posts" within Primary Care Services recruited 2. Increase in the number of new job roles created within Primary Care Services	OUTCOMES FOR WORKFORCE					✓				✓
	Our primary care workforce is more integrated and co-ordinated with community and secondary care	1. Increase in the % of people who feel their health or social care support was well coordinated 2. Increase in the % feedback from staff pulse surveys re services being more integrated			✓	✓					✓	✓
We will develop a primary care infrastructure which provides modern, fit-for-purpose premises and digital technology to support service delivery.	Our Primary Care have improved premises infrastructure	1. Increase in the % of positive feedback from staff pulse surveys re improved premises infrastructure 2. Increase in the % of positive feedback from Primary Care Sustainability Survey Q: "Condition and capacity of premises"	OUTCOMES FOR THE SYSTEM			✓					✓	✓
	Our Primary Care services have improved digital infrastructure	1. Increase in the % positive feedback from staff pulse surveys re improved digital infrastructure 2. Decrease in the % of negative feedback from Primary Care Sustainability Survey Q: "Is the practice aware of any barriers which restrict the ability to plan, develop and implement management/organisational systems to ensure the smooth and efficient running of the practice?"				✓					✓	✓
We will deliver primary care services which better contribute to improving population health and addressing health inequalities.	Our primary care service improves population health and wellbeing	1. Increase in the % of people who feel the Health or Social Care service has helped support them to manage their condition as best as possible so that it doesn't get worse 2. Increase in the % of people who feel their health or social care support has helped them to live as independently as possible and maintain their quality of life 3. Decrease in rate of emergency admissions per 1000,000 population for adults (18+) 4. Dcecrease in readmissions to hospital within 28 days of discharge per 1,000 discharges (18+) 5. Decrease in A&E attendances per 100,000 population		✓	✓		✓	✓		✓		
	Our primary care service better addresses health inequalities	1. Increase in the % of people who feel the health or social care support has helped them to live as independently as possible and maintain their qualirt of life 2. Increase in the % of G.P. Practices with access to Social Prescribers and/or welfare advice services (Primary Care Workforce Survey) 3. Increase in Chronic disease monitoring appointments		✓	✓		✓	✓				

ANNEX 1.

FIGURE 4: PERTH AND KINROSS MoU PROGRESS (MARCH 2022)

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with NO Pharmacotherapy service in place	0		
Practices with Pharmacotherapy level 1 service in place	0	23	0
Practices with Pharmacotherapy level 2 service in place	0	23	0
Practices with Pharmacotherapy level 3 service in place	0	23	0

2.2 Community Treatment and Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices with access to phlebotomy service	0		23
Practices with access to management of minor injuries and dressings service	0		23
Practices with access to ear syringing service	0		23
Practices with access to suture removal service	0		23
Practices with access to chronic disease monitoring and related data collection	12		11
Practices with access to other services			

2.3 Vaccine Transformation Program	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Pre School - Practices covered by service			23
School age - Practices covered by service			23
Out of Schedule - Practices covered by service			23
Adult imms - Practices covered by service			23
Adult flu - Practices covered by service			23
Pregnancy - Practices covered by service			23
Travel - Practices covered by service			23

2.4 Urgent Care Services	Practices with no access by 31/3/22	Practices with partial access by 31/3/22	Practices with full access by 31/3/22
Practices supported with Urgent Care Service		11	12

Additional professional services			
2.5 Physiotherapy / MSK	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing APP			23

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing MH workers / support through PCIF/Action 15			23
Practices accessing MH workers / support through other funding streams			23

2.7 Community Links Workers	**Practices with no access by 31/3/22**	**Practices with partial access by 31/3/22**	**Practices with full access by 31/3/22**
Practices accessing Link workers			23

ANNEX 2.

FIGURE 5 - PRIMARY CARE IMPROVEMENT PLAN WORKFORCE PROFILE 2018 – 2022 (WTE)

Financial Year	Service 2: Pharmacotherapy		Services 1 and 3: Vaccinations / Community Treatment and			Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: Community link workers	7: Other
	Pharmacist	Pharmacy Technician	Nursing	Healthcare Assistants	Other [a]	ANPs	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]		
TOTAL staff WTE in post as at 31 March 2018	0	2.3	0	0	0	0	0	0	0	0	0	0	0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	3	2.2	2.9	0	1	0	0	0	0	1.5	0	0	0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	2	3	7.6	3.8	1.2	4.6	0	0	3.3	0.7	0.8	0	0
INCREASE in staff WTE (1 April 2020 - 31 March 2021)	0	0	10.6	10.4	1.2	-1	0	0	3.1	1.1	0	2	0
INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	2.6	-0.9	1.6	10.1	-2.7	0.0	0.0	0.0	-2.0	0.2	-0.8	1.0	0
TOTAL staff WTE in post by 31 March 2022	7.6	6.6	22.7	24.3	0.7	3.6	0.0	0.0	4.4	3.5	0.0	3.0	0.0
PLANNED INCREASE staff WTE (1 April 2022 - 31 March 2023) [b]	3.4	0.9	3.3	12.3	1.0	0.0	0.0	0.0	1.6	0.0	0.0	0.0	4.0
TOTAL future recurring staff WTE [c]	11.0	7.5	25.9	28.3	1.8	3.6	0.0	0.0	6.0	3.5	0.0	3.0	4.0

PERTH AND KINROSS INTEGRATION JOINT BOARD

26 OCTOBER 2022

CONSULTATION ON ATHOLL MEDICAL PRACTICE APPLICATION TO NHS TAYSIDE BOARD TO AMEND THEIR GMS CONTRACT AND TO CLOSE THE BRANCH SURGERY IN BLAIR ATHOLL

Report by Head of Health
(Report No. G/22/160)

PURPOSE OF REPORT

The purpose of this report is to inform the Integration Joint Board (IJB) of the request by Atholl Medical Practice to NHS Tayside Board to vary their General Medical Services (GMS) contract to allow the permanent closure of the Blair Atholl branch. This report sets out the the findings of the consultation and engagement exercise.

1. RECOMMENDATION(S)

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

- Note the application made by the Atholl Medical Centre to close their branch surgery premises in Blair Atholl in accordance with Part 8 - Variation and Termination of Contracts of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018;
- Note the outcomes of the consultation carried out by the Atholl Medical Centre supported by the Health and Social Care Partnership (HSCP);
- Note the recommendations within the report that a full Equalities Impact Assessment is carried out in advance of the decision by NHS Tayside along with exploration of the potential for the provision of community transport to alleviate transport difficulties; and
- Provide comment for NHS Tayside to take into account in its decision.

2. SITUATION / BACKGROUND / MAIN ISSUES

Atholl Medical Centre wrote to NHS Tayside in June 2021 and submitted a formal application in September 2021 to request a contractual change and to close the Blair Atholl branch for the reasons described in the report. The practice informed the HSCP that representatives had engaged with local elected members, Member of Scottish Parliament and the Blair Atholl and

Struan Community Council in November 2021 to present and update them regarding the proposal and consultation.

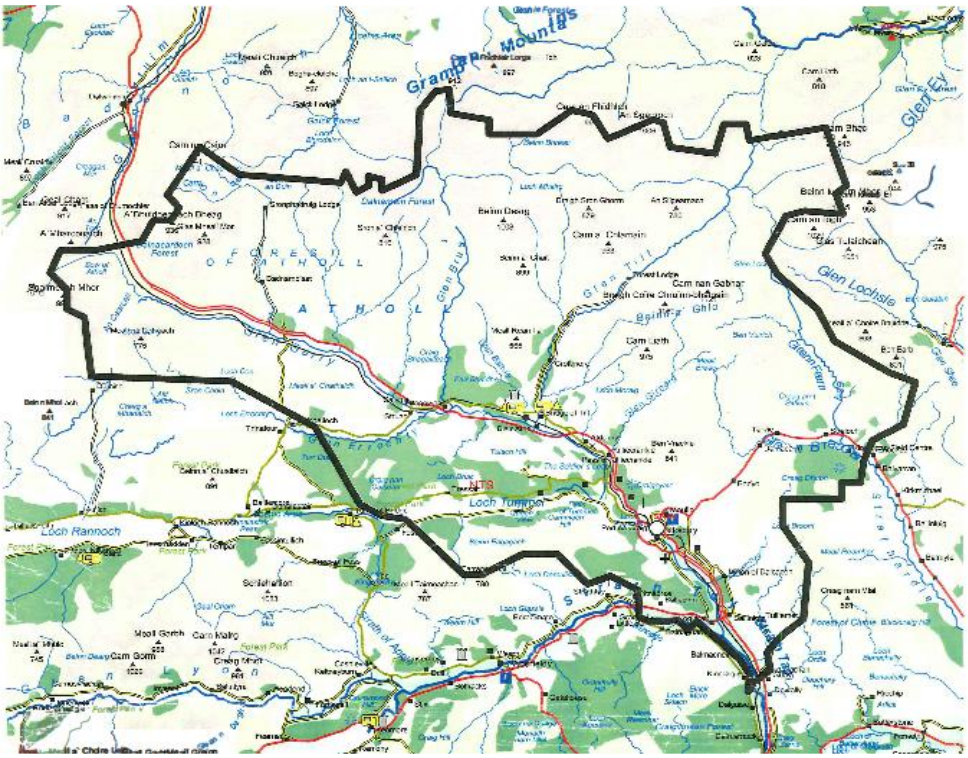
In March 2022, it was agreed with the practice that they would carry out a consultation with patients and that this would be supported by the HSCP. This work commenced in June 2022 and was completed in September 2022 with the outcomes of the consultation presented in this report.

The Tayside Primary Care Improvement Plan outlined the challenges for delivery of general practice services. The General Medical Services contract and related memorandum of understanding proposes plans to improve this situation over the coming years.

Some of the service developments outlined will replace services currently provided by General Practitioners (GPs) but GPs remain at the core of general practice. The aim to recruit more doctors into the profession is one which is unlikely to change significantly in the next two to three years.

There are a number of practices in Perth & Kinross, and more widely in Tayside, which have been unable to recruit to GP vacancies, including those who would normally attract a high number of applicants. Atholl Medical Practice is one of those practices which has experienced a difficulty in recruitment since 2017.

Atholl Medical Centre GP practice boundary is as below:



The Dunkeld and Aberfeldy GP practices accept patients in some parts of the practice boundary for Atholl Medical Centre.

3. REASONS FOR THE PROPOSAL

The reasons for the application arise from the following:

- the increased workload across the Primary Care Team, which has been exacerbated by the impact of Covid 19 on the practice;
- lack of available permanent GP sessions to cover the Blair Atholl branch surgery;
- increasing concerns regarding the safety of GPs lone working when at Blair Atholl branch surgery;
- the inappropriate accommodation at the Blair Atholl branch surgery due to outdated, confined and dilapidated premises;
- the service provided at Blair Atholl branch surgery was already limited to a maximum of 6 hours per week dependant on the number of appointments requested.; and
- there is the full range of GP and community based services provided from the large modern purpose-built premises in Pitlochry.

The practice has a patient list size of 4,923 patients. There is a significant expansion of temporary patients during the summer season. Approximately 841 patients have an address in Blair Atholl or the area to the north thereof. There is no Chemist, Optometrist or Dentist in Blair Atholl, with all these services being provided in Pitlochry.

Due to the pandemic and pressures on the practice there have not been any services at the Blair Atholl surgery since 10th March 2020. By comparison, between 60 and 90 patients are seen in Pitlochry each day.

Atholl Medical Practice has had two Partner GPs leave the practice, which has had a significant impact on their ability to provide GP appointments. The Practice has been unable to recruit new permanent GPs / partners to the vacancies, despite several attempts to do so. This has been ongoing since November 2017. These difficulties will be further compounded as a result of an anticipated GP retiral scheduled in about 12 -18 months. If no permanent replacements are found by that point the Practice will be in real crisis.

Atholl Medical Centre currently has one full time and three part-time GPs providing 26 sessions per week (one session equates to 4 hours). The practice has now been successful in securing a locum for 6 month's duration providing for 6 sessions per week (24 hours) due to start in October 2022.

The practice is proposing to continue to consolidate all services on one site, this model of delivery was implemented from March 2020 as a result of the pandemic restrictions and according to the practice has proven to maximise the limited GP resources available, whilst ensuring the safety of both patients and staff. All staff will continue to work from the main site in Pitlochry.

Although there has been no direct increase in staff numbers in this context, it has been found that having staff on one site increases the flexibility to support

the range of demands on the team, reduced travel time and therefore increased available appointments for patients whilst allowing all team members to have consistent support on site.

There has not been regular services provided in Blair Atholl other than GP consultations prior to March 2020. All other aspects of primary care for patients residing in Blair Atholl have been provided through Atholl Medical Centre in Pitlochry including; all telephone enquiries, all acute consultations, all telephone consultations, all repeat prescription requests, home visit requests, all intimate examinations and all practice nurse appointments, chronic disease clinic appointments etc. The Blair Atholl premises were not staffed. There is no telephone line to the surgery, although there is a remote IT link in the premises.

During the pandemic, Atholl Medical Centre Practice has continued to provide all these services for all residents of Blair Atholl. The patients will remain registered with the Atholl Medical Centre and will continue to see the GP team they have been seeing. The Practice has concluded that the safest option is to remain with consolidation of all of their services on one site and proceed to request approval to secure the permanent closure of the Blair Atholl branch surgery.

4. FEEDBACK ON PROPOSAL TO CLOSE THE BRANCH SURGERY

In order to assess the impact of the proposed closure, a range of methods have been used to seek feedback from patients about any concerns they have about this proposal and any mitigation they would like to be put in place. Perth & Kinross Health and Social Care Partnership (HSCP) and the Practice wrote jointly to all patients registered to receive services from Blair Atholl branch surgery. This covered all patients who would be directly affected by the proposed changes, to seek feedback and to advise of 4 comment box locations in Blair Atholl and Pitlochry. The letter was supported by a frequently asked questions (FAQ) a postage paid envelope to provide a written response. Social media was used to promote the consultation and the letter and FAQ were also posted on the practice website.

Posters and a feedback form were developed and made available at Atholl Medical Practice and at 3 community venues (Atholl Stores, The Square, Blair Atholl, Tilt Stores, Main Street, Blair Atholl and at Pitlochry Community Hospital.)

An email address was made available for electronic written responses.

A total of 22 written comments either through comments cards or email were received. The Practice did not receive any phone enquiries or comments on social media.

Feedback was very positive about the services people receive from the practice with 3 out of the 22 responses expressing no concerns in the closure of the Blair Atholl Surgery.

Reasons for Blair Atholl residents' objections to the proposed permanent closure of the Blair Atholl Branch Surgery:

Public transport infrastructure: 18 out of the 19 remaining comments raising objections raised concerns regarding the lack of public transport between Blair Atholl and Pitlochry and growing concerns over the potential for some people to put off seeking medical attention if they must travel to Pitlochry, causing more serious health issues in the longer term.

Aged demographic: 15 out of the 19 remaining comments expressed concerns regarding there being an unusually high percentage of elderly population in Blair Atholl, which results in it being more difficult to access public transport, especially during the winter months due to mobility issues. An aged population also results in it being less likely that these individuals have access to their own private transport.

The need for proper consultation: 3 out of the19 remaining comments were concerned that the decision had already been taken to permanently close the Blair Atholl Surgery before a proper consultation has taken place, therefore fear their comments will not have an impact.

Limited Access to IT: 1 out of the 19 remaining comments expressed concerns over the predominately elderly population of Blair Atholl not having the resources to access help online, therefore the closure of the surgery would increase the risks of more serious health issues.

Blair Atholl & Struan Community Council raised an objection to the proposed permanent closure of the Blair Atholl Surgery. The Coummunity Council indicated that they were concerned that moves to secure a permanent closure had been taken by the Medical Centre team before a consultation had taken place. The Community Council wished to mote the following concerns:

"Transport issues: It is difficult for residents to access the proposed surgery by public transport, given the restricted bus service and the almost non-existent (and expensive) train service. Many of those who need medical care do not own or drive cars; the Blair Atholl & Struan catchment area has an unusually high percentage of older people (and especially, very elderly people and people living with infirmity). It is also extremely difficult for parents with young children to manage appointments in Pitlochry. Residents have advised them that while it is ok to ask for help from a neighbour occasionally, this cannot become a regular occurrence when repeat visits to see a doctor or nurse are needed.

Medical issues: Without a local branch surgery, two outcomes seem likely, both of which will place significant pressure of the NHS. Firstly, more people will ask for home visits, and at the same time, more people may put off asking for help until their conditions are so advanced that they have become more serious.

<u>Environmental issues:</u> All residents agree that it would be much better for the environment if routine vaccinations (for example, for the flu or pneumonia) could be conducted in the village, instead of potentially hundreds of patients making separate journeys into Pitlochry.

<u>Public health issues:</u> It is widely accepted that those who are able to access care close to home are likely to make a speedier and better recovery from illness or a traumatic event. With this in mind, keeping provision as local as possible is always to be encouraged (and in line with Scottish Government policy).

<u>Financial/IT/practical issues:</u> Blair Atholl and its hinterland have a high percentage of residents living in old, draughty houses that they can ill-afford to heat adequately. They need to be able to access help locally because they cannot afford to do anything else. The community also has a lot of people who have no access to smart phones, tablets and computers. This means that online support is simply beyond the means and experience of many. It is vital that the NHS finds helpful ways of caring for people in isolated, rural areas such as this one."

5. CONSIDERATION OF OPTIONS

The practice has requested to vary their General Medical Services (GMS) contract to allow the permanent closure of the Blair Atholl branch. The Perth & Kinross Health & Social Care Partnership has worked with the practice in order to support an effective and robust consultation with patients and has considered the potential options.

The responses to the consulation indicate that this proposal has a potential negative impact for some protected characteristic groups. Those with a physical disability, along with older people and those with young children (who are more likely to have mobility issues) may be negatively impacted because of the additional travel from Blair Atholl to Pitlochry that would be required.

Those on low incomes may also be impacted negatively because of travel costs at a time when the Cost of Living is also increasing. It is anticipated that the number of people affected will be small for the former, and limited for the latter.

The practice has recognised the associated requirement to provide more home visits as a result of the proposed change. District Nurses also provide cover and Vaccination of housebound in the local area is also in place. It is recommended that a full Equality Impact Assessment is carried out by NHS Tayside in advance of the Board's decision. It is also recommended that there is consideration of the possibility and resources required to implement community support for travel to GP appointments such as a volunteer driver scheme.

6. CONCLUSION

Atholl Medical Centre wrote to NHS Tayside in June 2021 and submitted a formal application in September 2021 to request a contractual change and to close the Blair Atholl branch for the reasons outlined in Section 3 of this report. It was agreed with the practice that a full consultation with patients would be carried out, supported by the HSCP. The outcomes of the consultation are set out in this report. The Practice has reviewed the consultation comments and wishes to proceed with the application for branch closure and to amend the contract; Part 8 - Variation and Termination of Contracts of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018

It is recommended that the IJB notes the reasons for the request by the Atholl Medical Centre to permanently close the Blair Atholl branch and acknowledge the outcome of the consultation and the support provided by P&K HSCP.
It is also recommended that the IJB notes the recommendation for an Equalities Impact Assessment to be carried out in advance of the decision by NHS Tayside and for further exploration of the possibility of support for local transport in a rural location.

Author(s)

Name	Designation	Contact Details
Evelyn Devine	Head of Health	evelyn.devine@nhs.scot
Lisa Milligan	Service Manager	lisa.milligan@nhs.scot

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

.

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

N/A

2. Resource Implications

2.1 Financial

N/A

2.2 Workforce

N/A

3. Assessments

3.1 Equality Impact Assessment

Recommendation that this is carried out by NHS Tayside in advance of their decision in relation to the application.

3.2 Risk

N/A

3.3 Other assessments

N/A

4. Consultation – Patient/Service User first priority

4.1 External

Perth & Kinross Health and Social Care Partnership (HSCP) and the Practice jointly wrote to all patients registered to receive services from Blair Atholl branch surgery who were directly affected by the proposed changes, to seek feedback and to advise of 4 comment box locations in Blair Atholl and Pitlochry. The consultation reflected the limited use of the branch surgery in Blair Atholl. The letter was supported by a frequently asked questions (FAQ). Social media was used and the letter and FAQ were also posted on the practice website.

Posters and a feedback form were developed and made available at the Practice and at 3 community venues. An email address was made available for electronic written responses

4.2 Internal

NHS Tayside Communications Team have assisted with the communications and responded to media enquiries in relation to the application.

4.3 Impact of Recommendation

N/A.

5. Legal and Governance

5.1 N/A

6. Directions

N/A

7. Communication

7.1 N/A

8. BACKGROUND PAPERS/REFERENCES

N/A

9. APPENDICES

None

PERTH & KINROSS INTEGRATION JOINT BOARD

26 October 2022

DISCHARGE WITHOUT DELAY

Report by Head of Health
(Report No. G/22/161)

PURPOSE OF REPORT

To provide an update to the IJB on the complexity, ongoing challenges, and current position in relation to delayed discharges in Perth and Kinross. This is set out in the context of demographic pressures, declining workforce, and the impact of the pandemic on older people. The report also describes the current redesign of integrated discharge pathways and the work being taken forward within the Discharge Without Delay improvement programme.

1. RECOMMENDATION(S)

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

(i) notes the complexity, ongoing challenge on the current position of delayed discharges in Perth and Kinross; and
(ii) endorses the direction of travel within the Discharge Without Delay improvement programme to achieve longer term and sustained progress in reducing delays in hospital for people who are fit for discharge to home or a suitable homely care setting.

2. SITUATION/BACKGROUND / MAIN ISSUES

The Scottish Government's Integrated Urgent and Unscheduled Care Collaborative (IUUCC) is an initiative which has a broad range of aims and objectives working across multiple stakeholders. Together with the NHS Tayside *Unscheduled Care Board* (USCB), the collaborative has ambitions towards "*a more radical rethink about what new models of care and services would look like if we were to design them from scratch to meet the needs of our population*".

In response to the escalating delayed discharge issue, the IUUCC and USCB have placed "*Discharge without Delay*" as a core sub-strategy within a suite of whole- system commitments to support end to end urgent and unplanned patient journeys.

For Perth and Kinross HSCP this means:

- Adopting a *Home First* approach across the whole patient journey;
- Implementing a Frailty at Front Door Approach within Perth Royal Infirmary;
- Implementing a Planned Date of Discharge Approach across all inpatient areas and adopting a 7-day discharge process.
- Reducing length of stay by discharging patients on planned day of discharge; and
- Improving patient experience by simplifying the discharge process;
- Optimising flow by aligning capacity with demand.

Significant improvement work within our inpatient services is underway to refine processes, further integrate teams and to simplify the patient's journey from admission through to discharge and return home with support in the community through locality teams.

The Older Peoples Strategic Delivery Plan 2022:2025 (OPSPD), approved by the IJB in March 2022, sets out the significant success of the **Phase 1** of the redesign between 2016 and 2021 to shift the balance of care and improve capacity and flow across the system. The IJB prioritised investment in Care at Home capacity, establishment of the Locality Integrated Teams and a new respiratory service which are all aimed at early intervention and prevention of admissions to hospital. This investment led to a significant reduction in beds days occupied or avoided which equates to £2m (20 beds) per annum. This was achieved through delivery of efficiency savings across delegated services with no additional investment from NHS Tayside or Perth & Kinross Council.

The strategy had proven itself effective prior to the pandemic. However, since remobilisation the combination of staff absence and turnover, increased demand and acuity has presented unprecedented challenges. **Phase 2** of the OPSDP aims to deliver the necessary capacity and system redesign to address this. The *Discharge without Delay* improvement programme complements the OPSDP by prioritising *Early Intervention*; *Shifting the Balance of Care*; and *Improving Capacity and Flow*. All of these relate to the complex array of factors that influence delayed discharges and aim to support patients to return home as soon as possible.

Perth and Kinross has a growing and rapidly ageing population. This demographic in combination with the exponential relationship between conditions such as frailty and dementia increases the likelihood of unplanned hospitalisation. For older people, the detrimental effects of prolonged hospital stay have long been recognised. These include enhanced risks relating to falls, muscle atrophy, hospital-acquired infections, and cognitive decline, and ultimately early/premature admission to long-term care. Delays in hospital discharge for older people must be avoided.

The resurging delayed discharge problem is recognised locally and nationally with Scotland as a whole experiencing an increasing trend. Prior to the pandemic, there were around 3,000 people delayed in Scottish hospitals every day. Daily lost bed days are now around 20% higher nationally suggesting a systemic difference associated with the pandemic.

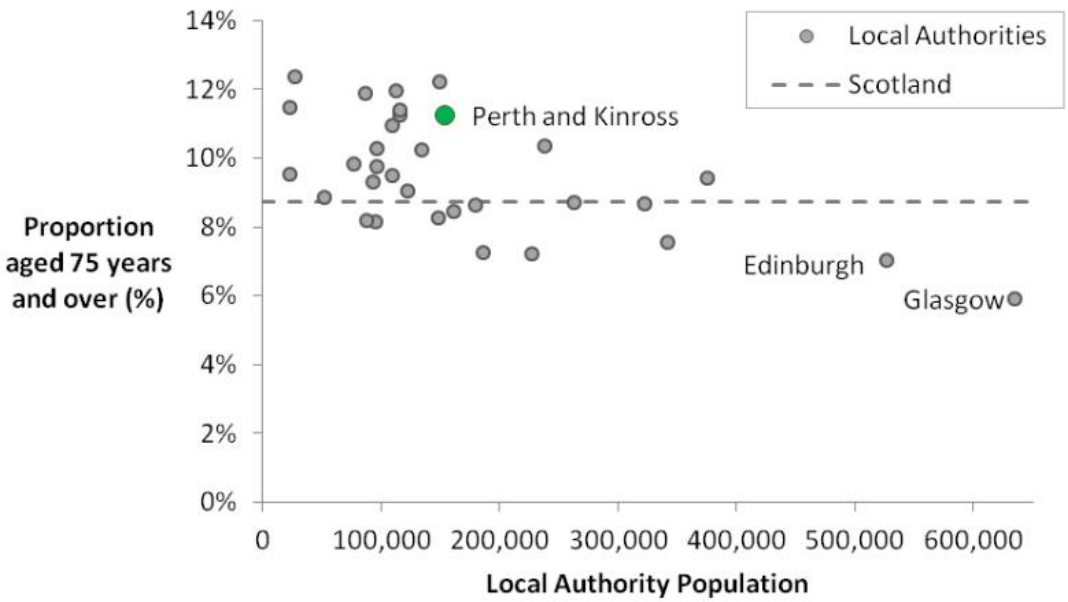


Figure 1 Proportion of population aged 75+ years versus population size for Scottish Local Authority areas (*Source: NRS mid-year population estimates data for 2021)*

Perth and Kinross has a relatively large and elderly population (Figure 1). This renders the HSCP susceptible to mismatches in demand for older people's services and our capacity to respond due to a declining workforce. When accounting for our age structure, Perth and Kinross generally mirrors Scotland-wide delayed discharge rates with our trends largely following the national pattern as below (Figure 2).

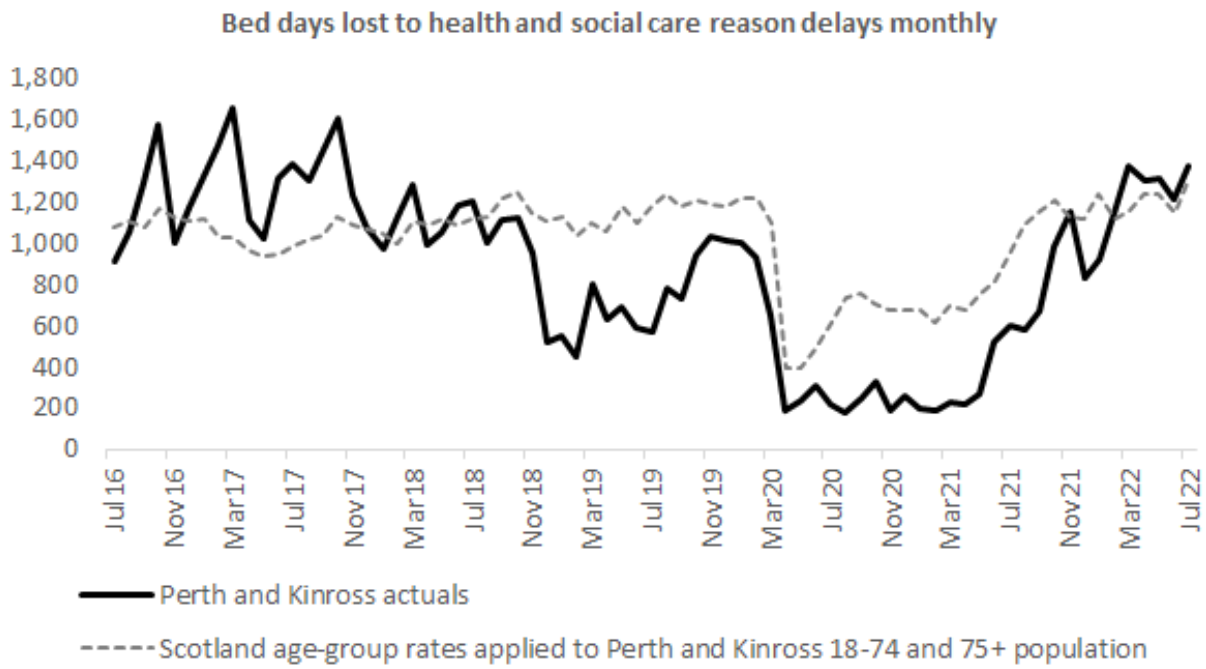


Figure 2 Bed days lost to health and social care reasons monthly: Perth and Kinross actual versus Scotland age group-specific rates applied to Perth and Kinross age groups (18-74, 75+) *(Sources: PHS (delayed discharge data), NRS (mid-year population estimates data))*

The rapid demographic change, combined with service capacity constraints, declining workforce and the aftermath of Covid translate into a significant increase in the scale and complexity of needs presenting to community and inpatient services. Frailty and dementia modelling supports the experience reported by practitioners and suggests that people are presenting at each stage of care with increasing complexity and acuity. The impact on community teams, inpatient services and GP practices is unmatched, with services experiencing significant challenges in maintaining whole-system capacity and flow.

In the face of our particular demographic pressures, we have previously demonstrated significant delayed discharge performance improvements. In 2019 we saw a 40% reduction in average monthly lost bed days from around 1,500 during 2016/17 to less than 1,000 during 2019. Following a “winter pressures” increase in late 2019, pandemic management led to an all-time-low, typically under 500 lost bed days per month for much of the remainder of 2020. However, since late 2020 (as also reflected nationally) there has been a rising trend, which has now taken our monthly total above the previous highs of 2016/17.

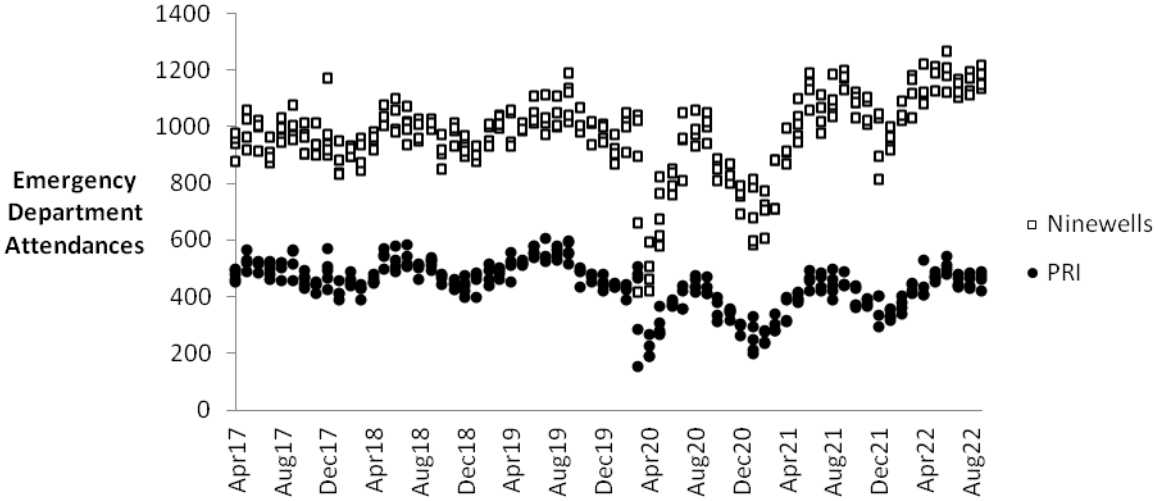
Nationally, the health and social care sector is experiencing continuing issues in relation to recruitment and provider sustainability. Workforce availability acts as a fundamental capacity-limiting factor. From a social care perspective, minimising unmet demand by using agency staff and the creative management of internal service capacity is not sustainable. We are addressing this demand-capacity mismatch in several ways, including through

significant investment and approaches through the Older Peoples Strategic Delivery Plan. Through secured funding and enhanced remuneration packages, we continue to develop the *Living Well* Teams and our Alliance Contract development activity to increase assessing and reviewing capacity and reduce unmet need. A recruitment event has recently been carried out within Perth City to attract potential staff into caring roles.

While the total Care at Home delivered hours is expected to increase greatly over the next year, this is as a result of increasing complexity of need rather than increasing numbers of people requiring care at home.

The capacity of a hospital system is the safe rate of outflow when final discharges are unhindered. If the flow into the system (admission rate) exceeds the capacity, then inpatient services will increase. This is also the case if patients are delayed in hospital when their inpatient treatment is complete. Managing inpatient capacity and flow relies on measuring and understanding the demands and capacity for each component of the system, and for the system as a whole. Paradoxically, increasing hospital capacity through inpatient process improvements may simply result in patients joining the "discharge queue" even sooner and translate into a perception of reduced performance. As such, we are seeking to tease out the causal factors for the steady increase in delayed patients over the recent period across the whole system.

First, we consider the influence of flow at the front door. Since our delayed discharges numbers began to rise in early 2021, emergency inpatient stay admissions for Perth and Kinross residents aged 18 and over have increased by almost 25%. That said, compared with the summer of 2019, the rate is currently “only” approximately 6% higher (note that these values are derived from live system data and require verification). In addition, combined emergency department attendances for Ninewells and PRI are comparable with 2019 rates and the attendance rate at PRI is lower than during 2019.



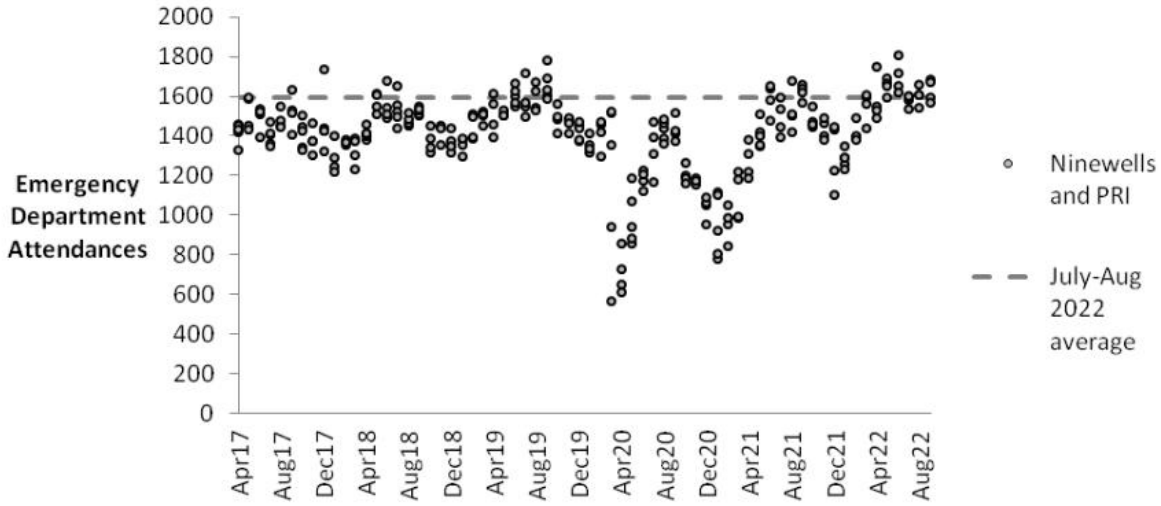


Figure 3 NHS Tayside Emergency Department attendances – April 2017 to September 2022 (*source: PHS*)

The inflow shows modest increases in relation to the rate of increase in delayed discharge occupancy. However, these numbers do not necessarily demonstrate to the *totality of need* presenting at hospital and it is this that consumes hospital capacity.

The rate of discharges from delay provides a proxy for the rate at which patients "join the queue" to leave hospital.
Figure **4** shows that the rate is now comparable to that of 2019 and considerably below the preceding years. So, patients are not "joining the queue" at a particularly high rate.

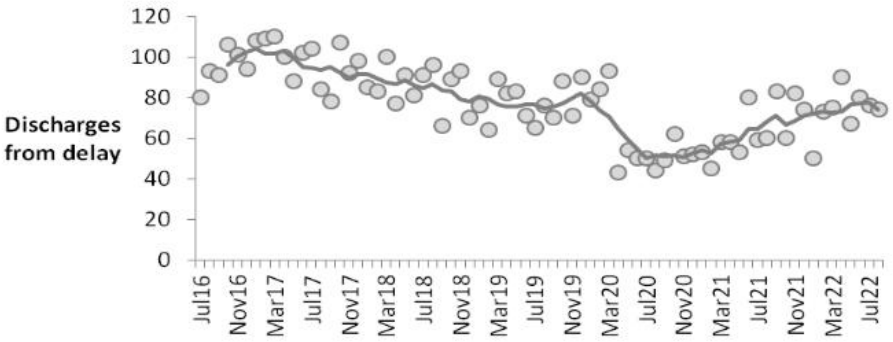


Figure 4 Discharges from delay for 18+ Perth and Kinross residents (*source: PHS*)

Figure **5** indicates that it is the typical length of delay experienced by patients that is the main driver of lost bed days.

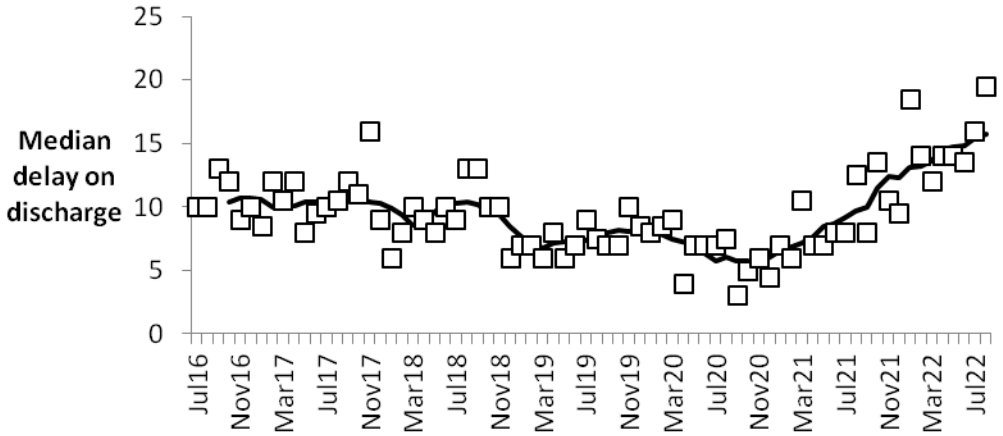


Figure 5 Median number of days delayed on discharge from delay for 18+ Perth and Kinross residents (*source: PHS*)

We cannot assume that the recent surge in delayed discharges is due to a relative change in the capacity of post-discharge community services and support. It is also due to increased levels of complex need (hence demand) for those services. A dramatic increase in needs is entirely plausible, driven by the impacts of the pandemic – directly by COVID but also indirectly due to reduced preventative/universal service access and health behaviours generally.

The heat map in Figure 6 clearly illustrates that while the under-65 population shows signs of relative stability, the older population groups continue to rise, and we have yet to experience the peak of population ageing (see also Figure 7).

	Age Group																		
Year	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
2001	7,178	7,941	8,653	7,929	6,050	6,849	9,007	10,470	9,932	9,457	10,161	8,686	7,543	7,039	6,444	5,252	3,295	2,040	1,024
2002	6,992	7,940	8,451	7,765	6,138	6,431	8,818	10,476	10,178	9,647	9,729	9,374	7,772	7,106	6,418	5,304	3,574	1,984	1,033
2003	6,907	7,935	8,402	7,689	6,210	6,211	8,539	10,517	10,427	9,743	9,686	9,869	8,065	7,229	6,458	5,327	3,767	1,939	1,040
2004	6,919	7,888	8,534	7,304	6,315	6,213	8,268	10,438	10,671	9,958	9,737	10,207	8,181	7,491	6,481	5,333	4,049	1,846	1,067
2005	6,904	7,892	8,710	7,098	6,671	6,360	7,946	10,070	11,105	10,013	9,745	10,438	8,426	7,571	6,623	5,435	3,970	1,987	1,096
2006	6,810	7,975	8,616	7,303	6,941	6,654	7,527	9,929	11,238	10,264	9,811	10,561	8,835	7,567	6,629	5,500	3,987	2,141	1,092
2007	6,909	7,794	8,748	7,554	7,232	7,068	7,220	9,720	11,298	10,532	10,011	10,117	9,537	7,788	6,705	5,541	4,032	2,303	1,031
2008	7,014	7,602	8,808	7,858	7,505	7,562	7,070	9,411	11,322	10,862	10,138	10,016	9,990	8,035	6,853	5,612	4,027	2,412	1,033
2009	7,143	7,491	8,655	8,215	7,552	7,890	7,066	9,054	11,178	11,122	10,301	9,941	10,308	8,073	7,058	5,639	4,106	2,557	1,021
2010	7,244	7,422	8,683	8,633	7,391	8,000	7,319	8,661	10,850	11,539	10,341	9,933	10,512	8,224	7,141	5,801	4,228	2,538	1,140
2011	7,377	7,226	8,667	8,744	7,487	8,103	7,581	8,289	10,659	11,724	10,574	9,982	10,597	8,584	7,184	5,864	4,369	2,589	1,250
2012	7,367	7,296	8,427	8,861	7,734	8,079	7,875	7,884	10,426	11,792	10,799	10,169	10,049	9,328	7,250	5,950	4,435	2,688	1,331
2013	7,239	7,400	8,112	8,767	7,804	8,046	8,086	7,664	9,982	11,689	11,031	10,210	10,006	9,660	7,498	6,038	4,456	2,682	1,400
2014	7,158	7,587	7,984	8,668	8,197	7,932	8,357	7,670	9,591	11,548	11,333	10,418	9,971	9,975	7,537	6,224	4,544	2,738	1,498
2015	7,272	7,665	7,913	8,577	8,409	7,766	8,596	7,830	9,149	11,192	11,796	10,504	10,005	10,266	7,659	6,317	4,660	2,825	1,529
2016	7,181	7,899	7,708	8,450	8,284	7,931	8,571	8,191	8,785	10,947	11,972	10,769	10,076	10,338	8,038	6,299	4,710	2,928	1,603
2017	7,064	7,976	7,832	8,223	8,029	8,101	8,503	8,478	8,372	10,753	12,059	10,954	10,241	9,901	8,691	6,453	4,752	3,012	1,706
2018	6,897	7,956	7,954	8,043	7,710	8,235	8,534	8,677	8,185	10,320	12,014	11,289	10,277	9,914	9,023	6,638	4,845	3,054	1,725
2019	6,799	7,841	8,152	7,941	7,432	8,473	8,400	8,986	8,214	9,999	11,797	11,540	10,542	9,875	9,300	6,697	5,048	3,112	1,802
2020	6,551	7,869	8,124	7,870	7,474	8,479	8,174	9,103	8,445	9,466	11,439	11,986	10,613	9,859	9,610	6,742	5,124	3,167	1,815

Figure 6 Heat map illustrating demographic structural change for Perth and Kinross 2001-20 *(Source: NRS mid-year population estimates)*

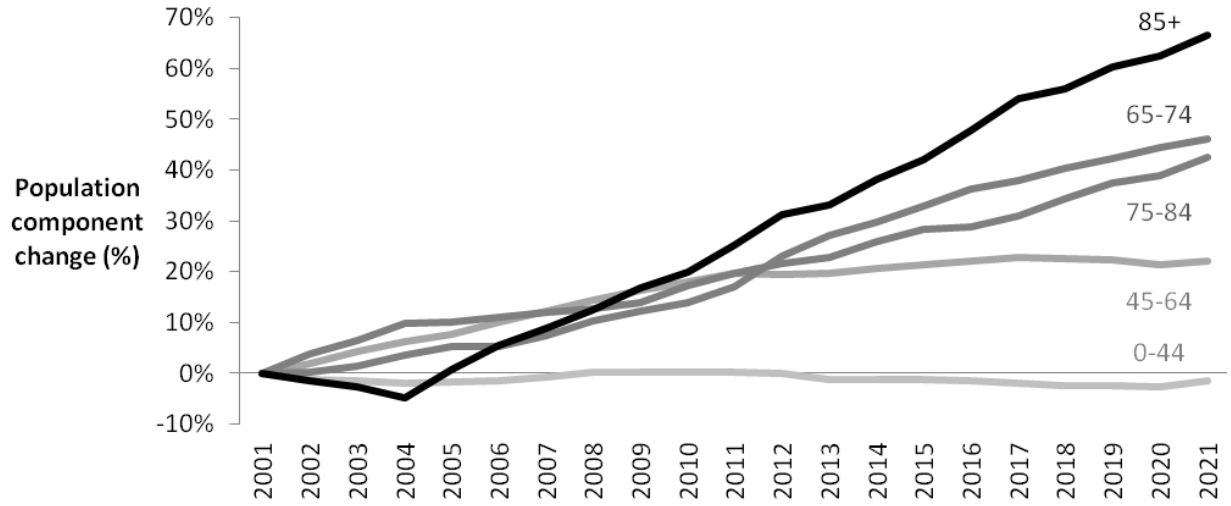


Figure 7 Perth and Kinross population age-group component change against 2001 baseline *(Source: NRS mid-year population estimates)*

Translating this population structural change into the context of changes in the nature of need and the human and financial resources required to meet those needs is complex. We know that the quantity of need will increase relative to the available workforce and infrastructure. Applying established condition prevalence models to official Perth and Kinross population projections warns us of a substantial year-on-year increase in the number of people living with frailty and/or dementia. These are among the conditions that we associate with high levels of unplanned care – areas already under extreme pressure.

3. PROPOSALS

Our vision is that the people of Perth and Kinross are supported by a single integrated team, working in the best interest of them, their family, and carers. The right people, delivering the right care, in the right place, at the right time, and proactively ensuring an unhindered pathway that enables optimal outcomes and the best possible experience across their entire care journey and beyond.

We are driving towards this vision through the “Discharge without Delay”. The programme seeks to simplify discharges by applying a “pathway-based” planning approach and fully embrace the principles of “Home First”, which encourages all health and care professionals to ask the questions “why not home, why not now?” at every stage of the hospital journey, from the front door, through admission, to discharge. To evaluate our progress, we are developing a set of SMART objectives supported by a suite of outcome indicators.

The following key workstreams have been set up to deliver core components of the Discharge without Delay programme.

Frailty at the Front Door

People are frail when they lack the resilience to recover from illness/injury. With the right care, support come opportunities to improve independence, quality of life and reduce reliance on health and social care resources. An integrated frailty at the Front door model is being developed within Perth Royal Infirmary that will make connections to the Locality Integrated Care Teams and Social Work Teams. This 'front door' intervention is intended to provide urgent, wrap-around care that seeks to identify the best pathway for frail patients. The PRI team are working towards their future ambition of a dedicated 7-day frailty service, which will enhance the current frailty model. This includes changes to patient pathways, staffing/workforce and hospital infrastructure.

Integrated Discharge Hub

The Integrated Discharge Hub will support wards with safe and appropriate patient discharge. This multi-disciplinary approach puts health and social work professionals at the heart, communicating with families, integrating with board rounds, and liaising with community staff. A discharge coordinator will act as an integral, single point of contact, supporting the team towards the timely completion of all discharge related tasks with staff adopting a 'day before' approach. Early referral options will continue to support carers to obtain advice earlier on in relation to Guardianship where there is potential for delays in complex circumstances.

Planned Date of Discharge

"Planned Date of Discharge" is the date when the Multi-Disciplinary Team along with patient and family considers that a patient can be safely discharged from the acute hospital setting in a coordinated way. Setting the best date and time is integral in supporting existing teams with demand and capacity, and ensuring that there is enough time to plan, prepare and communicate with patients, family members, carers & other teams. The requirement to set a Planned Date of Discharge has been agreed as a priority focus within the Unscheduled Care Board Improvement Plan, and an Operational Lead has been appointed to carry out observations and training (Tayside Wide).

The work stream is progressing well, with a priority focus on:

- Morning and weekend discharges (which are usually the best for patients and carers)
- The development of a risk assessment tool for setting the best date and time of discharge.
- Team participation in the NHS Tayside's *Quality Improvement Programme*, with a practitioner level course delivered by the Improvement Academy team.

Interim Care Home Placement

Interim placements can be used to assist timely discharge from hospital when individuals have been assessed as being clinically fit for discharge, but an appropriate care package and/or accommodation is not immediately available. Interim placements are successfully reducing some delayed discharges in hospital. A reablement and asset-based approach continues to be taken forward, with Live Active and RVS being part of the delivery model, along with strong participation of the Locality Integrated Care Teams and Social Work Teams. The current financial framework will support this until March 2023.

Programme management

Our Perth and Kinross programme works collaboratively as part of a Tayside-wide best practice approach. The Perth and Kinross Discharge without Delay Steering Group is developing a programme implementation plan with agreed completion dates overseen by a project manager.

4. CONCLUSION

This report highlights the Partnership's strategic challenge in minimising the incidence and detrimental impact of delayed hospital discharges. There are challenges in meeting increased levels of need associated with our growing and ageing population, alongside a declining workforce and budget constraints.

People who become delayed in hospital are more likely to experience and increasing need for unplanned care and increasing dependence so being able to move to a preventative and proactive approach is essential.

While the reduction in delayed discharges associated with the pandemic led to what may have felt like a "fresh start", the delayed discharge problem has returned and we face as big a challenge as ever exacerbated by the health and wellbeing impacts associated with the pandemic.

The Discharge without Delay programme will drive fundamental process improvement processes and redesign, while tackling cultural change to enable people to be ready for discharge at the best planned date and time. A Home First approach will mean that people will be assessed in their home and promote access to support and restorative services for the best outcomes and to avoid further crisis. Our performance framework will evaluate our success.

Author(s)

Name	Designation	Contact Details
David McLaren	Programme Manager	david.mclaren@nhs.scot
Jaclyn Meikle	Discharge Without Delay Project Manager	JMeikle@pkc.gov.uk
Amanda Taylor	Senior Service Manager for Older People, Palliative and Urgent Care	Amanda.Taylor@nhs.scot

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

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	
HSCP Strategic Commissioning Plan	Yes
Transformation Programme	Yes
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	No
Risk	Yes
Other assessments (enter here from para 3.3)	
Consultation	
External	No
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	Yes
Corporate Governance	No
Directions	
Communication	
Communications Plan	No

1. Strategic Implications

1.1 **Strategic Commissioning Plan**

By simplifying discharges via a fully integrated, 'pathway-based' planning approach; and by embracing the principles of "Home First", as detailed within this paper, we will support the objectives set out within the Perth & Kinross Strategic Delivery Plan:-

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

2. Resource Implications

2.1 **IJB Approved Recurring Investment Plan 2022/23**

In March 2022, PKIJB approved investment of £6.40m in Older Peoples Services as part of the OPSDP. Table 1 below sets out the key investments approved.

Table 1 2022/23 Recurring Investment in Older Peoples Services

	Approved investment (£m)	Forecast slippage (£m)
Care at Home Redesign	2.76	1.44
Community Alarm	0.53	0.11
Social Work Capacity	0.66	-
Locality Integrated Care Team	1.20	0.31
AHP Staffing	0.20	-
Hospital at Home	0.53	0.06
Urgent Care	0.31	0.17
Care Home Nursing Staff	0.21	0.02
Total	6.40	2.11

A level of slippage is now anticipated with the full year impact of this investment now expected in 2023/24.

Unplanned Inpatient costs 2022/23
The unanticipated level of admissions and acuity of patient's has led to a significant and unplanned increase in costs across the PKHSCP inpatient bed base in 2022/23. Table 2 below sets out the unplanned forecast overspend on inpatient beds at Month. This includes savings not deliverable due to the level of current admissions.

Whilst £1.25m of forecast costs have been attributed directly to Covid and are being funded from covid reserves the £1.96m balance is only able to be managed as a result of the slippage in investment set out at (2) above. For 23/24, this level of spend is projected to continue and will have a significant impact on any remaining IJB winter resilience reserves.

Table 2 Forecast overspend 2022/23 PKHSCP Older People Inpatient Beds

	Forecast Overspend (£m)
Medicine for the Elderly	1.08
Psychiatry of Old Age	1.18
Community Hospitals	0.21
Unachieved rehabilitation bed savings	0.74
Total	**3.21**
Covid Offset	(1.25)
Net Overspend	**1.96**

2.2 Workforce
Human Resources and Partnership Representatives will be consulted directly on any future proposals that may contain workforce implications pertaining to the Discharge without Delay programme, in particular, any contractual

implications associated with 7-day working and organisational change processes that may need considered across the partnership

3. Assessments

3.1 Risk

Capacity and flow currently sits as a red risk on the strategic risk register of the HSCP and further risk management approaches will be causally explored and prevention and mitigation strategies identified using standard risk management methods. Risk assessment exercises will be carried via risk workshops. Risk owners will be appointed who will be responsible for developing and implementing risk reduction strategies operationally and strategically.

4. Consultation

4.1 External

Patient/Service user feedback will be obtained during the course of the Discharge without Delay programme via various methods, including online feedback (Care Opinion).

4.2 Internal

This paper has been prepared in conjunction with PKHSCP Executive Management Team, Integrated Management Team & Partnership Representatives.

4.3 Impact of Recommendation

By simplifying and streamlining the discharge process, a patient's overall experience will be enhanced and their length of stay reduced. Patients will receive the right care, in the right place and consequentially, unnecessary deterioration will be prevented. Additionally, optimising flow by aligning capacity with demand will have a positive impact on the whole system.

5. Legal and Governance

There are no specific legal or governance issues at this stage.

6. Directions

As no decision is being made by the IJB at this stage, no direction is required.

7. Communication

N/A

8. BACKGROUND PAPERS/REFERENCES

N/A

9. APPENDICES

N/A

P & K HSCP Strategic Planning Group Minute

Minute of the above meeting held on **16 August 2022 at 1pm via Microsoft Teams**
(Recorded for minute purposes only)

Attendees:

Zoe Robertson	Interim Head of Adult Social Work and Social Care - Commissioning (Vice Chair)
Evelyn Devine	Head of Health
Jane Smith	Head of Finance and Corporate Services
Alison Fairlie	Service Manager
Bernie Campbell	Carer Rep & IJB Rep
Bill Wood	Sense Scotland/Learning Disability Rep
Maureen Summers	Chair of Carers' Voice & Carers' Representative on IJB
Melvyn Gibson	Carers' Rep
Amanda Taylor	Locality Manager
Jillian Milne	Chief Executive, Mindspace/Third Sector Forum
Maureen Taggart	Alzheimer Scotland/Older People
Colin Paton	Communication and Improvement
Angie McManus	AHP Lead
Julie Hutton	Chief Executive of Independent Advocacy
Andy Moir	Team Leader Community Capacity Building
Councillor Colin Stewart	Vice Chair of the IJB **(Observer at meeting)**
Hannah Kettles	Planning and Policy Officer **(Item 1)**
Moyra Gill	Team Leader - Learning & Development **(Item 3)**
Gillian Charleston	Secretary Trustee, Strathearn Building Bridges **(Item 3)**
Shara Lumsden	(Minutes)

1. APOLOGIES AND ANNOUNCEMENTS

Apologies received from Jacquie Pepper, Danny Smith, Kenny Ogilvy, Ingrid Hainey, David Stokoe, Karyn Sharp, Ian McCartney, Christopher Lamont, Sandra Young, Sandra Auld, Raymond Jamieson, Christopher Jolly and Angie Ferguson

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 3 November 2021 were approved.

3. LOCAL HOUSING STRATEGY CONSULTATION

Hannah Kettles discussed a presentation on the Local Housing Strategy Consultation.

- The Local Housing Strategy sets out the vision and priorities for future Housing and housing services in Perth and Kinross.
- Considers all housing tenures and types of housing and reflects both local need and national priorities.
- Housing plays a vital role in meeting the needs of local people, communities, and the economy.

Early engagement took place with residents of Perth and Kinross by having a short online survey which was shared as widely as possible to gain views of communities. A development conference was held in May 2022 with key stakeholders, community groups, members of the public and key experts in different priority areas. Option appraisal workshops were held to take forward actions over the next five years.

The Local Housing Strategy is a statutory requirement for Local Authorities in terms of national priorities. It is expected to show how its actions will support and contribute to the National Housing 2040 vision. This is where everyone in Scotland has a home that is warm, affordable, accessible and fits to people's needs.
Between 8th August and 9th September two methods of consultation will be undertaken, an Online Public Consultation via the Consultation Hub and a Key Stakeholder Review.
Hannah highlighted the main housing issues affecting Perth and Kinross.

- Changing demographics and ageing population
- Economy, recruitment, and retention
- Increasing demands for complex adaptions and specialist housing and support
- Responding appropriately to specific housing and support needs of vulnerable groups
- Rural nature of Perth and Kinross
- Housing stock and fuel poverty

Hannah Kettles will send the link to the online public consultation and the full draft document.

The STRATEGIC PLANNING GROUP noted the report and thanked Hannah Kettles for her presentation. It was agreed the group would promote the consultation and feed in where appropriate.

4. SELF EVALUATION OF COMMUNITY ENGAGEMENT

Zoe Robertson provided a brief overview and related guidance regarding the expectations for discussions in the breakout sessions. National guidance, Planning with People was published in March 2021, by the Scottish Government and COSLA, on local community engagement and participation which applies across health and social care. Listening to the views of people who use services, and actively involving them throughout the process of planning care delivery, is a key improvement recommendation of the recent Independent Review of Adult Social Care in Scotland. The HSCP want to self-evaluate their work in relation to Community Engagement and Participation, to do so we will use the Quality Framework for Community Engagement and Participation and the Supporting the delivery of meaningful engagement in health and social care self-evaluation tool.

This has been designed to support NHS Boards, Health and Social Care Partnerships and Local Authorities to meet their statutory duties to the public involvement and community engagement in the planning and provision of health and social care. It is proposed that the HSCP Strategic Planning Group focuses on three key domains over the course of August 2022 – January 2023.

Ongoing engagement activity should take place between Strategic Planning Group meetings, with an expectation that the membership will share the self-evaluation template with the groups they represent. The completed self-evaluation should focus on outcomes rather than activities. This could include a description of the impact of engagement, changes made due to feedback or information on how potential impact is being monitored.

The SPG then divided into three breakout groups to discuss Domain one – (Ongoing Engagement and Involvement of People) and feedback gathered, the outcome of which can be found in Appendix 1.

The STRAGEGIC GROUP agreed to disseminate feedback gathered with in the groups they represent and return prior to the next scheduled meeting, October 11th.

5. CODESIGNING FOR THE FUTURE

Moyra and Gillian were invited to attend the SPG because the work they have been undertaking is an excellent example of how to engage differently, a way that meaningfully involves the people who will ultimately use the services being designed. Moyra initially discussed the Scottish approach to service design The Scottish Approach to Service Design (SAtSD) - gov.scot (www.gov.scot) The vision for the Scottish Approach to Service Design is that the people of Scotland are supported and empowered to actively participate in the definition, design and delivery of their public services (from policy making to live service improvement).

Moyra then gave an overview of the 'Joining Together for a Good Life Project'. https://www.pklearning.org.uk/Learning-Disability-Day-Support-Collaborative-Proj/ Perth and Kinross Health and Social Care Partnership (HSCP) was chosen to be part of the Learning Disability Day Support Collaborative project and work alongside Falkirk, North Ayrshire, and Lothian HSCPs, with support from Healthcare Improvement Scotland's iHub.

The collaborative aims to transform the delivery of day support for adults with a learning disability and/or autism to best meet the needs of individuals and their families/carers. Its purpose is to enable people with learning disabilities and/or autism and their parents/carers/loved ones to "have a good life" and to promote aspiration and integration within their community. Its vision is to co-design new day care activities by listening to people who have experience of using services so they can choose what support they wish to have within their communities.

Moyra then went on to discuss a series of planned events, due to run during September and October and called the Learning Disabilities Day opportunities Jam. These have been codesigned by Perth & Kinross and with Healthcare Improvement Scotland who are partners in the project. These should be inspirational events where people can share ideas and codesign services.

Gillian discussed services for people with learning disabilities in Perth & Kinross and how the work they are undertaking provides an opportunity to re-shape services, but to have done so in a truly co-designed manner. This is now the third phase of the journey and promoting active involvement from a wide range of people within our community. The team has been supported and have had the chance to network shared experiences and learning and in a mutually respectful way.

The STRATEGIC PLANNING GROUP noted the work to date and thanked Moyra and Gillian for their presentation.

6. ANY OTHER BUSINESS
None.

10. DATE AND TIME OF NEXT MEETING
The Chair confirmed the next meeting of the Strategic Planning Group would be held on Tuesday 11th October 2022 1pm to 4pm via Microsoft Teams.

Health and Social Care Partnership: Community Engagement Self-Evaluation August 2022-23

HOW WELL ARE WE DOING? HOW DO WE KNOW? WHAT DO WE NEED TO DO NEXT?

Scotland's national and local governments are committed to improving the ways individual people, and communities of people, can be involved in decision-making that affects them. Nowhere is that more vital than when it comes to the development of the health and social care services upon which we all rely.
National guidance, Planning with People, was published in March 2021, by the Scottish Government and COSLA, on local community engagement and participation which applies across health and social care https://www.gov.scot/publications/planning-people/pages/1/

Listening to the views of people who use services, and actively involving them throughout the process of planning care delivery, is a key improvement recommendation of the recent Independent Review of Adult Social Care in Scotland.

What is community engagement?
"Community engagement is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change." (The National Standards for Community Engagement, Scottish Community Development Centre)

The HSCP want to self-evaluate their work in relation to Community Engagement and Participation, in order to do so we will use the Quality Framework for Community Engagement and Participation: Supporting the delivery of meaningful engagement in health and social care Self-evaluation tool. This has been designed to support NHS Boards, Health and Social Care Partnerships and Local Authorities to meet their statutory duties with regard to public involvement and community engagement in the planning and provision of health and social care. It provides a framework for statutory planning and commissioning authorities, and those quality assuring them, on what good quality engagement looks like and how this can be evaluated and demonstrated.

The development of the framework and self-evaluation tool takes account of related community engagement guidance, duties, and frameworks (please see appendix 2 for a full list) and Scottish Government and COSLA's new joint Planning with People guidance on local community engagement and participation.

A self-evaluation tool https://www.hisengage.scot/media/2180/20220624-quality-framework-self-evaluation-tool-june-22-10.pdf has been developed to enable organisations to self-evaluate their performance against three areas of focus, called domains, which are outlined within the Quality Framework. Each domain has two associated quality indicators and statements to guide discussion and support evaluation with a view to answering key questions. The quality indicators could be considered to be the outcomes to be measured.

It is proposed that the HSCP Strategic Planning Group focuses on three key domains over the course of August 2022 – January 2023 using the template within Appendix 1.

It is proposed that the timetabling and order of the self-evaluation activity should be as follows and should include ongoing engagement activity in between Strategic Planning Group meetings, with an expectation that the SPG membership will share the self-evaluation template with the groups they represent:

August 16th – October 11th:	Domain 1 - Ongoing Engagement and Involvement of people
October 11th – 29th November:	Domain 2 - Involvement of people in service planning, strategy, and design
November 29th – end January 2023:	Domain 3 - Governance and leadership - supporting community engagement and participation

The completed self-evaluation should focus on outcomes rather than activities. This could include a description of the impact of engagement, changes made as a result of feedback, or information on how potential impact is being monitored. The self-evaluation should tell a story about where you perceive your organisation to be overall against each domain in the framework.

The Strategic Planning Group alone will not compete the self-evaluation but will contribute to and oversee all associated activity, this will include:

People's views

Assessing the views of all stakeholders is essential and to understand the quality of your engagement activity you need to know the views of the people who participate or have participated. Feedback should be sought from patients, the public, service users, family, carers, staff, communities, third sector and wider stakeholders.

Data

Many organisations may currently use the VOiCE tool (which is based on the National Standards for Community Engagement), or other methods, to evaluate their engagement activity. It may be useful to consider a mixture of both quantitative and qualitative data; from formal mechanisms for capturing feedback from staff and people involved in engagement and captured through discussion with individuals and groups.

External feedback

It will be useful to consider which information and evidence you may have already collated for other reviews and self-evaluation, such as recent reviews or inspections by Healthcare Improvement Scotland or The Care Inspectorate reports and feedback, recent Major Service Change reports and Audit Scotland reports.

Domain 1 - Ongoing Engagement and Involvement of people

Fulfilment of statutory duties and adherence to national guidelines

- The organisation has implemented a communication and engagement strategy to promote and support the delivery of community engagement across the organisation (in line with statutory duties to involve people in developing and delivering care services).
- The organisation has undertaken training and awareness raising with its staff in relation to engagement with people and communities who are seldom heard.
- How confident are you that the organisation's engagement processes are accessible, inclusive and reflects the diversity of communities, and is informed by Equality Impact Assessment (which is undertaken with consideration given to stakeholder input), before engagement activity begins, and is updated throughout the engagement process?
- The organisation proactively seeks participation from seldom heard people and communities, , under-represented people and communities, communities experiencing health and social inequality and has taken action to support people to participate in ongoing engagement about improving access to health and social care services and improved health and wellbeing outcomes (in line with Public Sector Equality Duties).

Support/Equalities

- How confident are you that when undertaking engagement, the organisation provides timely accessible information in a variety of formats, which meets individual needs (such as large print, audio, Braille, different languages, induction loops)?
- The organisation supports carers and representatives of people experiencing and accessing services, to enable their full engagement about health and social care services and can evidence this (in line with the Health & Social Care Standards).

Co-production and design

- The organisation involves community representatives (people representing a community of place or interest) in planning engagement, as part of the planning team, to help to ensure that the process of engagement is inclusive.
- The organisation raises awareness of, promotes, publishes annual reports on, and provide supports with participation requests ; especially in relation to people and communities who may be seldom heard or who face additional barriers (as per the Community Empowerment (Scotland) Act 2015).
- The organisation has worked with community planning partners to routinely engage with local communities to develop a common understanding of local needs and ensure local communities are genuinely engaged in decisions made on public services which will affect them (in line with the Health and Social Care Standards and The Local Government (Scotland) Act 2003).

Methods

- The organisation has used a range of innovative, effective, and empowering communication and engagement methodology to gain an understanding about the needs of people and communities and to reach the right people. (For example, citizen's panels and new methods of online engagement).
- The organisation can evidence examples of positive working with the third sector and has collaborated with them when planning engagement.

Feedback

- The organisation keeps people and communities informed of progress during the engagement process and provides feedback on the outcome of the engagement.
- The organisation routinely assesses the impact of engagement to ensure that the right people and communities are being involved.
- The organisation has evaluated the effectiveness of its ongoing engagement with people and communities to improve their experience of engagement and shared this learning across the organisation to inform future practice.
- The organisation has worked in collaboration with partner organisations to share expertise and structures to support community engagement.

Perth and Kinross Community Engagement Self-Assessment 2022-23		
Domain 1	**Ongoing engagement and involvement of people** • The organisation undertakes ongoing engagement with people and communities to ensure that services meet their needs, identify sustainable service improvements and to develop trust. • The approach to engagement is inclusive, meaningful and is evaluated to identify learning and the impacts	
HOW WELL ARE WE DOING? **What are our strengths?** There are examples of specific projects or areas of consultation and engagement that have or are working well. So, although there are examples of good practice it needs embedded in the culture of the organisation. The following feedback outlines issues of particular importance as we move forwards: • The same voices are always heard. • There are trust issues in relation to previous decision making. • Disparity experienced, expectations of external partners in comparison with internal services. • Perception that engagement activity and expectations of NHS are higher now, the council has more experience in engagement. • In relation to co-design, the Third Sector are able to respond more	**HOW DO WE KNOW?** **What is our evidence?** IHub Day Centre Collaborative and feedback from those involved. Co-production locality groups - CAH It is common for us to use existing mechanisms to engage, this means we are only hearing a subsection of the community's voice. Engagement and consultation/strategic decision making in the past has been felt to be lacking. Lack of engagement around changes to services experienced recently. Work with others such as the Real Organisation for Change and their National Involvement and Local Involvement networks. Lack of change experienced after consultation process, which invalidates the	**WHAT DO WE NEED TO DO NEXT?** **What are our challenges and next steps for improvement?** We need to ensure there is equity of voice, broader representation in our engagement process. Encourage frontline workers and give them the opportunities to improve the services they deliver. Discussions that are happening at operational level should transcend throughout the organisation. This is what should be influencing policy and strategy. Collective advocacy and facilitation, skills should be used to work alongside organisations like Independent Advocacy. Improve our use of multimedia with regards full engagement cycle. It should across the board to expect an interim reply of any issues raised Training in and around Community

quickly with less bureaucracy. • A sense of a risk averse culture existing in statutory services. • Feedback loop not completed. • Slowness of action. • Perth City centre is more accessible and easier to navigate however, this is not the case for rural locations and the communication is poorer. • Lack of information sharing about what facilities are available. People are not aware of them. • Issues raised not being addressed or in a timeous way. • A lack of action on the back of engagement activity. • Different staff have different levels of understanding and knowledge this leads to inconsistency of approach.	process.	Engagement with all Stakeholders and statutory staff. Universal and shared understanding of what Engagement is and when and how it should be implemented required. Work with National Organisations, experts in the area. Work with local experts, community groups etc…to improve this work. Ensure all groups can contribute to engagement activity, accessible formats etc... Openness to get engaged and involved whatever time suits people and out with working hours. People need to be engaged at the start of the conversation to help shape it rather than bringing people in, half-way through and you lose buy-in from people. Need true engagement participation and involvement from the start and trusting people. Ensure a co-ordinated approach to a community engagement activity. Ensure we engage with hard-to-reach communities.

Appendix 2

Statutory duties

NHS Reform (Scotland) Act, Section 7: Duty to encourage public involvement - www.legislation.gov.uk/asp/2004/7/contents

Public Bodies (Joint Working) (Scotland) Act 2014, section 36 - https://www.legislation.gov.uk/asp/2014/9/section/36/2014-04-02?timeline=false

Equality Act 2010 - www.legislation.gov.uk/ukpga/2010/15/contents

Fairer Scotland Duty (2018)- https://www.gov.scot/publications/fairer-scotland-duty-guidance-public-bodies/

Islands (Scotland) Act 2018 - www.legislation.gov.uk/asp/2018/12/contents

Community Empowerment (Scotland) Act 2015 - https://www.legislation.gov.uk/asp/2015/6/contents/enacted

Human Rights Act 1998 – https://www.gov.scot/policies/human-rights

Guidance

Planning with People - Community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland, Scottish Government and COSLA (March 2021) - www.gov.scot/publications/planning/people/pages/1/

Health and Social Care Standards: my support, my life, Scottish Government (2017) - www.gov.scot/publications/health-social-care-standards-supportlife/

 CEL 4 (2010) Informing, Engaging Consulting People in Developing Health and Community Care Services, Scottish Government 2010 - www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

The National Standards for Community Engagement (2016), Scottish Community Development Centre - www.scdc.org.uk/what/national-standards/

NHS Scotland Health Boards and Special Boards – Blueprint for Good Governance DL 02 (2019) - www.sehd.scot.nhs.uk/dl/DL(2019)02.pdf

Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care, Final Report, February 2019 - www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/

COSLA's New Blueprint for Local Government - www.cosla.gov.uk/__data/assets/pdf_file/0021/19551/LG-Blueprint.pdf

Planning and delivering integrated health and social care: guidance - www.gov.scot/publications/guidance-principles-planning-delivering-integrated/health-social-care/

Audit Scotland expectations for auditing Best Value in IJBs/HSCPs - www.audit-scotland.gov.uk/our-work/best-value

Community Empowerment Act (CEA) Guidance, Part 2 Purpose of Community Planning - www.gov.scot/publications/community-empowerment/scotland-act-2015-part-2-community-planning-guidance/

Gunning Principles - www.consultationinstitute.org/the-gunning-principles-implications/

Inclusion health principles and practice, Public Health Scotland - https://publichealthscotland.scot/media/2832/inclusion-health-principles-and-practice.pdf

Gaun Yersel – Self Management Strategy for Scotland - www.alliance-scotland.org.uk/blog/resources/gaun-yersel/

Third Sector Engagement Matrix - https://mk0voluntaryheaenrww.kinstacdn.com/wp-content/uploads/2013/05/Engagement_Matrix_ed2_web.pdf

Equal and Expert – Best Practice Standards for Carer Engagement - www.carersnet.org/wp-content/uploads/2014/06/Equal-Expert-3-best-practice-standards-for-carer-engagement.pdf

Charter of Patient Rights and Responsibilities - www.gov.scot/publications/charter-patient-rights-responsibilities-2/

https://www.gov.scot/publications/right-first-time-practical-guide-public-authorities-scotland-decision-making-law-second-edition/#:~:text=Right%20First%20Time%20is%20a%20practical%20guide%20for,public%20discourse%20around%20the%20actions%20of%20public%20bodies

Principles of Community Empowerment, Audit Scotland - www.audit-scotland.gov.uk/report/principles-for-community-empowerment

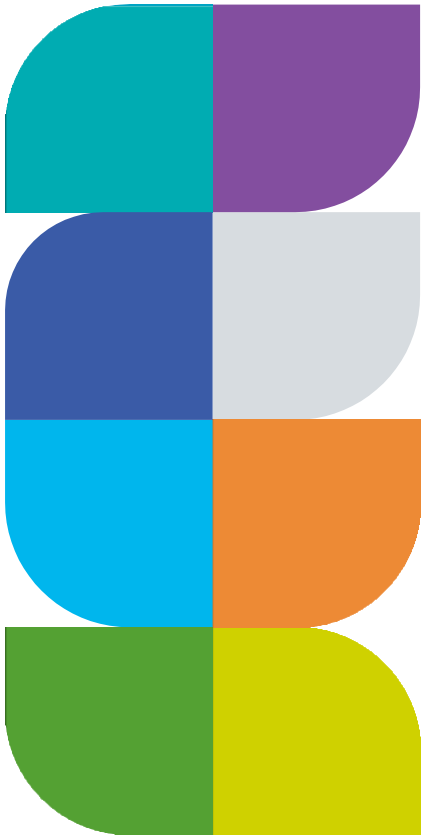
https://carersnet.org/wp-content/uploads/2021/10/Standards-for-Carer-Engagment.pdf

Perth and Kinross Integration Joint Board

Audited Accounts 2021/22

Perth and Kinross Health and Social Care Partnership

Supporting healthy and independent lives



INTRODUCTION

Welcome to Perth and Kinross Integration Joint Board's (IJB) Annual Accounts for 2021/22. This publication contains the financial statements for Perth and Kinross Integration Joint Board (IJB) for the year ended 31 March 2022.

The Management Commentary outlines key messages in relation to the strategy, objectives, and the financial performance of the IJB for the year ended 31 March 2022. It also provides an indication of the issues and risks which may impact upon the finances of the IJB in the future and the challenges it faces in meeting the needs of the people of Perth and Kinross.

The Annual Accounts are prepared in accordance with the relevant legislation, regulations and the proper accounting practices which primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom (the Code) supported by International Financial Reporting Standards (IFRS) and statutory guidance under Section 12 of the Local Government in Scotland Act 2003.

The Management Commentary is intended to provide an effective overview to a complex document allowing the reader to determine the IJB's overall performance for the year. The Management Commentary is structured as follows:

- *Role and Remit*
- *Strategic Objectives*
- *Review of Activities*
- *Performance Overview*
- *Financial Overview*
- *Strategic Risks and Outlook for future years*

ROLE AND REMIT

The IJB is a legal entity responsible for the strategic planning and commissioning of a wide range of services across Perth and Kinross. This includes social care, primary and community healthcare and unscheduled care for adults. In addition, the IJB plans and commissions specific healthcare services across Tayside by means of hosted services arrangements agreed in the Integration Scheme between NHS Tayside and Perth & Kinross Council. Perth & Kinross Council and NHS Tayside (Health Board), as the parties to the Integration Scheme, each nominate four voting members to sit on the IJB. The Council nominates Elected Members and the Health Board Non-Executive Directors.

The policy ambition is to: -

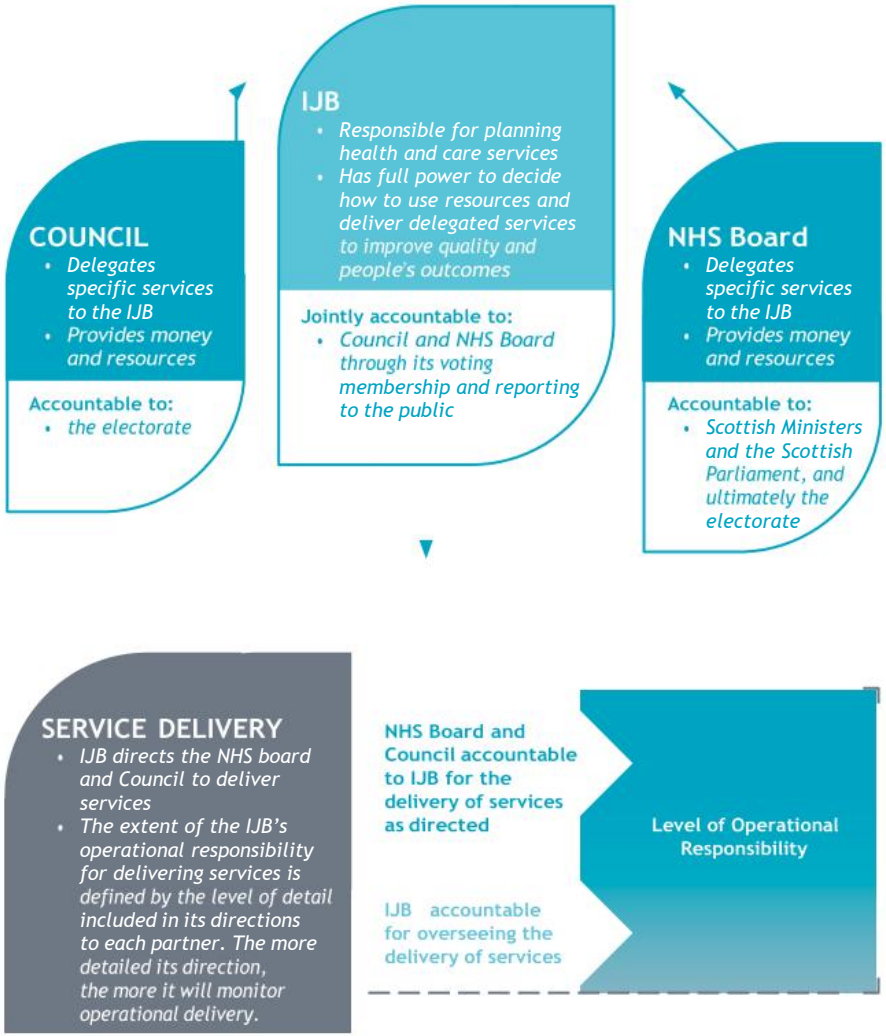
- improve the quality and consistency of services to patients, carers, service users and their families.
- provide seamless, joined-up, quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so.
- ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer-term and often complex needs, many of whom are older.

The IJB has governing oversight whilst Perth and Kinross Health and Social Care Partnership (PKHSCP) has responsibility for the operational delivery of these services.

The IJB sets the direction of PKHSCP via the preparation and implementation of the Strategic Commissioning Plan and seeks assurance on the management and delivery of integrated services through appropriate scrutiny and performance monitoring, whilst ensuring the effective use of resources.

Exhibit 1 opposite sets out the governance arrangements that support delivery of Perth and Kinross IJB's strategic priorities. The IJB's strategic ambitions sit alongside operational imperatives across a wide range of services.

Exhibit 1 ***Integration Joint Boards***
There are 30 Integration Joint Boards across Scotland.
Source: Audit Scotland



The services delegated by NHS Tayside and Perth & Kinross Council to Perth and Kinross IJB for strategic planning and commissioning are set out in Table 1 below.

Table 1

Delegated Partnership Services			Services Hosted by PKHSCP*
Community Care	Health	Hospital	
Services for adults with a physical disability	*District nursing services*	*Accident and Emergency services provided in a hospital*	*Public Dental Services/ Community Dental Services*
Services for older people	*Substance misuse services*	*Inpatient hospital services: General medicine; Geriatric medicine; Rehabilitation medicine; Respiratory medicine; Psychiatry of Learning Disability.*	*Prison Healthcare*
Services for adults with a learning disability (including Autism Services)	*Primary medical services*	*Palliative care services provided in a hospital*	*Podiatry*
Mental health services	*General dental services*	*Inpatient hospital services provided by GPs*	
Drug and alcohol services	*Ophthalmic services*	*Services provided in a hospital in relation to an addiction or dependence on any substance*	
Adult protection and domestic abuse services	*Community geriatric medicine*	*Mental health hospital services except secure forensic mental health services*	
Carers' support services	*Primary medical services to patients out-of-hours*	*Pharmaceutical services*	
Health improvement services	*Community palliative care services*		
Equipment, adaptations and technology-enabled care	*Community learning disability services*		
Residential and nursing care home placements	*Community mental health services*		
Care at home	*Community continence services*		
Reablement services	*Community kidney dialysis services*		
Respite and day care	*Public Health promotion*		
	Allied health professionals		
	Community hospitals		

On 12 March 2020, the Minister for Mental Health wrote to the Chief Executive of NHS Tayside and advised that 'the operational management of inpatient general adult psychiatry services must now be led by NHS Tayside. This led to the responsibility for these services transferring from the Chief Officer of Perth and Kinross HSCP to an Interim Director for Mental Health in NHS Tayside. It was therefore agreed that the overspend in relation to IPMH Services would transfer from the 3 Tayside IJBs to NHS Tayside with immediate effect. The full planning and commissioning implications for these services are being considered as part of the review of the IJB Integration Schemes across Tayside.

STRATEGIC OBJECTIVES

The Strategic Commissioning Plan, approved in December 2019, sets out the vision and priorities for Perth and Kinross IJB. The vision is to work together to support people living in Perth and Kinross to lead healthy and active lives and to live as independently as possible, with choice and control over their care and support. Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising.

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

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

Table 2 below shows the projected population change for Perth and Kinross by age band. Between 2018 and 2028 the number of those aged over 65 (particularly those aged over 75) is set to increase significantly according to projections. The effects of these changes are already being felt. Between 2018 and 2020 the 60 to 74 age group and the 75+ age group increased by 2.8% and 4.7% respectively. By 2023 this growth is projected to reach 5.5% and 16.5% respectively, driving significant increase in demand for services as we emerge from the pandemic. This is coupled with a projected reduction in the working age population.

Table 2

Perth and Kinross adult population by age group

Age Group	2018 Population	2020 Population	2023 Projected Population	2024 Projected Population	2025 Projected Population	2028 Projected Population	% Ch 2018 -
0-14	22,807	22,652	22,238	21,911	21,654	20,705	
15-29	23,988	23,765	22,642	22,486	22,395	22,132	
30-44	25,396	25,607	26,654	26,812	26,794	26,477	
45-59	33,623	33,052	31,400	30,840	30,249	29,093	
60-74	29,214	30,025	30,816	31,270	31,790	33,094	
75 & over	16,262	17,026	18,942	19,482	19,958	21,278	
Total	**151,290**	**152,127**	**152,692**	**152,801**	**152,840**	**152,779**	

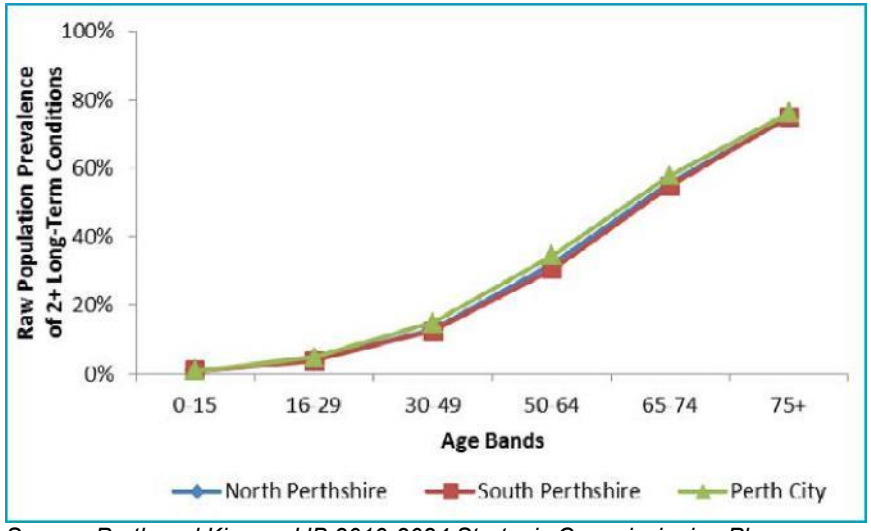
(Source: Mid-Year Estimates (MYE) NRS (National Records of Scotland) 2018-based population pro

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

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

Table 3

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



Source: Perth and Kinross IJB 2019-2024 Strategic Commissioning Plan

REVIEW OF ACTIVITIES

Initial priorities for 2021/22 were set out in the PKHSCP 2021/22 Remobilisation Plan. This plan has been updated throughout the year to take account of changing Covid-19 infection levels and in turn changing Scottish Government priorities. Areas where we have been able to make significant progress in developing services in line with our strategic objectives are as follows: -

- *Provided enhanced care in partnership with Care Homes across Perth & Kinross which provides pro-active clinical care centred around individual residents.*
- *Redesigned Care at Home provision including increased pay rates and the development of an alliance models in rural areas centred on use of community assets and enabling support across providers.*
- *Expanded our Locality Integrated Care Service to provide 7 day support to Older People who have had a deterioration to remain at home.*
- *Commenced planning to deliver a new Hospital at Home Service which will provide a level of acute care in a person's home that is equivalent to that provided in hospital.*
- *Created a Specialist Adult Respiratory Service which assess and proactively manage frail adults with respiratory needs and provide support post discharge and during an acute exacerbation of their condition in their own home.*
- *Established a 'Discharge without Delay' Transformation Programme which will significantly streamline the journey from being an inpatient to going home reducing unnecessary delay at across the care pathways.*
- *Established Community Care and Treatment Services throughout Perth & Kinross providing a range of services including blood tests, monitoring of chronic conditions and treatment of minor injuries. This is enabling our GPs to focus on more complex cases.*
- *Established a new approach to urgent care in the community with Advanced Nurse Practitioners now playing a role in responding to urgent house call visits, enabling our GPs to focus on more complex cases.*
- *Working with the Third Sector, we have significantly enhanced mental health crisis and distress services in Perth & Kinross. This now includes a new Distress Brief Interventions Service and Mental Health nursing support. Community Mental Health Services have been further enhanced by establishment of dedicated posts for suicide prevention in both children's and adult's services. We have also recruited a lead GP for Mental Health who is playing a key role in creating a single point of contact for all mental health referrals.*
- *To support increased alcohol related referrals the Alcohol Drugs Partnership has overseen the provision of increased capacity for counselling and the development of a community detoxification service. Increased support is being provided for people suffering from non-fatal drug overdoses and a process for accessing residential rehabilitation has been reviewed and improved.*
- *To enhance non-statutory support to people across our communities, we have enhanced both volunteer co-ordination and community activity co-ordination activity.*

- *We made significant progress in the transformation of services for those with complex care needs. This includes the creation of a multi- disciplinary specialist team for those with Autism and Learning Disabilities. Our core and cluster developments have also progressed with accommodation now due to open imminently.*
- *We have enhanced services to support people in HMP Perth and HMP Caste Huntly through the introduction of telephone access booking and telephone appointments. In parallel, we have introduced a multidisciplinary 'Person of Concern' approach that is enhancing our ability to intervene early to achieve best possible outcomes.*
- *We have worked hard to address the needs of those who have not been able to access Public Dental Services over a period due to Covid-19 restrictions. Investment has been made in additional staffing and equipment whilst work to improve ventilation remains a key priority.*
- *For Podiatry Services across Tayside, throughout the year the service has continued ensure those with the most complex needs were supported in the face of significant staffing pressures.*
- *We have invested across our localities in further services to support carers during Covid-19 response and beyond. This has included support around hospital discharge, palliative care, respite, young carers, and befriending.*
- *We have worked with our statutory partners to ensure staff working in community settings have effective access to digital technological tools and support needed to increase resilience and enable new and more effective ways of working*

During 2021/22, we have also considered the longer term sustained change required, engaging widely with stakeholders to set out the following: -

- *Community Mental Health & Wellbeing Strategy 2022:2025*
- *Learning Disability/Autism Strategic Delivery Plan 2022:2025*
- *Older Peoples Strategic Delivery Plan 2022:2025*

These were approved by the IJB during 2021/22. Each included a 3 Year Financial Framework that fed directly into the 2022/23 Budget Process. The IJB Strategic Planning Group and Strategy Group have played a key role in overseeing their development.

Further we have developed the PKHSCP 3 Year Workforce Plan which sets out the significant challenges we face and the local, regional, and national action necessary to ensure sufficient, sustainable future services that can respond to continually increased demand.

The IJB's 3 Year Financial Plan approved by the IJB on 30 March 2022 contains proposals to balance the 2022/23 budget which are fully aligned to the programme of transformation. The IJB continues to work to deliver financial balance over the medium term.

PERFORMANCE OVERVIEW

Throughout 2021/22, despite ongoing challenges of Covid-19 response, we have worked to maximise positive outcomes for the people we support. Table 4 below summarises our performance against the nationally agreed indicators compared to the rest of Scotland. The comparison against last year reflects the significant impact of Covid on patterns of activity in 2020/21 and a subsequent move back to more regular activity patterns. However, performance is broadly good when compared to Scotland overall. Only one indicator NI14 Emergency Readmissions sits below the performance achieved across Scotland. Due to significant variances in recording practices for this indicator it is not possible to make direct comparisons to Scotland in respect to actual numbers/rates of readmission. Consequently, comparing year on year performance is more helpful.

Performance Key used throughout this report

- We are within 3%, or are meeting or exceeding the number we compare against
- We are between 3% and 6% away from meeting the number we compare against
- We are more than 6% away from meeting the number we compare against

Table 4

ID	Indicator	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	How we compared to 2020/21	Latest Scotland 2021/22	How we compared to Scotland overall
NI 12	Rate of emergency admissions per 100,000 population for adults (18+)	10,385	11,132	Feb 2022	8.50%	11,403	-1.20%
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	93,336	103,008	Jan 2021	11.34%	107,508	-3.45%
NI 14	Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	129	118	Jan 2021	-8.04%	102	14.18%
NI 15	Proportion of last 6 months of life spent at home or in a community setting	90.32%	90.67%	Feb 2022	0.57%	89.98%	0.90%
NI 16	Rate per 1,000 population of falls that occur in the population (aged 65+) who were admitted as an emergency to hospital	23.74	23.07	Feb 2022	-1.74%	22.00	5.69%

ID	Indicator	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	How we compared to 2020/21	Latest Scotland 2021/22	How we compared to Scotland overall
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	197	544	Mar 2022	209.28%	761	-24.93%
MSG 3	A&E Attendances per 100,000 population	14,268	16,793	Feb 2022	20.40%	25,394	-47.83%

Please note that all indicators are based on a 12-month rolling rate

Please note data is provisional and subject to validation.

INDICATOR PERFORMANCE COMMENTARY

Emergency Admissions Rate per 100,000 18+ population (NI 12)

Many people who attend hospital on an emergency basis could potentially have been supported earlier in their healthcare journey.

The rate of emergency admissions provides an indication of the extent to which the health and wellbeing needs of the population are being well managed. A reduction in the rate of emergency admissions may indicate improvements in partnership working, as fewer people require emergency treatment in hospital when their health and wellbeing needs are being met and managed in a planned, rather than reactive, manner.

Across Perth and Kinross, the rate of emergency admissions increased 8.50%, from 10,385 to 11,267 in the year to February 2022. This decline in performance is in line with the performance trend reported nationally. Despite this increase however performance in Perth and Kinross against this indicator is better than across Scotland overall.

This performance should be understood within the context of COVID-19, with the pandemic directly reducing population and service activity and this corresponded with a reduction in emergency admissions during 2020/21. These variances make benchmarking to the previous year problematic.

Emergency Bed Days Rate per 100,000 18+ population (NI 13)

Following any admission to hospital it is important that people are supported to return home as quickly as possible once they are fit to be discharged.

During the COVID-19 pandemic our rate of emergency bed days was considerably below previous years. Similar to NI 12 above, the effects of the pandemic significantly reduced emergency bed days. The easing of pandemic restrictions and the remobilisation of services had a substantial impact on reversing this position and accordingly, in Perth and Kinross the rate of emergency bed days increased from 93,336 per 100k population to 103,924 per 100k population, in the year to January 2022.

This increase of 11.34% is greater than the 6.02% increase reported across Scotland in the same period. However, the rate of emergency bed days across Perth and Kinross in 2021/22 remains 3.45% lower (better) than Scotland overall (107,508).

Emergency Readmissions to Hospital Within 28 Days of Discharge (NI 14)

The rate of readmission to hospital after discharge is underpinned by good interagency communication, with performance reflecting the effectiveness of a range of integrated health and care services, including discharge arrangements and the co-ordination of follow-up care provision.

Performance against this indicator has improved when compared to previous years, with the rate of readmissions declining by 8.04% in the year to January 2022. This improvement in performance is in line with the trend seen across Scotland (9.65%).

Although is its helpful to compare rates on a year on year basis and to consider these movements in respect to comparable movements across Scotland, it is not possible to make direct comparisons to Scotland in respect to actual numbers/rates of readmission. This is due to significant variances in recording practices.

Proportion of Last 6 Months of Life Spent at Home or in a Community Setting (NI 15)

This indicator provides an insight into the extent to which palliative and end of life care is being provided in a planned way, reflecting best practice, and taking account of the wishes of patients and their family, as far as is practicable. In interpreting this indicator, it is important to acknowledge that the suitability and the appropriateness of the location of the care provided may alter throughout the period of care, as may the wishes of patients and families.

In the year to February 2022 the proportion of the last 6 months of life spent at home or in a community setting has increased in Perth and Kinross by 0.57%, from 90.32% to 90.88%. Performance against this indicator remains above Scotland overall (89.98%) in the year to date.

Rate of Falls that result in an emergency admission 65+ Population (NI 16)

Falls can lead to reductions in confidence and mobility, causing a significant and lasting impact on an older person's independence and quality of life. This indicator is designed to measure the effectiveness of organised community-based health and social care services to support older people and reduce the likelihood of falls occurring.

Performance against this indicator has improved by 1.74% when compared to 2020/21 however the rate of falls per 1,000 (65+) remains 5.69% above that for Scotland overall.

Number of Days People Aged 75+ Spend in Hospital When They Are Ready to be Discharged (Delayed Discharges) (NI 19)

If people have to wait in hospital once they are fit to be discharged it can result in poor outcomes and is an ineffective use of limited resources. Reductions in this measure indicate improvements in the effectiveness of Health and Social Care services to mobilise quickly to meet peoples' needs as they transition from hospital to

community-based services.

Whereas in recent years we have reported year on year declines in the rate of delayed discharge per 1,000 population, there was a 209.28% increase in the year March 2022. This increase should be interpreted in the context of an exceptionally low comparator period, 2020/21, during which time service demand and delivery was significantly impacted by the COVID-19 pandemic. Across Scotland overall there has also been a significant drop in performance against this indicator (36.40% increases in delayed discharges) albeit not to the extent seen in Perth and Kinross. Despite this significant variance in the rate of change, Perth and Kinross continues to perform better than Scotland overall in the year to date.

A&E Attendances (Ministerial Strategic Group Indicator, MSG 3)

Intervening early with preventative care assists in reducing the need for attendance at accident and emergency. The number of A&E attendances therefore provides further indication of the effectiveness integrated services to plan and provide care earlier and in the most appropriate setting.

The number of A&E attendances has increased 20.40%, in the year to February 2022 and this compares to an increase of 19.64% seen across Scotland overall. These increases indicate links to the extraordinary effects of the pandemic on the service demand and delivery. When compared to Scotland on an in-year basis Perth and Kinross performance is still very good, 47.83% lower that reported for Scotland overall.

FINANCIAL OVERVIEW

Financial Performance

The Financial Plan, approved by the IJB in March 2021, supported break-even across Health and Social Care after application of reserves. Our financial performance compared to the Financial Plan for 2021/22 is summarised in the table below.

	2021/22 Financial Plan Position Over/(Under)	2021/22 Year-End Out-Turn Over/(Under)	Movement from Plan Over/(Under)
	£m	£m	£m
Health	1.749	(0.829)	(2.578)
Social Care	1.738	(0.740)	(2.478)
Sub-Total	**3.487**	**(1.569)**	**(5.056)**
PKIJB Reserve	(3.487)	1.569	5.056
Total	**0**	**0**	**0**

Finance update reports have been presented to the Audit & Performance Committee throughout 2021/22, reporting on the projected in year position and the impact of Covid-19. Expenditure incurred as a direct result of Covid-19 was fully funded by additional Scottish Government income, with no impact on year-end out-turn.

In Social Care the £2.478m movement from plan relates to the following:

- *Additional Scottish Government Living Wage funding of £0.9m, Living Wage costs had already been fully anticipated in the budget prior to the funding being announced in March 2021.*
- *Savings plans attributed to the Health and Social Care transformation programme continued to be affected in 2021/22. The Financial Plan had anticipated this and prepared to fund from the use of reserves (£1.0m for Social Care). However, in line with Scottish Government guidance, these unachieved savings were met by the additional funding allocation made by the Scottish Government and were therefore removed from the out-turn position.*
- *Reduced activity and usage for some adult services continued until the latter part of the financial year, leading to an unanticipated level of underspend (£0.4m).*
- *The effect of Covid-19 on planned investment led to an underspend (£0.2m).*

In Health, the £2.578m movement relates to the following:

- *As with Social Care, unachieved savings were met by Covid-19 funding. The financial plan had anticipated a level of unachieved savings (£1.4m), however in January 2022 the Scottish Government confirmed this could be met by Covid-19 funding.*
- *An unanticipated level of rebates and underspend within Prescribing of £0.8m.*

- *The effect of Covid-19 on planned recruitment and investment continued, leading to underspending against staff costs £0.5m.*
- *In March 2022, it was agreed that the PKHSCP would fund a share of 2021/22 Inpatient Mental Health Community Investment related costs (£0.2m). Therefore, partially offsetting the increased underspends detailed above.*

Reserves

Throughout 2021/22 there has been a significant increase in reserves. In March 2022, £16.728m was passed to the IJB to be earmarked for additional Covid-19 costs. Of this, £15.366m remains within an earmarked Covid-19 reserve.

The IJB reserves balance as at 31 March 2022 is £33.249m, of this £28.843m is earmarked. The funding has been earmarked to meet Scottish Government objectives, local priorities and to balance the 2022/23 financial plan. The balance of un-earmarked reserves remaining is £4.406m. This reserves balance equates to 2% and allows the IJB to meet its Reserves Policy that sets a level of contingency general reserve at 2% of the IJB net expenditure.

FINANCIAL STATEMENTS

Background

The IJB's finances are overseen by the IJB's Chief Financial Officer who is supported by an integrated finance team including staff employed by both Perth & Kinross Council and NHS Tayside.

Analysis of Financial Statements

The main objective of the Annual Accounts is to provide information about the financial position of the IJB that is useful to a wide range of users in making and evaluating decisions about the allocation of resources.

The 2021/22 Annual Accounts comprise:

(a) **Comprehensive Income and Expenditure Statement -**

This shows a surplus of £19.349m. The underlying operational out-turn is a £1.569m underspend of which Health Services are £0.829m and Social Care £0.740m. In line with the Integration Scheme, this surplus has been added to the IJB reserve to carry forward into 2022/23. The remaining surplus of £17.780m relates to the net increase in reserves. Further detail is provided in section (b) and (c) below and in Note 6.

(b) **Movement in Reserves -** In 2021/22, earmarked reserves had an opening balance of £13.900m, this has increased by £19.349m, providing a closing balance of £33.249m. During 2021/22, a significant level of funding has been provided by the Scottish Government to the IJB via NHS Tayside and Perth & Kinross Council. In addition to the underlying operational underspends, the most significant balances held are for Covid-19, Winter Resilience and Primary Care Improvement Funding.

(c) **Balance Sheet -** In terms of routine business the IJB does not hold assets, however the balance of £33.249m reserves is reflected in the year-end balance sheet.

(d) **Notes -** comprising a summary of significant accounting policies, analysis of significant figures within the

Annual Accounts and other explanatory information.

The Annual Accounts for 2021/22 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

FINANCIAL PLAN

In March 2022, the IJB approved the 2022/23 budget and indicative budgets for years 2023/24 and 2024/25. In setting the 3 year budget, work was undertaken to develop financial frameworks underpinned by strategic delivery plans and this included taking account of additional Scottish Government funding. In addition to strategic delivery planning, the financial plan has quantified and included pay and price pressures, essential investment requirements, and savings opportunities across all areas of the budget, including those not within scope of current strategic delivery plans.

STRATEGIC RISKS AND OUTLOOK FOR FUTURE YEARS

The IJB's key strategic risks are contained in the Strategic Risk Register combined with an assessment of the level of risk facing the IJB. The Strategic Risk Register and associated improvement action plan is monitored and updated frequently by the PKHSCP Executive Management Team and reported to the IJB Audit & Performance Committee and the IJB to provide assurance on the adequacy and effectiveness of the systems and processes in place to manage the risks.

The IJB's strategic risks and risk maturity have continued to evolve over the year. During 2021-22 one new strategic risk was added to the register in relation to Partnership Premises and two strategic risks were archived concerning COVID-19 preparedness and EU Withdrawal.

The planned development of a refreshed risk appetite statement during 2021-22 has not been possible however this will be a key stage of our work with IJB Members in the development of a refreshed IJB risk management framework during 2022-23.

A summary of the Strategic Risk Register is set out in the following table:

Risk		Priority
1	**Financial Resources** There are insufficient financial resources to deliver the objectives of the Strategic Plan.	Very High
2	**Workforce** As a result of our ageing workforce, difficulties in recruiting suitably skilled and experienced staff in some areas, and the impact of COVID-19, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services.	Very High
3	**Sustainable Capacity and Flow** As a result of the demographics of the people who use our services in Perth and Kinross and the impact of COVID-19 on our population there is a risk of *'capacity and flow'* within our services being unsustainable.	Very High
4	**Sustainable Digital Solutions** As a result of being insufficiently digitally enabled or integrated there is a risk that the Partnership will not to be able to adapt effectively and efficiently to deliver new models of working.	High

Risk		Priority
5	**Viability of External Providers** As a result of social care market conditions, availability of services, and COVID-19, there is a risk that external providers of care will not be able to meet people's assessed needs in the most appropriate way.	Very High
6	**Widening Health Inequalities** As a consequence of COVID-19 there is a risk that health inequalities widen significantly.	High
7	**Leadership Team Capacity** As a result of insufficient capacity in the Leadership Team there is a risk that the clear direction and leadership required to achieve the vision for integration is not achieved.	High
8	**Corporate Support** As a result of insufficient Corporate staff resource there is a risk that functions (such as improvement and project support, robust administration as well as core corporate duties such as performance, risk management, strategic planning, governance and audit) will be unable to deliver as required to achieve strategic objectives.	High
9	**Primary Care** As a result of insufficient suitable and sustainable premises, and a lack of available national and cross-system flow of financial support, there is a risk that we will not be able to provide, within the legislative timeframe, the necessary services as defined within the 2018 General Medical Services Contract.	Very High
10	**Inpatient Mental Health Services** There is a risk that due to the complexity of the governance arrangements for Inpatient Mental Health Services Perth and Kinross IJB will not be able to meet its Strategic Planning responsibilities.	High
11	**Partnership Premises** As a result of a lack of sustainable and suitable premises within which Health and Social Care Services can be delivered, there is a risk that safe, consistent and effective care to patients will not be able to be delivered which could result in a reduction in service capacity, reduced outcomes for people and a reduction in staff wellbeing.	Very High

Bob Benson
IJB Chair

Jacqueline Pepper
Chief Officer

Jane Smith
Head of Finance and Corporate Services

This statement sets out the respective responsibilities of the IJB and the Head of Finance & Corporate Services, as the IJB's Section 95 Officer, for the Annual Accounts.

RESPONSIBILITIES OF THE INTEGRATION JOINT BOARD

The Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board's Audit & Performance Committee on 26 September 2022.

Signed on behalf of the Perth and Kinross IJB

Bob Benson
IJB Chair

RESPONSIBILITIES OF THE HEAD OF FINANCE & CORPORATE SERVICES

The Head of Finance & Corporate Services is responsible forthe preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set outin the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Head of Finance & Corporate Services has:

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

The Head of Finance & Corporate Services has also:

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

I certify that the financial statements give a true and fair view ofthe financial position of the Perth and Kinross Integration Joint Board as at 31 March 2022 and the transactions for the year ended.

Jane Smith
Head of Finance and Corporate Services

INTRODUCTION

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

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

BOARD MEMBERS

The Perth and Kinross Integrated Joint Board comprises of 8 voting and 13 non-voting members. This has increased from 11 non-voting members in 2020-21 due to proxy members Maureen Summers and Ian McCartney being transferred to stakeholder (non-voting) membership on 1st December 2021.

At 31 March 2022, Perth and Kinross IJB had 6 voting members and 13 non-voting members. Two Non-Executive, voting member positions were vacant as at 31st March 2022. The position as at 31st March 2022 is as follows:

Voting Members:
Bob Benson (Chair)
Councillor Eric Drysdale (Vice-Chair)
Councillor Callum Purves
Councillor John Duff
Councillor Xander McDade
Beth Hamilton (Non-Executive Member)
Vacant (Non-Executive Member) (Previously Ronnie Erskine left 30th March 2022)
Pat Kilpatrick (Non-Executive Member) (left 31st March 2022)

Non-voting Members:
Gordon Paterson (Chief Officer) until 6th March 2022
Jacqueline Pepper (Chief Officer)
Jane Smith (Head of Finance and Corporate Services)
Dr Lee Robertson (Secondary Practitioner Representative)
Dr Sarah Peterson (GP Representative)
Sarah Dickie (Associate Nurse Director)
Bernie Campbell (Carer Public Partner)
Maureen Summers (Carer Public Partner)
Sandra Auld (Service User Public Partner)
Ian McCartney (Service User Public Partner)
Lyndsay Glover (Staff Representative)
Stuart Hope (Staff Representative)
Sandy Watts (Third Sector Representative)
Lynn Blair (Independent Sector Representative)

During 2020/21, the position of Chair was held by Councillor Eric Drysdale and the position of Vice-Chair was held by Bob Benson, Non-Executive.

SECTION 3 REMUNERATION REPORT

IJB CHAIR AND VICE-CHAIR

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

The IJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB to either the Chair or the Vice-Chair in 2021/22.

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

OFFICERS OF THE IJB

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

OTHER OFFICERS

The IJB requires to appoint a proper officer who has responsibility for the administration of its financial affairs in terms of Section 95 of the 1973 Local Government (Scotland) Act. The employing contract for the Head of Finance & Corporate Services adheres to the legislative and regulatory governance of the employing partner organisation. The Head of Finance & Corporate Services is included in the disclosures below.

Total 2020/21 £	Senior Employees	Salary, Fees & Allowances £	Total 2021/22 £
120,426	**Gordon Paterson** Chief Officer	113,523	113,523
-	**Jacqueline Pepper** Chief Officer	8,378	8,378
87,487	**Jane Smith** Head of Finance & Corporate Services	83,585	83,585
207,913	**Total**	**205,486**	**205,486**

Jacqueline Pepper was appointed to the position of Interim Chief Officer on the 7th March 2022, with this position being made permanent on 3rd May 2022.

The previous Chief Officer, Gordon Paterson, left the organisation on 6th March 2022, therefore there was no overlapping hand-over period.

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

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

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/21 £	For Year to 31/03/22 £		Difference from 31/03/21 £	As at 31/03/22 £
Jacqueline Pepper Chief Officer	-	1,424	Pension	36,375	36,375
			Lump sum	26,135	26,135
Jane Smith Head of Finance & Corporate Resources	16,125	16,651	Pension	2,463	29,719
			Lump sum	1,499	55,822
Gordon Paterson (left 6th March 2022) Chief Officer	20,472	19,299	Pension	2,686	59,067
			Lump sum	709	103,216
Total	**36,597**	**37,374**	**Pension**	**41,524**	**125,161**
			Lump Sum	**28,343**	**185,173**

The above table shows the In Year Pension Contributions for Jacqueline Pepper in her role as Chief Officer of the IJB from 7th March 2022.

DISCLOSURE BY PAY BANDS

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

Number of Employees in Band 2020/21	Remuneration Band	Number of Employees in Band 2021/22
0	£80,000 - £84,999	1
1	£85,000 - £89,999	0
0	£110,000 - £114,999	1
1	£120,000 - £124,999	0

EXIT PACKAGES

No exit packages were paid to IJB staff during this period or the previous period.

Bob Benson
IJB Chair

Jacqueline Pepper
Chief Officer

Date: 26 September 2022

INTRODUCTION

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

SCOPE OF RESPONSIBILITY

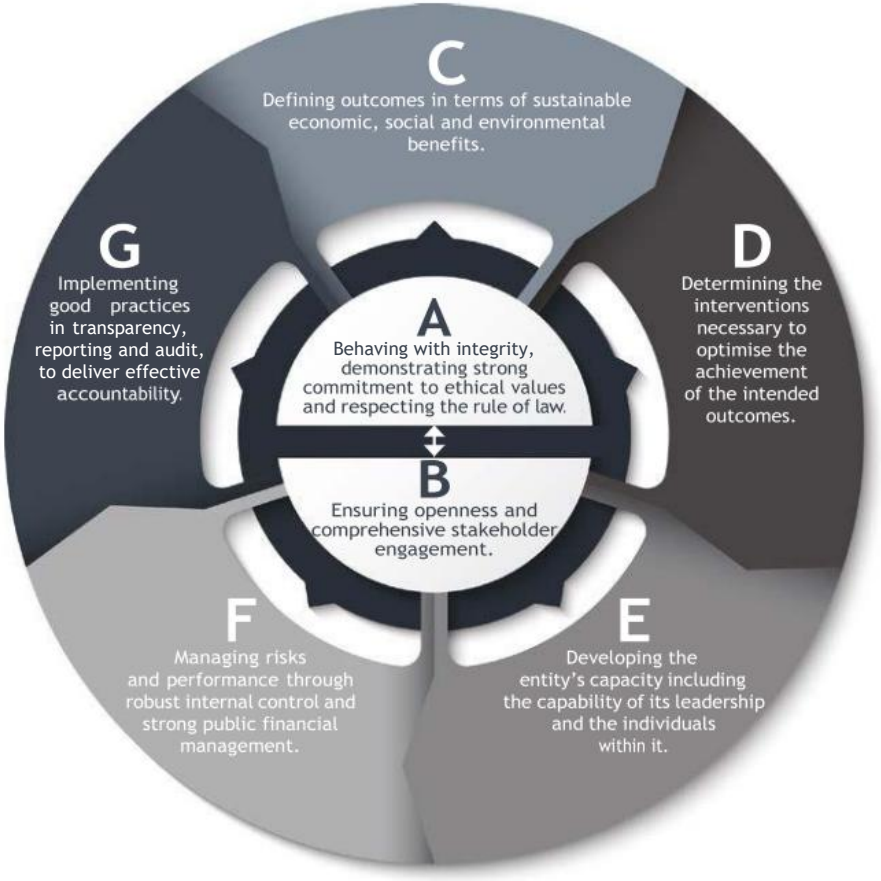
Perth & Kinross IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the IJB has established arrangements for governance that includes a system of internal control. The system is intended to manage risk to support achievement of the IJB's aims and objectives. Reliance is also placed on the NHS Tayside, Perth & Kinross Council, Dundee IJB and Angus IJBs systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisations' aims and objectives including those of the IJB.

PURPOSE OF THE GOVERNANCE FRAMEWORK

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

The core principles of good governance are set out in the diagram below:



The IJB supported by the HSCP Team strive to ensure an effective governance framework underpinned by these principles operates effectively in practice. We work with our partner bodies but have also sought and identify best practice systems and processes from elsewhere to ensure continuous improvement.

Our governance improvement plan that brings together improvements identified in our annual review of governance, the findings of Internal and External Audit reviews and External Inspections.

The key features of the governance arrangements that were in place during 2021/22 are summarised below along with the improvement activity that has been undertaken during the year to increase effectiveness. This includes the governance arrangements required to respond to the Covid-19 Pandemic.

COVID-19 ARRANGEMENTS

A PKHSCP command structure is in place and is escalated as required dependant on the impact of COVID at a particular time.

The Partnership has prepared Remobilisation Plans for 2021/22 in line with Scottish Government requirements and priorities. We have reported progress against our Remobilisation plans to the IJB throughout the year. During the year we have developed Strategic Delivery Plans for Older Peoples Services, LD/Autism and our Community Mental Health and Wellbeing Strategy. These medium term plans take account of the 'Living with Covid' environment.

Covid-19 continued to impact on the IJB's strategic aims and this has resulted in the strategic risks and mitigations being updated to reflect the position on a regular basis. The Partnership considered that the systems, processes and controls were in place that can be stepped up immediately to oversee services and ensure resilience and capacity when activity and demand necessitates. These appropriate governance and decision making mechanisms continue to ensure preparedness.

Improvement activity during the year:

- We have prepared medium term strategic plans that reflect the 'Living with COVID' environment

LEADERSHIP, CULTURE AND VALUES

A code of conduct for members and employees is in place along with a register of interests. A standards officer has been appointed and standing orders are in place. A development programme for IJB members has been in place since inception and this has been a key feature in developing working relationships between the Chair, members and officers.

The Chair and Chief Officer meet regularly, and the Chief Financial Officer and Chair of the Audit and Performance Committee meet regularly. The Strategic Commissioning Plan provides a clear sense of shared direction and purpose across the IJB membership and PKHSCP Team.

The IJB Chair is supported effectively to carry out his role with independent legal and governance support and effective committee services. The Chief Officer is a Director in the partner organisations, a member of the Executive Teams, attends the Board and Council and is directly accountable to both Chief Executives, who provide regular one-to-ones. As well as the support from both partner bodies' Executive Groups, the Chief Officer benefits from the support of the Council's Chief Social Work Officer, who is a member of the IJB and Co-chairs the Clinical and Professional Governance Forum. Health Care Professionals who are members of the board also provide a level of support to the IJB, helping to align oversight and assurance.

Improvement activity during the year:

- The Executive Management Team continues to support the Tayside wide review of the Integration Scheme with regular progress reports being provided to the IJB.
- We have further improved our IJB induction for new members which incorporates best practice from across Scotland and will also support induction of new PKC elected members.

STAKEHOLDER ENGAGEMENT

The IJB Meetings are public meetings and membership includes wide stakeholder representation including carers, service users and the Third Sector.

We have dedicated IJB Communication resource which supports communication with staff and wider stakeholders.

An Independent Sector Lead supports Integration of Health and Social Care in Perth and Kinross.

Our Engagement and Participation Strategy has been developed and provides a systemic approach to stakeholder engagement and assists in improving the evaluation of the impact being made by specific developments.

The HSCP have a dedicated Community Engagement Team who, play a key role in delivering community engagement and participation across the Partnership. Each of our three localities have a Participation and Engagement Plan that is overseen by Locality Management Groups, which report to our six weekly Communication, Participation and Engagement Group, our central point for the coordination and strategic oversight of all and any communication and engagement activity needed to be or being undertaken. The Communication, Participation and Engagement group terms of reference, membership and role and remit have been reviewed.

We also use a number of forums and groups to ensure we communicate with all partners. Examples of this include our Providers Forum, the Local Involvement Network, Third Sector Forum, all Strategy Groups, Local Action Partnerships and the Reference Group.

The Strategic Commissioning Plan 2020–2025 was published following engagement with local people. We have a Strategic Planning Group has now been fully re-established and meet regularly throughout the year. This group has a broad and diverse membership which represents all localities and service user groups and ensures the voice of all is represented in our Strategic Planning work. This meeting fulfils a range of functions including:

- The development of the strategic plan;
- The review of the strategic plan;
- Joint Strategic Needs Assessment;
- Ensuring locality representation;
- Ensuring robust stakeholder representation in the strategic planning process;
- Assessing progress in the implementation of the plan against the health and wellbeing outcomes;
- The review of the strategic plan within the timeline set out in regulations.

We maintain close links with the Community Planning Partnership and Local Action Partnerships.

The Partnership works closely with Independent Contractors such as Care Providers, GPs, Dentists, Optometrists and Pharmacists in the delivery of Health and Care Services across Perth and Kinross.

Improvement activity during the year:

- A Digital Marketing Officer is now a key member of the PKHSCP Communications Group. This new role is developing a co-ordinated approach to communication with stakeholders and the wider community.
- The Standing Orders of the IJB have been amended to increase the membership from one service user public partner and one carer public partner representative to two from each of those categories. This acknowledges the important contribution and direct input of carer and service user representatives to the work of the Board

VISION, DIRECTION AND PURPOSE

The Strategic Commissioning Plan 2020-2025 provides a clear vision and the Performance Strategy approved by the IJB set out the commitment to ensure we have the framework in place to measure our success.

This is supported by the development of strategies for each of our care groups and each includes a performance framework against which we measure success in delivery of agreed outcomes.

We have updated our strategic plans for Older People, Mental Health & Wellbeing and Learning Disabilities to reflect future requirements including the impact of Covid. These set out a significant transformation programme. These are supported by a detailed delivery plan against which progress will be overseen by Strategy Groups and the Executive Management Team. These have been approved by the IJB and are closely aligned to the 3 Year Financial Plan and the 3 Year Workforce Plan and have led to an expansion of the regular performance reporting to the IJB.

Performance reports are considered at each IJB Audit and Performance Committee meeting. Performance at locality level is also considered at each meeting.

The publication of our Annual Performance Report documents our achievement throughout the year in achieving our strategic objectives and national outcomes.

Improvement activity during the year:

- 3 year Strategic Delivery Plans have been developed across priority areas which include approved performance frameworks.
- During the year senior management capacity has been enhanced that will lead to better strategic planning.
- The independent review of Adult Social Care in Scotland and the future development of the National Care Service will have significant implications for the IJB. As such we have provided updates to the IJB on this during the year

DECISION-MAKING

All reports to the IJB are in an agreed format that supports effective decision-making. The IJB Annual Work plan ensures regular opportunity for review and scrutiny of progress in delivering strategic priorities.

The Executive Management Team meets regularly to oversee delivery of transformation and service redesign priorities and for escalation of operational risk that will impact on strategic delivery.

Integrated financial planning across health and social care services and the development of financial frameworks to support all strategic delivery plans ensures an effective link between strategic and financial planning.

Over the year a program of development sessions has been provided to the IJB to inform and support ongoing decision making. In addition to this the IJB Budget Review Group has met regularly to ensure Members are informed in relation to prioritisation of financial resources.

The Partnership has a central pool of Programme and Project Management resources which are continually reviewed and aligned to service priorities.

Improvement activity during the year:

- We have undertaken significant development activity to support the IJB in considering medium term strategic plans.

ORGANISATIONAL DEVELOPMENT

The IJB Members are supported by a programme of training and development throughout the year.

Proposals have been approved by the IJB to consolidate management structures to provide stability and to ensure a robust infrastructure is in place to effectively deliver on transformation, improvements and enhance the effectiveness and functioning of the HSCP.

The HSCP has an approved 1 year workforce plan in place.

Improvement activity during the year:

- A 3 Year Workforce Plan has been developed for approval by the IJB in June 2022.
- We have invested in corporate support functions such as performance and business improvement to build resilience and ensure capacity
- The IJB have endorsed the enhancement of the PKHSCP senior management structure to increase capacity required to ensure delivery of operational management priorities and a significant transformation programme that spans almost all services

SCRUTINY AND ACCOUNTABILITY

Accountability is about ensuring that those making decisions are answerable for them. We have learned from best practice elsewhere to ensure transparent reporting of our actions and ensure that in this complex landscape our stakeholders can understand our intentions. IJB reports are clear and concise with the audience in mind.
In order to comply with regulations outlined by the Scottish Government's Integrated Resources Advisory Group, the IJB established an Audit and Performance Committee in July 2016. The role of the IJB Audit and Performance Committee ensures that good governance arrangements are in place for the IJB. It is the responsibility of this committee to ensure that proportionate audit arrangements are in place for the IJB and that annual financial statements are compliant with good practice standards. All IJB Members have a standing invitation to attend Audit and Performance Committee meetings. Both the IJB and the Audit and Performance Committee have annual work plans in place.

We report at regular intervals on financial performance and we are required to publish externally audited Annual Accounts each year. Each year the Annual Performance Report accounts for our activity, reports on our success and outlines further areas for improvement and development.

We report quarterly on our performance against the core set of integration indicators to the Audit and Performance Committee as well as monthly to the Executive Management Team. Progress on locality actions is also presented to the Audit and Performance Committee at each of their meetings.

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

Improvement activity during the year:

- **We have developed a systematic approach to obtaining regular patient/service user feedback across services**

INTERNAL CONTROL FRAMEWORK

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

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

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

During the year a 3 year financial plan for 2022/23:2024/25 has been developed. Significant elements of this 3 year budget have been developed from financial frameworks underpinning our Strategic Delivery Plans. The plan has been prepared with significant engagement from IJB members allowing robust discussion, consideration and understanding of the development of the budget and in particular the financial implications of the strategic plans which underpin it.

During 2021/22 the Audit and Performance Committee has overseen and provided robust scrutiny on the IJB's strategic risk register and its associated risk improvement plan. The Strategic Risk Register has been further developed with a refreshed schedule of strategic risk reporting to the Executive Management Team being established, with the highest priority of risk being considered every 4 weeks as a minimum.

The annual work plan for the IJB sets set out clear timescales for reporting on key aspects of strategy implementation and transformation.

A process for the issuing of Directions is now in place with a Directions log also being maintained.

Regular review of service quality against recognised professional clinical and care standards is provided by the PKHSCP Clinical Governance Forum which provides assurance to NHS Tayside Clinical Care Governance Committee and to the IJB.

We have an agreed Internal Audit Service from Perth & Kinross Council Internal Audit Services and Fife, Tayside and Forth Valley Internal Audit Services (FTF).

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

The HSCP has business continuity plans in place in accordance with processes in place with Partner organisations.

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

We are working with the other IJBs in Tayside to ensure strong and effective arrangements are in place to support the strategic planning and delivery of hosted services. These arrangements

need to carefully consider the responsibilities of the hosting partnership alongside the wider obligation of each IJB to the strategic planning of all services to their population.

The wider internal control framework also includes:

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

Perth and Kinross IJBs relationship with both partner bodies has meant that the controls in place in one body inevitably affect those in the other. The draft NHS Tayside Governance Statement 2021/22 was considered at its Audit & Risk Committee on 20th May 2022. No material weaknesses were found. Perth & Kinross Council has approved a Governance Statement which also concludes positively on the adequacy and effectiveness of internal controls, accompanied by an Annual Internal Audit Report which concludes that reasonable reliance can be placed on the Council's risk management and governance arrangements, and systems of internal control for 2021/22, subject to management implementation of the agreed actions detailed in Internal Audit reports. Angus IJB has also provided formal assurance that adequate and effective governance arrangements were in place throughout during 2021/22. Dundee IJB's Internal Audit report for 2021/22 concluded by stating that "Reliance can be placed on the IJB governance arrangements and systems of internal controls for 2021/22", thus providing a level of assurance to P&K IJB whilst formal assurance from Dundee IJB is awaited following the conclusion of their external audit in November 2022

Improvement activity during the year:

- **Assurance reporting to the IJB in relation to Clinical Care Governance has been significantly strengthened. In addition a clear process for escalating significant operational risks which may impact on the IJB's strategic objectives.**

ONGOING REVIEW AND FURTHER DEVELOPMENTS

To support the annual review of governance, we have undertaken a full self-assessment using the Governance Self-Assessment Tool provided by Internal Audit. The annual self-assessment has been informed by a full progress update of our Partnership Improvement Plan.

Those areas identified which still require further development are highlighted in the Partnership Improvement Plan which includes new areas identified by local self-assessment and any other external or internal audit recommendations received during 2021/22. Progress updates on the Partnership Improvement Plan have been provided during the year to the IJB's Audit and Performance Committee.

REVIEW OF ADEQUACY AND EFFECTIVENESS

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

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

- *the work of the Executive Management Team who have responsibility for development and maintenance of the governance environment;*
- *the Annual Report by the Chief Internal Auditor; reports from Audit Scotland and other review agencies including the Audit Scotland Report on the Review of Health and Social Care Integration;*
- *self-assessment against the FTF Internal Audit Service's Governance Self- Assessment Tool 2021/22;*
- *progress reported against PKHSCP's Partnership Improvement Plan;*
- *the draft Annual Governance Statements for Perth & Kinross Council, NHS Tayside, Dundee IJB and Angus IJB.*

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

In addition to regular reports to the IJB's Audit and Performance Committee during 2021/22, the Chief Internal Auditor prepares an annual report to the Audit and Performance Committee including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

The Internal Audit Annual Report 2021/22 received by the IJB on 27 June 2022 highlights findings which indicate some weaknesses in the internal control environment. None of these are considered material enough to have a significant impact on the overall control environment and it is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

ACTION PLAN FOR 2022/23

The key areas where further progress is required to further strengthen governance arrangements are set out in detail in the Partnership Improvement Plan and are summarised below.

Leadership, Culture and Values

- *Develop a Leadership Development Programme focused oncollaborative practice.*
- *Ongoing development of culture, ethos and professional practice to ensure we continue to be the best we can be.*
- *Develop and implement an improvement plan that ensures full and demonstrable compliance with the Public Sector Equality Duty.*

Stakeholder Engagement

- *Ensure resources are in place to support a strong strategic focus on improving links with Communities, providing additional capacity and ensuring a robust, consistent and coordinated approach.*

Vision, Direction and Purpose

- *Develop a Strategic Needs Assessment Framework to support long-term strategic planning to ensure that the approach across the partnership is consistent and systematic.*
- *Build better engagement, linkages and relationships with the Community Planning Partnership.*
- *Joint review of strategic planning processes encompassing Hosted Services and including consideration of performance reporting.*

Decision-Making

- *Finalise the 3 Year Workforce Plan and embed resources and ongoing arrangements for review and reporting of progress.*

Organisational Development

- *Complete Phase two of Corporate Support Review and in particular the functions related to capital/premises planning.*

Internal Controls

- *Provide training and development opportunities in relation to the revised PKIJB Integration Scheme and its implications.*
- *With IJB Members review and update the risk management framework and risk appetite statement.*
- *Develop improved assurance reporting to the IJB on progress in achieving strategic plan objectives.*
- *Ensure development and implementation of an IJB Directions Policy.*

Requiring Collaboration with Statutory Partners

For a number of further improvements, we are reliant on the leadership of NHS Tayside and Perth & Kinross Council as partners to the Integration Scheme:

- *Improve the effectiveness of links with Partner bodies in relation to Strategic Planning;*
- *Clarify and reach agreement on the governance, accountability and resourcing arrangements of Mental Health Services across Tayside and the implications for PKIJB/PKHSCP as a result of the revised Integration Schemes;*
- *Review of Partner Body Anti-Fraud, Whistle Blowing and Information Governance policies and reach agreement on PKIJB responsibilities.*
- *We will work with Perth & Kinross Council to conclude assurance arrangements to the IJB in relation to Care Governance.*
- *We will work with NHS Tayside to introduce assurance arrangements to the IJB for Inpatient Mental Health and Acute Medicine in relation to Clinical & Care Governance.*

The above areas will form the key elements of the Partnership Improvement Plan as it rolls forward to 2022/23.

CONCLUSION AND OPINION ON ASSURANCE

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

We consider that internal control environment operating during 2021/22 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment.

Bob Benson
IJB Chair

Jacqueline Pepper
Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

2020/21 Net Expenditure £000		2021/22 Net Expenditure £000
36,412	Community and Hospital Health Services	39,470
24,534	Hosted Health Services	26,114
26,413	GP Prescribing	26,932
48,255	General Medical/Family Health Services	48,549
16,177	Large Hospital Set aside	16,721
301	IJB Operating Costs	302
78,796	Community Care	87,071
230,888	**Cost of Services**	**245,159**
(243,629)	Taxation and Non-Specific Grant Income (Note 4)	(264,508)
(12,741)	**(Surplus) or Deficit on Provision of Services**	**(19,349)**
(12,741)	**Total Comprehensive (Income) and Expenditure (Note 3)**	**(19,349)**

This statement shows a surplus of £19.349m, which includes the balances remaining on various Scottish Government and Partnership funds and constitutes the Movement on Reserves in year. This balance has been included within earmarked reserves at 31st March 2022 (as per Movement in Reserves Statement and Note 6 below).

MOVEMENT IN RESERVES STATEMENT

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

Movements in Reserves During 2021/22	General Fund Balance £000
Opening Balance at 1 April 2021	**(13,900)**
Total Comprehensive Income & Expenditure	(19,349)
(Increase) or Decrease in 2021/22	(19,349)
Closing Balance at 31 March 2022	**(33,249)**

Movements in Reserves During 2020/21	General Fund Balance £000
Opening Balance at 31 March 2020	**(1,159)**
Total Comprehensive Income & Expenditure	(12,741)
(Increase) or Decrease in 2020/21	(12,741)
Closing Balance at 31 March 2021	**(13,900)**

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

BALANCE SHEET

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

31 March 2021 £000		Notes	31 March 2022 £000
13,900	Short Term Debtors	5	33,249
13,900	**Current Assets**		**33,249**
-	Short-Term Creditors		-
-	**Current Liabilities**		**-**
-	Provisions		-
-	**Long-Term Liabilities**		**-**
13,900	**Net Assets**		**33,249**
(13,900)	Usable Reserve: General Fund	6	(33,249)
(13,900)	**Total Reserves**		**(33,249)**

The unaudited annual accounts were issued on 27 June 2022, and the audited annual accounts were authorised for issue on 26 September 2022.

Jane Smith
Head of Finance & Corporate Services
26/09/22

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

A GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2021/22 financial year and its position at the year-end date of 31 March 2022.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The Head of Finance and Corporate Services is responsible for making an annual assessment of whether it is appropriate to prepare the accounts on a going concern basis. In accordance with the Code of Practice on Local Authority Accounting in the United Kingdom, an authority's financial statements shall be prepared on a going concern basis; that is, the accounts should be prepared on the assumption that the functions of the authority will continue in operational existence for at least twelve months from the date of approval of the financial statements and it can only be discontinued under statutory prescription.

B ACCRUALS OF INCOME AND EXPENDITURE

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

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

C FUNDING

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

D CASH AND CASH EQUIVALENTS

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

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

E EMPLOYEE BENEFITS

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

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

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

F PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

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

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

A contingent liability has been identified in 2021/22 in respect of the current review into the applicable pay rates for District Nurses. This is detailed at Note 11: Contingent Assets and Liabilities.

G RESERVES

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

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

H INDEMNITY INSURANCE

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

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

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

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

I CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

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

The Integration Scheme sets out the process for determining the value of the resources used in Large Hospitals, to be Set-Aside by NHS Tayside and made available to the IJB. The value of the Large Hospital Set-Aside expenditure reported in 2020/21 was £16.177m. The total expenditure in 2021/22 of £16.721m is based on the 2019/20 pre-pandemic activity and uplifted for 2021/22 costs. This is a transitional arrangement for 2021/22 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards. This is consistent with the treatment of Large Hospital Set-Aside in 2020/21 financial statements. Work is progressing at a national and local level to refine the methodology for calculating and planning the value of this in the future.

J RELATED PARTY TRANSACTIONS

Related parties are organisations that the IJB can control or influence or who can control or influence the IJB. As partners in the Joint Venture of Perth and Kinross Integration Joint Board, both Perth & Kinross Council and NHS Tayside are related parties and material transactions with those bodies are disclosed in Note 8 in line with the requirements of IAS 24 Related Party Disclosures.

K SUPPORT SERVICES

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

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Head of Finance & Corporate Services on 26 September 2022. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2022, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

NOTE 3: EXPENDITURE AND INCOME ANALYSIS BY NATURE

2020/21 £000		2021/22 £000
78,796	Services commissioned from Perth & Kinross Council	87,071
151,791	Services commissioned from NHS Tayside	157,786
268	Other IJB Operating Expenditure	268
3	Insurance and Related Expenditure	3
30	External Audit Fee	31
(243,629)	Partner Funding Contributions and Non-Specific Grant Income	(264,508)
(12,741)	**(Surplus) or Deficit on the Provision of Services**	**(19,349)**

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

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2020/21 £000		2021/22 £000
(56,743)	Funding Contribution from Perth & Kinross Council	(65,458)
(186,886)	Funding Contribution fromNHS Tayside	(199,050)
(243,629)	**Taxation and Non-specific Grant Income**	**(264,508)**

The funding contribution from NHS Tayside shown above includes £16.721m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

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

NOTE 5: DEBTORS

2020/21 £000		2021/22 £000
10,974	NHS Tayside	26,917
2,926	Perth & Kinross Council	6,332
13,900	**Debtors**	**33,249**

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

NOTE 6: USABLE RESERVE: GENERAL FUND

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

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

As at March 2022, the IJB's Annual Accounts showed that Perthand Kinross IJB had reserves totaling £33.249m. The followingtable sets out the earmarked reserve balances as at 31 March 2022 which are required for specific commitments in future years.

	Balance as at 1 April 2021	Transfers In/(Out)	Balance as at 31 March 2022
	£000	£000	£000
COVID 19 Fund	4,547	10,819	15,366
Winter Resilience	0	3,440	3,440
Primary Care Improvement Fund	1,674	939	2,613
Alcohol and Drug Partnership Fund	522	796	1,318
Mental Health Recovery and Renewal Fund	0	687	687
Community Living Change Fund	505	0	505
Partnership Transformation Fund	408	26	434
Mental Health Action 15 Fund	171	178	349
Primary Care Transformation Fund	328	(11)	317
Speed Adjusting Dental Equipment & Ventilation Fund	0	310	310
Remobilisation of NHS Dental Services Fund	0	307	307
Winter Planning Fund	188	47	235
Hospital at Home Fund	0	207	207
GP Premises Improvement Fund	64	119	183
District Nursing Fund	61	61	122
Reduce Drugs Death Fund	67	(67)	0
Drug Death Task Force Fund	78	(78)	0
Health Reserves Fund (NHS Tayside)	1,400	0	1,400
Health Operational Underspend	961	829	1,790
Social Care Operational Underspend	2,926	740	3,666
Closing Balance at 31 March 2022	**13,900**	**19,349**	**33,249**

The above table shows the remaining balance of each funding stream as at 31 March 2022. The Transfers In/(Out) column represents the movement in funding i.e. the net of budget received and expenditure incurred in 2021-22.

In 2021/22, materially significant grant funding was received, by way of budget increase. This included funding for Covid-19 related activities, additional Winter Resilience, and the Primary Care Improvement Fund (PCIF). The remaining balance at 31 March 2022 was then recognised as an earmarked reserve.

The Covid-19 reserve had an opening balance of £4.547m with receipts of £20.467m and expenditure of £9.648m resulting in a closing balance of £15.366m. The Primary Care Improvement Fund Reserve had an opening balance of £1.674m with receipts of £4.055m and expenditure of £3.116m, resulting in a closing balance of £2.613m.

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the host partnership for, Public Dental services/Community Dental services, Prison Healthcare and Podiatry.

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

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

2020/21 £000		2021/22 £000
6,207	Expenditure on Agency Services	6,325
(6,207)	Reimbursement for Agency Services	(6,325)
-	**Net Agency Expenditure excluded from the CIES**	-

In addition, the P&K HSCP received £0.291m for from the Scottish Government which fully offsets the costs incurred with the Coronavirus (COVID-19) £500 payment for Health & Social Care Staff in 2021/22. In line with CIPFA/LASAAC guidance, it is deemed that the IJB is acting as an 'Agent' in this process and therefore this income and expenditure is not included within the Comprehensive Income and Expenditure Statement.

As was the case in 2020/21, National Services Scotland (NSS) have been supplying PPE to Scottish Health Boards free of charge during the financial year 2021/22. The value of this PPE issued to the P&K HSCP in 2021/22 was £0.048m. The IJB is acting as an agent regarding these PPE transactions and therefore there is no impact on the figures within the Comprehensive Income and Expenditure Statement.

NOTE 8: RELATED PARTY TRANSACTIONS

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

Income - Payments for integrated functions

2020/21 £000		2021/22 £000
56,743	Perth & Kinross Council	65,458
186,886	NHS Tayside	199,050
243,629	**Total**	**264,508**

Expenditure - Payments for delivery of integrated functions

2020/21 £000		2021/22 £000
78,831	Perth & Kinross Council	87,105
151,791	NHS Tayside	157,786
266	NHS Tayside: Key Management Personnel Non-Voting Board Members	268
230,888	**Total**	**245,159**

This table shows that expenditure within Perth and Kinross Council is £21.647m greater than Perth and Kinross Council funding contributions. This represents IJB funding received from NHS Tayside being directed into Perth and Kinross Council (£25.187m), the PKC contribution towards IJB key management personnel (-£0.134m) and the transfer to reserves (-£3.406m) identified in note 5.

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

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

Balances with Perth & Kinross Council

2020/21 £000		2021/22 £000
2,926	Debtor balances: Amounts due from Perth & Kinross Council	6,332
-	Creditor balances: Amounts due to Perth & Kinross Council	-
2,926	**Total**	**6,332**

Balances with NHS Tayside

2020/21 £000		2020/21 £000
10,974	Debtor balances: Amounts due from NHS Tayside	26,917
-	Creditor balances: Amounts due to NHS Tayside	-
10,974	**Total**	**26,917**

NOTE 9: VAT

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

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

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

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

NOTE 10: INPATIENT MENTAL HEALTH

During 2020-21, the Scottish Government actioned the transfer of operational management responsibility for Inpatient Mental Health Services in Tayside from the Integration Joint Boards (previously hosted by Perth and Kinross) to NHS Tayside. This meant that NHS Tayside managed the budget and associated variances in 2020/21.

The IJB is responsible for the planning of Inpatient Mental Health Services. This means that £10.265m has been included within the Hosted Services line in the CIES in 2021-22, which constitutes Perth & Kinross IJB's share of Inpatient Mental Health.

2020/21 £000		2021/22 £000
15,462	Expenditure on Hosted Services	15,849
9,072	Expenditure on Inpatient Mental Health	10,265
24,534	**Total Expenditure on Hosted Services**	**26,114**

NOTE 11: CONTINGENT ASSETS AND LIABILITIES

NHS Tayside are currently undertaking a review of the current job description of District Nurses with a view to determining an applicable pay grade starting from April 2018.

This review remains ongoing and there is significant uncertainty around the criteria in which staff members would be eligible for any potential regrading existing pay banding.

For this reason, a provision cannot be reasonably estimated, and settlement is not probable, therefore this is regarded as a contingent liability.

A further review of contingent assets and liabilities has been undertaken on behalf of the IJB by Legal Services, and excluding the above, no further contingent assets or liabilities have been identified at 31 March 2022.

REPORTING ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion on Financial Statements

We certify that we have audited the financial statements in the annual accounts of Perth and Kinross Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards (IFRSs), as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In our opinion the accompanying financial statements:

- *give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the Perth and Kinross Integration Joint Board as at 31 March 2022 and of its income and expenditure for the year then ended;*
- *have been properly prepared in accordance with UK adopted International Financial Reporting Standards, as interpreted and adapted by the 2021/22 Code; and*
- *have been prepared in accordance with the requirementsof the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.*

Basis for Opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed under arrangements approved (ASG only) by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is 6 years. We are independent of the Perth and Kinross Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions Relating to Going Concern Basis of Accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, we report on the Body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risk of Material Misstatement
We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Head of Finance and Corporate Services and Board for the Financial Statements

As explained more fully in the Statement of Responsibilities, the Head of Finance and Corporate Services is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Head of Finance and Corporate Services determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Head of Finance and Corporate Services is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Board is responsible for overseeing the financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- *obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;*
- *identifying which laws and regulations are significant in the context of the body;*

- *assessing the susceptibility of the financial statements tomaterial misstatement, including how fraud might occur;and*
- *considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.*

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the auditprocedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such asthe skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative sizeof individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the auditof the financial statements is located on the Financial ReportingCouncil's website **www.frc.org.uk/auditorsresponsibilities** This description forms part of our auditor's report.

REPORTING ON OTHER REQUIREMENTS

Opinion Prescribed by the Accounts Commission on the Audited Part of the Remuneration Report

We have audited the part of the Remuneration Report described as audited. In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Statutory Other information

The Head of Finance and Corporate Services is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions Prescribed by the Accounts Commission on Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- *the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and*
- *the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).*

Matters on Which We Are Required to Report by Exception

We are required by the Accounts Commission to report to you if, in our opinion:

- *adequate accounting records have not been kept; or*
- *the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or*
- *we have not received all the information and explanations we require for our audit;*
- *there has been a failure to achieve a prescribed financial objective.*

We have nothing to report in respect of these matters.

Conclusions on Wider Scope Responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our Report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Michael Wilkie ***(for and on behalf of KPMG LLP)***
KPMG LLP
St Vincent Plaza
319 St Vincent Street
Glasgow G2 5AS

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

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

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

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

Audit of Accounts
An independent examination of the IJB's financial affairs.

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

CIPFA
The Chartered Institute of Public Finance and Accountancy.

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

Contingent Asset/Liability
A Contingent Asset/Liability is either:

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

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

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

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

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

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

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

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

IAS
International Accounting Standards.

IFRS
International Financial Reporting Standards.

IRAG
Integration Resources Advisory Group

LASAAC
Local Authority (Scotland) Accounts Advisory Committee

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

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

PSIAS
Public Sector Internal Audit Standards

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

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

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

Revenue Expenditure
The day-to-day expenses of providing services.

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

SOLACE
Society of Local Authority Chief Executives.

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

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لملخص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب: الاسم: Customer Service Centre
رقم هاتف للاتصال المباشر: 01738 475000

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے تو اسکا بندوبست سروس ڈیولپمنٹ Customer Service Centre سے فون نمبر 01738 475000 پر رابطہ کر کے کیا جا سکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式（某些時候，這些文件只會是概要式的翻譯），請聯絡 Customer Service Centre 01738 475000 來替你安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Prosze kontaktować się z Customer Service Centre 01738 475000

P ejete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložen pouze stru ný obsah listiny) Kontaktujte prosím Customer Service Centre 01738 475000 na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия этого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись Customer Service Centre 01738 475000

Nam bu mhath leat fhèin no neach eile as aithne dhut lethbhreac den phàipear seo ann an cànan no ann an cruth eile (uaireannan cha bhi ach geàrr-iomradh den phàipear ri fhaotainn ann an eadar-theangachadh), gabhaidh seo a dhèanamh le fios a chur gu Ionad Sheirbheis Theachdaichean air 01738 475000.

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

All Council Services can offer a telephone translation facility.

www.pkc.gov.uk *(PKC Design Team - 2020109)*

ANNUAL PERFORMANCE REPORT 2021/22

Perth and Kinross Health and Social Care Partnership

Supporting healthy and independent lives

Table of Contents

INTRODUCTION

The Health and Social Care Partnership

The Perth and Kinross Integration Joint Board (IJB) was established in 2016 to improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, requiring support from health and social care services at the same time.

Perth and Kinross Health and Social Care Partnership (HSCP) is responsible for the operational management and performance of integrated services in line with the IJB's strategic commissioning plan. Our workforce is made up of staff employed by Perth and Kinross Council, NHS Tayside, and we commission a wide range of third sector and independent organisations to meet the health and social care needs of Perth and Kinross. Our focus is on meeting needs and providing the right care and support in the right way and at the right time.

Vision, Aims and Values

Our vision as a Health and Social Care Partnership is to work together to support people living in Perth and Kinross to lead healthy and active lives and to live as independently as possible, with choice and control over their care and support.

Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising. Services and support will be developed locally, in partnership with communities, the third and independent sectors. As a partnership we will be integrated from the point of view of individuals, families and communities and responsive to the particular needs of individuals and families in our different localities. We will make the best use of available facilities, people and resources ensuring we maintain quality and safety standards as the highest priority.

Our values guide everything we do. They guide us to act with ambition, compassion and with integrity and always with the person at the centre.

Our Action Plan

The current IJB Strategic Commissioning Plan 2020-25 outlines five strategic objectives:

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

2. Prevention and Early Intervention Strategic Aim: We will aim to intervene early, to support people to remain healthy, active and connected in order to prevent later issues and problems arising.

3. Person-Centred Health, Care and Support Strategic Aim: By embedding the national Health and Care Standards we will put people at the heart of what we do.

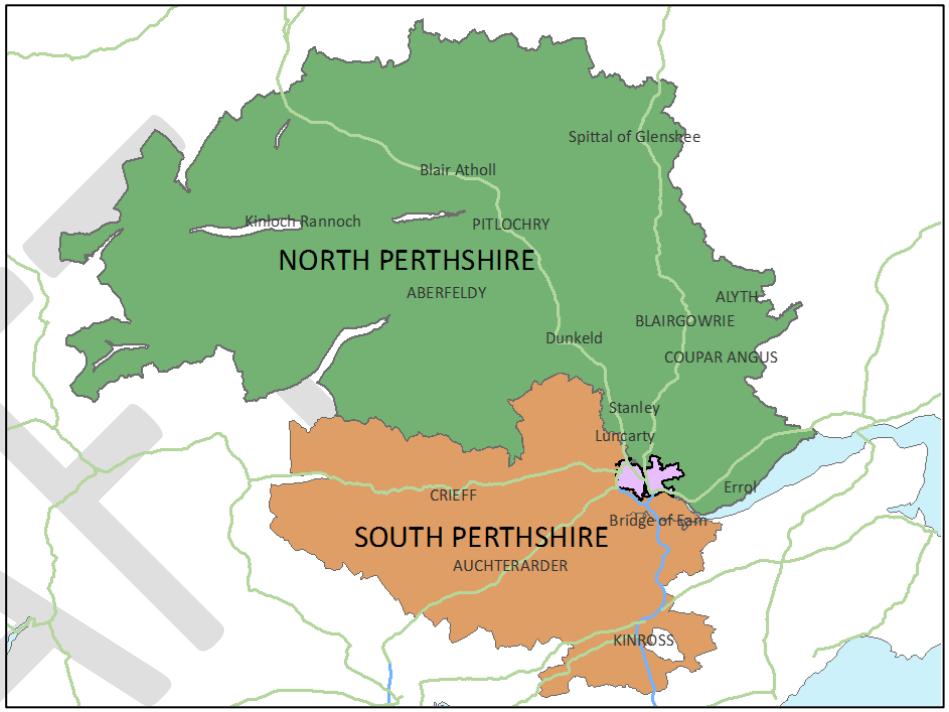
4. Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living Strategic Aim: Our services and plans will seek to reduce health inequalities, to increase life expectancy, increase people's health and wellbeing and to reduce the personal and social impact of poverty and inequality.

5. Making Best Use of Available Facilities, People and Other Resources Strategic Aim: We will use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.

Our Localities

In delivering effective and person-centred health and social care support, we recognise the benefits derived by people being connected to their local communities. These connections and relationships support people to retain independence and remain healthy, safe and well. We acknowledge that local people are best placed to identify local challenges and solutions and are committed to working with local people and enabling local partnerships to devise local solutions.

Perth and Kinross HSCP is organised into three localities, North Perthshire, South Perthshire and Kinross-shire, and Perth City.



Our Population

There are specific challenges facing Perth and Kinross given the spread of our population over a large rural area. While our area is the eighth most densely populated local authority area in Scotland, nearly 40% of our residents are classed as being in some way 'access deprived' due to rurality. This compares to 20.2% nationally. We are also facing particular challenges in recruiting to key social care and nursing roles to work in our rural communities.

The proportion of people in older age groups is growing substantially. An older population will require a greater level of

health and social care support than is currently being provided so our strategic commissioning plan must take account of projected levels of need and demand for community health and social care services. Our strategic focus will be on an ambitious programme of transformation with a focus on:

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

COMMUNITY MENTAL HEALTH AND WELLBEING

Our Year in Action

Service Delivery: Improving and Adapting Throughout the Year

Mental health and wellbeing remain significant priority areas as we continue to recover from the pandemic.

Our Community Mental Health and Wellbeing Strategy (2022-25) was created in consultation with stakeholders and third sector providers, people with lived experience, carers and professionals. It builds on collaborative work with NHS Tayside via the Mental Health and Wellbeing Strategy - Living Life Well, and was approved by the Integration Joint Board in December 2021.

The Neuk, established through Anchor House, is proving to be very effective and works well as a collaborative approach to help those in mental health crisis. The Neuk complements investments made to implement Distress Brief Interventions, and combining these services improves speed of access. In recognition of the excellent progress made, work is currently underway to examine how this model can be replicated in both Dundee and Angus.

A wide range of statutory and third sector service providers are enhancing the level of support via easily accessible and non-

stigmatised routes. This includes expansion of the provision of Computerised Cognitive Behavioural Therapies (cCBT).

The awareness and prevention of suicide has increased. In collaboration with the University of Dundee almost 200 people attending webinars for the public and voluntary sector providers, including community groups and organisations. Attendees were from predominately non-specialist mental health backgrounds and feedback indicated that the training was well received. This has resulted in further collaboration on the national suicide action plan, Every Day Matters with the University.

> *"Very useful and gave me tools that I can use in my job. I feel confident to address and challenge difficult situations. I thought it would be very long doing this online but feel it was pitched perfectly and it was engaging. Would definitely recommend to my colleagues."*
>
> Feedback from an attendee of our suicide awareness and prevention webinar

Recognising the strong role that colleagues in primary care play in delivering effective mental health services, we have created a new role of 'Mental Health Link GP'. This post assists in creating greater opportunities for collaboration with GPs and a single point of contact. Strong relationships and seamless routing of patients, through initial contact to the most appropriate point of support are key success factors in ensuring those needing support can access services quickly and conveniently. This is reducing the number of referrals required between services and professionals, improving accessibility.

Inequalities Hubs, focusing on Mental Health and Wellbeing, are being planned at community level. This is in partnership with Perth and Kinross Council and third sector organisations, with the aim of creating a sustainable and accessible resource.

Increasing the available capacity of Community Adult Mental Health Services was the key focus of the Scottish Government's Action 15 funding. Using this funding we have expanded the mental health workforce in the community and created over 40 additional permanent posts. This was significantly beyond the target set by the Scottish Government of 28. We were commended by Scottish Government on our ability to work in partnership, and for our creativity.

Older People's Mental Health teams supported in-patient services as the effects of the pandemic continued into 2021/22. By working closely with other health and social care colleagues via the established Locality Integrated Care Model, they provided an enhanced, integrated and co-ordinated approach to support people with their physical health as well as those with dementia and cognitive impairment, in the home or in community settings. This has benefited carers with their caring responsibilities and this successful approach will be extended to 'post diagnostic support' in localities.

In partnership with Alzheimer Scotland we expanded access to advanced practice nursing support for those awaiting memory assessments.

> *"Made good progress with support of the team; doctors, nurses and staff"*
>
> Older People's Psychiatric Inpatient (Murray Royal Hospital)
>
> - Patient Feedback

Digital inclusion for people with dementia and their carers remains a priority and to support this, local staff became digital champions, creating greater opportunities for people to be engaged in consultation around service delivery, and tackling isolation and loneliness. With the easing of pandemic restrictions there was more face-to-face contact, however improved digital accessibility continues to ensure greater choice for people.

In in-patient areas we made further investment in Activity Support workers and nursing. This built on the successful intervention to give one-to-one support resulting in increased meaningful activities for people isolating due to COVID-19.

Our in-patient areas have faced significant challenges with delayed discharges, often relating to the very complex needs of patients. This is a similar position to that seen nationally as it can be difficult to source specialist community-based support.

Work continues with agencies, nationally and locally, to utilise resources in the best way possible.

In the early in stages of the pandemic, we increased specialist nursing capacity to support patient transitions from in-patient settings to more homely settings.

This support is on-going and, despite significant challenges in sourcing necessary capacity, working with care homes via the care home liaison teams across Perth and Kinross, patients with complex care needs have been successfully supported into placements in more homely settings.

> *"Found [my transition nurse] very good, straight to the point. She took me to the bank and Asda. [The nurse] made my transition from ward to home a good experience"*
>
> *"Memorable visit [with the nurse]. Cheered me up. Was nice and the sun was out."*
>
> Transition Patient Testimonial:

A new Transitions Nurse provides direct support to people after hospital discharge into care settings. This is proving highly effective for the individuals and also for Care homes.

"I cannot begin to say how helpful and approachable I have found [the nurse] to be from our initial meeting she went above and beyond what I would have expected. After explaining we had visited Balhousie Care in Coupar Angus and told they could not take my cousin she said she had visited and said there was space.

She continued to look into and follow up on this which has ultimately led to him being placed there. At all times her manner was friendly and relaxing and was a pleasure to have someone like this dealing with special requirements."

CMHW POA Transition - Patient Family Testimonial

We are working with partners in Tayside to review the future needs of patients in in-patient settings to identify not only the need for Intensive Psychiatric Care Unit (IPCU) access for older people, but also the future plan for the delivery of Specialist Dementia In-patient facilities.

Improvement Journey

Community Mental Health and Wellbeing Teams are responding and changing the way in which services are being offered to provide people with the care and support that is best for them.

This illustration is an example of service improvements and the difference these make to people living with complex mental health needs within a hospital setting.

Case Study

MoveAhead. Angela's Story

I have experienced long term mental health issues. Although I initially thought that this started after the death of my lovely husband 16 years ago, I now know that my problems go way back as far as my childhood. I had it all, a loving husband, great job, wonderful social life, but that all changed after I lost him. From then on, my life slowly started taking a tumble, down this black hole. I felt like I was a nobody and wondered why I was still here, suffering low self-esteem, isolation, feeling second best. This slowly got worse and my life was a huge mess until in I moved to Bridge of Earn.

I was contacted by a HSCP social worker. This was a shock to my system – why a social worker, was I that bad? Well, he couldn't have been nicer and asked me how he could help, what did I need. there starts my journey with the fabulous MoveAhead.

A key part to my journey has been having access to fantastic facilities that are on offer via MoveAhead Mental Health Service. With the involvement from the team, I have been able to face my problems and learn to cope.

They got me out of the house, introduced me to key workers, a fantastic Psychologist, Occupational Therapist, Live Active Activities. Over the year I was able to achieve my small positive goals and bit by bit, with assistance I was able to break down the barriers and finally move on. When it came time to discharge me, I asked if I could give back and volunteer. The team arranged many positions that I was suitable for ranging from Exercise buddy, shopping buddy, power plates coordinator, to my now existing role as Community Conveyor at the Health Hub, situated in Murray Royal Hospital, which has been a huge success.

Now, not only do I volunteer for MoveAhead but I volunteer for SSAFA the Armed Forces Charity and am their Branch Secretary for Perth and Kinross and a Specialist Caseworker for Veterans that are in our Criminal Justice Service. There is no way I would have come this far if it hadn't been for MoveAhead, I owe so much to this service.

How our Commissioned Services are meeting needs

Perth Six Circle and Mindspace provide an example of how our Commissioned Services are helping support the delivery of community mental health and wellbeing services.

Perth Six Circle

Perth Six Circle seeks to support disadvantaged adults facing challenging circumstances such as substance use, mental health, imprisonment, unemployment and community service orders, to improve the quality of their lives. This is achieved through support that helps people who often face significant barriers: to gain skills and knowledge; access a full range of external support; pick up the skills and understanding to live healthier and more independent lives; and ultimately helping them to return to and thrive within their own local community.

This service continued to be provided, despite the added challenges of COVID-19. However, due to social distancing restrictions, support activities were delivered in small group clusters to ensure that national guidelines were adhered to, and that people's health and safety was protected. To ensure their usual level of service provision, as restrictions limited groups sizes, Perth Six Circle adapted, increasing the duration of activities to enable them to run full day activities and events, through which people continued to receive the help and support they needed.

Activities Included:
Bike Maintenance Workshops; Walking groups; Arts and crafts; Baking; Sports – Golf, Table tennis; Basketball, Cycling; Introduction to iPads; and Day trips to places of interest.

Current uptake of service:

29 people have used the service.
95% of people reported feeling they have increased confidence when connecting with others.
100% of people reported they have made more friends and feel less anxious and are more sociable.
65% of people reported feeling more relaxed in social situations.
95% of people reported feeling they have increased confidence when using IT skills.

Feedback and comments:

"The Project is like a family to me. You go out your way and bend over backwards for us. It has made a massive difference to my life."

"The Project has made a huge difference to my life. I look forward to coming and feel much more socially connected. The team's good and I know if there's trouble I can phone."

"When I came, I had no friends. Since coming here I have started to make friends. We also meet up most weeks and go to the swimming. It was the staff that started us doing this but four or five of us have started going together."

Mindspace Recovery College

Mindspace is community based and challenges the stigma associated with mental ill health, The Mindspace Recovery College provides a service that is flexible and bespoke to individual needs, making it accessible and inclusive and based on the principles of mental health recovery and self-management. Through the provision of a safe and creative environment, it aims to help people to:

- Improve their knowledge of mental health
- Build their confidence
- Realise their potential and
- Participate in community life

Current uptake of service:

1,538 participants attending all sessions/activities.
924 adult recovery college participants.
Out of hours - 614 participants.

Mindspace are aware that there is a need to work steadily to review and develop the Recovery College communication and social media presence.

There also appears to have been a move away in interest from our more traditional in house delivered courses and participants are relishing the opportunity to try new experiences and develop self-management tools in the supportive environment created by the Recovery College facilitators.

Service User Story:

Anonymous (Anon) had been a user of Mindspace for 12 months. They had been low, adapting to life with a health problem which had meant early retirement from work and they struggled with their mood.

Anon became a regular attender of mindfulness sessions on zoom. Anon then became involved in several other groups, a creative arts group and Sophrology course, which aims to bring internal and external harmony. They also took part in several of the understanding mental health sessions.
Whilst still having episodes of self-doubt and low mood these episodes have lessened.

In September 2021 Anon decided to undertake peer support training, to enable them to support others who had ongoing mental health issues. Anon is now supporting individuals with physical and mental health problems whilst on placement for their peer support training.

Anon has really grown in the last twenty-four months. They are an active member of the Recovery college and was a co-facilitator in the planning and proposed delivery of a forthcoming course.

Looking Forward

The Mental Health and Wellbeing Strategy for Perth and Kinross (2022-25), focuses on working collectively and collaboratively to deliver the best outcomes. The strategy sets out the actions required to achieve service improvements.

The strategy reflects the views of hundreds of local people and communities and focuses on improving access to services, concentrating on person-centred care. It targets early intervention and prevention as a priority as well as developing the workforce to deliver.

Several programmes of work will be progressed in collaboration with key stakeholders in Health, Education and Children's Services, the Alcohol and Drug Partnership and within local communities. This includes work to reduce stigma and discrimination towards mental health, substance use and suicide awareness. There will be a focus on improving the physical health needs of those with mental health problems, progressing this through a Health Hub Model, functioning from Murray Royal Hospital.

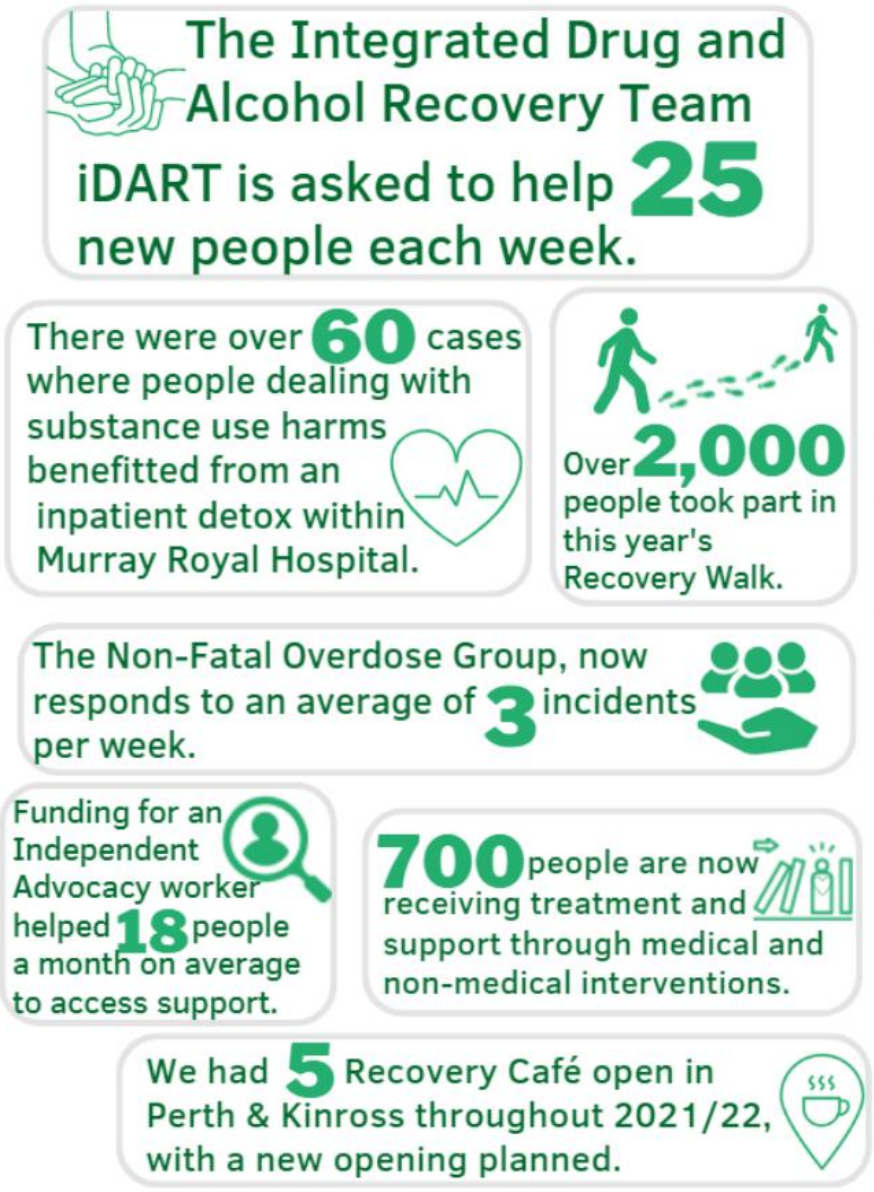
The Mental Health and Wellbeing of the people of Perth and Kinross remains a priority across all age groups and our local priorities include:

- Reducing suicide through education, training and awareness raising.
- Recruiting and developing Mental Health Advanced Practitioners to improve care and treatment, including a new Suicide Prevention Coordinator.
- Increasing the availability of Distress Brief Interventions.
- Continuing to develop the Crisis Hub and planning to expand its availability.
- Exploring the implementation of a Health and Wellbeing Hub in partnership with other organisations.
- Developing a resilient and sustainable future workforce.

Further to the above we aim to re-design and implement a Primary Care Mental Health Service that will focus on people that require care, support and treatment with mild to moderate mental health issues. This integrated service will utilise the experience and expertise of clinicians, social care, third sector organisations and peer support staff to provide access to services without the need to first see a GP. This streamlined approach will make it as easy as possible to receive the right care and treatment at the right time with the right professional.

SUBSTANCE USE

Our Year in Action



Service Delivery: Improving and Adapting Throughout the Year

Through the Perth and Kinross Alcohol and Drug Partnership (ADP) we are continuing to develop and implement a Recovery Oriented System of Care (ROSC). This approach enables people and their families, affected by substance use, to have access to the support they need on their recovery journey.

Scottish Government funding, to reduce drug deaths and harms, was utilised to support the ROSC with the integration of substance use services. This has allowed for the expansion of access to residential rehabilitation; implementation of a Whole Family Approach Framework; and has supported the involvement of people with lived and living experience in service developments.

The implementation of the Medication-Assisted Treatment (MAT) Standards has also been supported by additional funding. In turn this helps to strengthen the ROSC by ensuring partner organisations work together to offer choice and achieve consistent delivery of safe and accessible treatments.

Integration of substance use services

The integration of all community-based substance use services continued throughout the year following the creation of the Integrated Drug and Alcohol Recovery Team (iDART) in 2020. The aim of iDART is to improve the effectiveness and efficiency

of support for people who have substance use issues, and their families.

Additional funding was used to support the formation and development of the new service. Additional posts were created, including in occupational therapy, social work (with specialist mental health experience) and substance use recovery workers.

Further expansion to include nursing and psychology support will broaden the multi-disciplinary approach. Increasing capacity within the service provides the opportunity to reduce waiting times and caseloads of iDART workers and implement a new model of delivery; helping the various professions to operate at the higher end of their remit.

The new service has developed a model of integrated working which utilises recovery workers to support people throughout their recovery journey. People receive intensive support from initial contact with iDART through appropriate medical and non-medical treatments. These include group psychology sessions and community integration where they are supported to access a range of community recovery supports such as recovery cafés and walking groups.

Expansion of Residential Rehabilitation

In a revised process for accessing residential rehabilitation, people can either self-refer or be referred by a professional. Suitability is then assessed by the screening group which includes clinical and non-clinical colleagues from the statutory and third sectors.

Residential rehabilitation facilities across Scotland are accessible to all, irrespective of locality of residence and a number of Perth and Kinross residents have had their applications for entry to residential rehabilitation facilities accepted. Support on their return from rehabilitation is essential to help reduce the risk of relapse. Following a review of the process, everyone leaving residential rehabilitation now has a recovery worker to provide ongoing support.

Implementation of the Whole Family Approach Framework

A whole family/system approach was implemented, and work continues to ensure this is embedded across services. A specialist substance use carers' support worker, who is part of iDART, offers a range of supports, including harm reduction awareness, therapeutic support and financial advice and support, to carers and families, empowering them to have greater control over their lives.

We undertook a project to test a different approach for engaging with families where children live in the family home and where there are issues with drugs and/or alcohol; and where services are needed from more than one agency. Assessment is done at home and families are offered support through a joint plan, encompassing all elements of what the family needs. This is shared across all participating services.

An assessment of the impact of the project will take place during 2022/23, however several positive outcomes were already achieved: the development of a new assessment tool; better engagement with services for families; improved confidence and a sense of empowerment for families; and improved working relationships between services.

The Involvement of People with Lived and Living Experience in Service Developments

Following the success of 'Recovery Walk Scotland 2021', hosted in Perth, we developed a three-year plan to grow a grassroots recovery community, which will support the organic growth of a range of peer support groups and activities, including walking groups, fishing groups, and recovery cafés.

With the easing of COVID-19 restrictions, the network of community-based recovery cafés recommenced face-to-face meetings. These meeting are led by those in recovery themselves, or with an interest in recovery, providing a supportive and constructive environment for people to discuss their mental health and wellbeing during recovery from substance use or mental health issues. A new café is also being planned for Perth City, which will ensure people in the local area have access to the peer led recovery sessions.

Funding continued for specialist advocacy support for people with substance use issues. Independent Advocacy Perth and Kinross (IAPK) provided this support to help people navigate systems and overcome barriers to accessing services and to effectively engage with them.

IAPK received 41 referrals to work with people with substance use issues in the reporting year with support being provided to an average of 34 people per month. Engagement resulted in a variety of positive outcomes, including improved relationships with professionals, increased confidence in challenging situations, and improved engagement with services. COVID-19 restrictions did however make this more challenging.

MAT Standards

The Medication Assisted Treatment (MAT) Standards focus on the health and wider social needs of individuals who experience problems with their drug use. The purpose of the Standards is to improve access and retention in MAT, enable people to make an informed choice about care, include family members or nominated person(s) wherever appropriate and to strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

The Perth and Kinross ADP works in partnership with the Scottish Government's MAT Standards Implementation Team (MIST), and a range of local partners to implement the Standards both in the community and within Prison Healthcare.

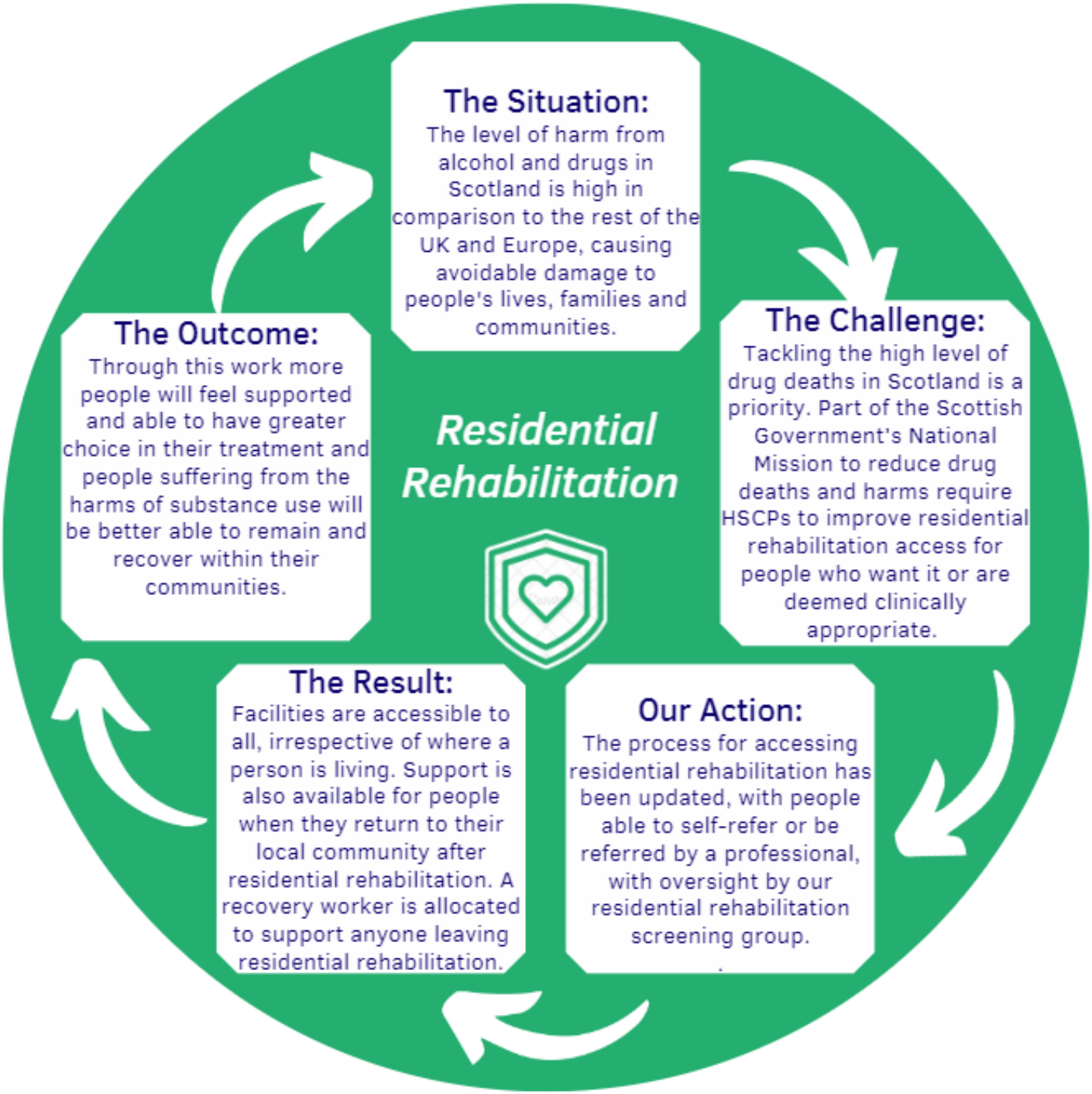
A significant amount of work has been done to implement the Standards. Standard 3 states "all people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT".

To implement this Standard, the Perth and Kinross non-fatal overdose group was established. The Group has representatives from substance use services across the statutory and third sectors. It receives information regarding all non-fatal overdose incidents attended from the Scottish Ambulance Service, NHS Tayside Public Health, Police Scotland and Adult Support and Protection Vulnerable Person Reports. Appropriate actions are then taken to ensure people are offered the help and support they need. There were 98 non-fatal overdose incidents reported in 2021/22 across Perth and Kinross, a reduction of 77 when compared to 2020/21. However, there remains a notable gender disparity, with the male to female ratio at 84% to 16%.

Improvement Journey

Throughout the year there has been considerable work undertaken to improve services for those suffering from the harms of substance use.

This illustration highlights how the establishment of Residential Rehabilitation will work to empower people to have greater choice in the treatment they receive.



Case Study

Perth and Kinross Recovery Walk

In September 2021, Perth City hosted the Recovery Walk Scotland. The event, organised by Scottish Recovery Consortium, provides an excellent opportunity for members of the community to gather for a day which centres on stories of recovery from a wide range of harms, ranging from substance use to mental health.

The day seeks to celebrate those who have come through mental health or substance issues, and to support those who are still going through hard times. Events on the day included: The Roses in the River Memorial, The Recovery Walk Scotland procession through the city centre, and a Recovery Festival and Village in North Inch Park, Perth, with over 2,000 people taking part.

The event, the largest recovery event in Scotland, was very well received by those who attended:

Attendee Testimony:

"It was just a great experience being in the same place with others who have been on that journey."

"Seeing folk in their gardens clapping their hands made my day."

Organiser Testimony:

"Some members have been deeply affected by suicide in their own family so it's an important event for them to aid recovery."

"Everyone was given a rose free of charge and poetry was read out by some survivors of addiction. At the end there were 2,500 roses floating in the river while a piper played. It was so beautiful and personal."

How our Commissioned Services are meeting needs

CATH Outreach Day Centres provides an example of how our Commissioned Services are working to support our communities.

CATH Outreach Day Centres

The CATH Day Centre Outreach Team seeks to work within communities to reduce the numbers of people who are rough sleeping or at risk of losing their tenancy or are facing crisis. Its goal is to prevent and end homelessness, through rapid intervention.

Taking a person-centred approach, regardless of the circumstances a service user may find themselves in, this community-based service provides support, respect and dignity to those in need, without the need, nor delay, of a formal referral.
The team is based within the Day Centre, enabling them to offer a drop-in service for people in Perth City. In addition, surgeries have been provided in Alyth, Blairgowrie, Crieff, Kinross, Pitlochry, and both the Skinnergate and the Foodbank in Perth.

Outreach offers support to people who may not otherwise engage with services due to a high level of need. Its preventative approach supports people to avoid becoming homeless through the provision of support, advice and referrals. By taking a person-centred approach, CATH focuses on building individual capacities, skills, resilience, and connections to community. Using this approach helps to discover what people want, the support they need and how they can get it, ultimately assisting people to lead an independent and inclusive life.

Current uptake of service:

Current uptake of service:
Initial engagement – 192.
CATH are part of the triage partnership additional 123 interventions.
142 referrals made to external agencies over 2021/22.
Since January 2021, CATH have made 16 referrals regarding people's mental health.
Since January 2021, CATH have supported over 100 people offering alcohol/drug brief interventions.
Since April 2021, 84% of service users were supported with financial issues.

Feedback and comments:

"They have been great trying to sort things out and giving support and advice. Helping so much when you don't understand the paperwork."

"Got help with my bus pass – sorted out."
"Staff knew how to help and had resources at hand for any further assistance."

Looking Forward

The continued development of our ROSC and the implementation of MAT Standards remain key priorities for all substance use services and partners over the next 12 months. In addition, four other areas of work will be developed as follows:

Continued Integration of Substance Use Services

As iDART expands it will be able to continue to grow the breadth of treatment options available, focussing on recovery. These include help for people to stabilise chaotic lifestyles so they can engage with therapeutic interventions, increased access to individual and group psychological therapies and support with integration into local communities including accessing employment and further education. This investment will also support the ongoing development of multi-agency assessment clinic and triage.

Mental Health and Substance Use Integration

Recommendation 14 of the Trust and Respect report stated that NHS Tayside should "consider developing a model of integrated substance use and mental health services". The Scottish Government also requested that Healthcare Improvement Scotland, work with NHS Tayside to develop an Integrated Mental Health and Substance Use Pathfinder project which will improve outcomes for people with a dual diagnosis of mental ill health and substance use. The project will prototype a new model and pathway of care, with a view to spreading good practice, innovation and learning about "what works" in developing and delivering integrated and inclusive Mental Health and Substance Use services. HSCP colleagues are members of the Project Delivery Group which is developing the new model and care pathway. During the next 12 months, the programme team will work with people who have lived experience of mental health and substance use and with relevant services to identify what might improve care and support.

Alcohol

An increasing number of alcohol related referrals were received throughout the pandemic. Funding is in place to enable iDART to develop a community alcohol detox unit to complement existing services and additional investment has been made in Tayside Council on Alcohol (TCA) to increase counselling spaces. In collaboration with ADPs across Tayside, Perth and Kinross ADP has increased support for improved Alcohol Brief Intervention coordination. Alcohol Brief Interventions (ABIs) are short, evidence-based, structured conversations about alcohol consumption which are conducted in a non-confrontational way to motivate and support people to think about and/or plan a change in their drinking behaviour. This work is being taken forward across Tayside to increase capacity for the delivery of ABIs.

Developing a Justice Pathway

We are working with partners across Perth and Kinross including, Perth and Kinross ADP and Perth and Kinross Community Justice Partnership to develop a pathway for people who have lived or living experience of justice and have

substance use issues. Current projects to develop the pathway include a two-year test of change which will see the establishment of a Custody Arrest Referral Service (CARS) for Perth and Kinross. This will provide services in Perth and Kinross with the opportunity to identify people in crisis; engage or re-engage individuals with person-centred support targeted at addressing unmet need (such as support linked with problematic substance misuse, mental health and/or homelessness) with the intention of minimising escalating offending behaviour and further crises.

The Prisoner Release Delivery Group was established with the aim of ensuring there are clear pathways between prison and community support services, including support with substance use issues. The multi-agency group, which includes SPS (Scottish Prison Service), Health and Social Care, Housing and Safer Communities Teams, Skills Development Scotland (SDS) and Criminal Justice Social Work is seeking to build on and enhance the successful model that was developed to manage the early release of prisoners in 2020, in response to the pandemic.

PRIMARY CARE AND HOSTED SERVICES

Our Year in Action

Service Delivery: Improving and Adapting Throughout the Year

As we transitioned to the next phase of the pandemic response, Primary Care, including hosted services of Public Dental Services, Podiatry and Prison Healthcare, maintained the focus on the safe delivery of care to those most in need. We also delivered on an ambitious programme of service transformation and improvement by the further expansion of services through the Primary Care Improvement Plan (PCIP). This Plan sets out ambitions to transform primary care in line with the Scottish Government's vision, and in collaboration with GP partners.

Community Care and Treatment Services (CCATS) are now established at seven hubs throughout Perth and Kinross:

Aberfeldy – Dalweem Care Home;

Auchterarder –St Margaret's Community Hospital;

Blairgowrie – Blairgowrie Community Hospital;

Bridge of Earn – Bridge of Earn Hub on Station Road;

Crieff – Crieff Community Hospital;

Perth – Beechgrove House on Hillend Road;

Pitlochry – based at Pitlochry Community Hospital.

CCATS also provides in-reach services at the following locations on a variety of days and times:

Alyth; Coupar Angus; Dunkeld; Stanley; Comrie; Errol; Abernethy; and Kinross

Having been rolled out through the pandemic, CCATS offers a broad range of services from routine blood tests to monitoring of chronic conditions, aural care and irrigation to the treatment of minor injuries.

Throughout the development and implementation phases, feedback from people using the service has informed changes in delivery. CCATS has been a successful and transformative new service and people overall are very pleased with how services have been received. The delivery of CCATS also frees up time in General Practice to enable GPs to support of more complex cases. The small number of GP practices still to gain full access to CCATS will be addressed by a further expansion of service in the year ahead.

> *"What made this journey and its many highs and lows bearable was the incredible care of the staff at the Blairgowrie Community Hospital. What a team! I have felt listened to, cared about, and valued by all of the members of the team, and I have always had a warm reception and a high standard of care."*
>
> CCATS- Patient Testimonial

To enable the service to cater for greater demand and enable further patients to access CCATS, additional investment in buildings will be necessary to create more clinical space. This, and further buildings and infrastructure requirements, are captured in our draft premises strategy and by detailing our strategic needs, we are more able to engage and co-ordinate with partner organisations. This integration and co-ordination will secure access for people to services for the long term.

Advanced Nurse Practitioner Service (Urgent Care)

Continuing our approach to ensuring patients see the right professional in the right place at the right time we have now completed a test of change in collaboration with GP practices, where Advanced Nurse Practitioners (ANPs) undertook "urgent" home visits to treat patients across the Perth City Locality. Feedback from our GP partners and people in receipt of the service suggests this has been a huge success.

> *"Excellent service, have seen nurses previously who have not provided such a thorough check-up. Explained everything to me and I felt involved. Referred me on for other tests at PRI and appointment is already confirmed. Nurse was friendly and approachable"*
>
> ANP- Patient Testimonial

Similar to CCATS, it has enabled GPs to dedicate greater time to more complex caseloads. More work is now needed to implement lessons learned from the initial test. This includes improving efficiencies, streamlining ways of working and integration with wider services. A further expansion of the ANP service will see it rolled out across all localities.

First Contact Physiotherapy Service

Our First Contact Physiotherapy (FCP) service supports people presenting with musculoskeletal problems, including: soft tissue injuries; sprains and strains; back and neck pain; and joint problems to access physiotherapy expertise directly, with a first point of contact for assessment. This service now covers all 23 GP practices delivered via seven Hub sites and ensures timely access for diagnosis, early management and onward referral, if necessary. This benefits the person, primary care services and the wider musculoskeletal (MSK) outpatient services.

"Just continue with this wonderful service"
"Continue an excellent service"
"Service is needed and well used"
"Continue to have reasonable waiting times"
"Just continue with the way the service is currently running"
"Continue providing advice for appropriate patients"
"Rapid access seems to be working well. Exercises and phone advice good for the majority"
"Continue supporting requests for help and advice"
FCP - Stakeholder Feedback

The First Contact Physiotherapy Service provides people face-to-face or telephone appointments with a specialist physiotherapist, to assess their condition and provide advice. If appropriate, a further in-person assessment can be arranged, or alternatively, a referral for further treatment or specialist investigation arranged. This more direct route to physiotherapy expertise ensures people receive the right care in the right place, faster. GP time is similarly freed up, enabling them to focus on cases where their extensive expertise and generalist knowledge is most useful.

80% of people answered positively when asked, "How was the physiotherapist at helping you take control?

Patients have benefited with waiting times having reduced, as have the number of unnecessary and duplicate appointments.

Social Prescribing

Social Prescribers are generalist non-medical practitioners aligned to GP practices/clusters. They work directly to signpost people to wider services and support and use community-based activities to help address factors that contribute to health problems. The aim is to improve health and wellbeing, through the provision of a different response. Social Prescribing has been very successful and following redeployment during the pandemic all six of the initial Social Prescribers returned to the service in April 2021. A further three have been appointed to help promote people's health and mental wellbeing, through signposting and supporting individuals to make connections in their local and surrounding areas.

Primary Care Pharmacy Service

The Pharmacy Team maintained their support to General Practice and community hospitals, working with GP colleagues across 23 practices and collaborating with multi-disciplinary colleagues from primary and secondary care, including community and hospital pharmacy services. The Pharmacy Team ensures that people receive their medication in a safe and timely way.

With national shortages of suitably skilled and experienced staff, recruitment and retention remain a challenge and a priority. We have continued with campaigns to recruit to junior posts which we can then develop. This ongoing development of our workforce, our systems of working, and our optimisation of the workforce skill mix is designed to enhance service delivery, improve job satisfaction and maintain staff retention.

Work is ongoing with statutory partners to resolve accommodation issues through the Premises Strategy. Growing demands and workforce represent a challenge and a risk to the sustainable delivery of services.

Vaccination Service

The Vaccination Transformation Programme (VTP) delivered a phased service change for immunisations, based on locally agreed plans to meet nationally determined outcomes. Vaccinations traditionally given in GP practices are now delivered by a centrally organised and managed service. These include seasonal flu, shingles, pneumococcal as well as the very successful roll out of the COVID-19 vaccine.

Our Hosted Services

Prison Healthcare

Prison Healthcare is an extension of Primary Care and provided to the prison population in Her Majesty's Prisons, Perth and Castle Huntly. The pandemic presented particular challenges for the delivery of safe services in this secure environment however considerable progress was made to improve service provision.

> *"Help was excellent and advice given was clear and understandable; I was made to feel like a patient rather than just being a prisoner"*
>
> *"My experience with OT was really good, my health has got easier to manage and [this] has helped me lots"*
>
> OT - Patient Feedback

The prison population has complex health and support needs. Accordingly, a multi-disciplinary and multi-agency approach to the delivery of care is embedded, mirrored by the approach we have taken more broadly. For example, professionals from a broad range of disciplines review the needs of individual patients on a daily basis during 'person of concern' meetings. These meetings provide an opportunity to discuss anyone presenting a concern, including patients with mental health concerns, and complex physical health needs. They also provide an opportunity to discuss the management of offenders at risk of substance use. Nearly 700 of these reviews were

undertaken across the 2021/22 period, enabling appropriate interventions to take place by the most appropriate person at the earliest opportunity.

Improvements in service access was also made possible through the introduction of telephones for appointment booking and remote consultations. This has increased opportunities for patients to attend appointments resulting in a reduction in the number that do not attend.

To increase the provision of clinical Prison Healthcare, we have developed onsite access to clinical psychology and after some difficulties in securing GP cover across both prison sites, it is now anticipated that this will be in place in early 2022/23. These vital clinical posts are also supported by an onsite Clinical Pharmacist to ensure the safe and timely administration of medicines.

To increase access to a variety of clinical services within Prison Healthcare, we have developed onsite access to clinical psychology, and we are looking to increase capacity of our Occupational Therapists (OTs). The OTs are primarily working with people with mental health issues but there is a clear need for them to support people with substance use and physical health needs. OTs support through a range of measures, from helping with liberation planning and rehabilitation (across cognitive, physical and mental health) to environment assessment and specialist equipment provision. Throughout 2021/22, 80 referrals were received by our OTs, with 612 appointments offered.

The Prison Healthcare team have been working with the Scottish Prison Service to develop a model of care for the female Community Custody Unit (The Bella Centre) due to open in August 2022. This will provide a different approach to care for women in custody, supporting them to access community services as well as services being delivered by prison healthcare.

Podiatry

Podiatry works in close partnership with Community Nursing Teams and CCATS and have recently delivered the CCATS Healthcare Assistants with training to conduct diabetic foot screenings to support Primary Care delivery of diabetic reviews.

Throughout the pandemic in both 2020/21 and 2021/22, the podiatry service experienced staff vacancies; services being stepped down; and staff being redeployed to other areas.

Across 2021/22, 12 Online Foot Health Education Webinars were held for staff across Perth and Kinross, with 37 attendees from across 15 locations.

This had an impact on what the podiatry service was able to provide, resulting in a very focussed prioritisation of demand to ensure that those people with the most complex needs are provided with the most appropriate level of care.

Despite this, podiatry continues to support third sector partners that provide personal foot care to communities across Tayside - all of which had to withdraw during the height of lockdown restrictions. Most of these have now resumed this service and

Podiatry will continue to seek new partners to further support the building of community capability for safe care, capacity and enablement.

Specialised third sector partners providing personal foot care, resumed their services to communities albeit it in a limited capacity, to support the building of community capability for safe care and improve on the impact on individual's health and wellbeing. We will continue to seek new partners to grow this community-based service further.

Tayside Podiatry issued 4,045 new patient appointments and 421,731 return patient appointments in the 2021/22 period. As lockdown restrictions lifted, podiatry introduced assessment hubs to review the needs of its caseload and provide the most appropriate level of care: from self-management advice; short intensive episodes of care; to long-term intervention to promote health and minimise unplanned hospital admission. Podiatry is working in close partnership with Community Nursing Teams and CCATS and has recently delivered the CCATS Healthcare Assistants with training to conduct diabetic foot screenings to support Primary Care delivery of diabetic reviews. Work has also begun to conduct a test of change with CCATS wound hubs in Kinross and Blairgowrie to enhance collaboration between the two services and improve patient pathways.

Dental

Public Dental Services largely reopened in full after a reduced range of services through the pandemic.

A significant number of people had not been able to access routine dental treatment for a sustained period. To address this backlog an additional non-recurring investment of £367,000 has been made to grow the workforce with additional staff recruited through this Winter Preparedness Funding, now mostly in place.

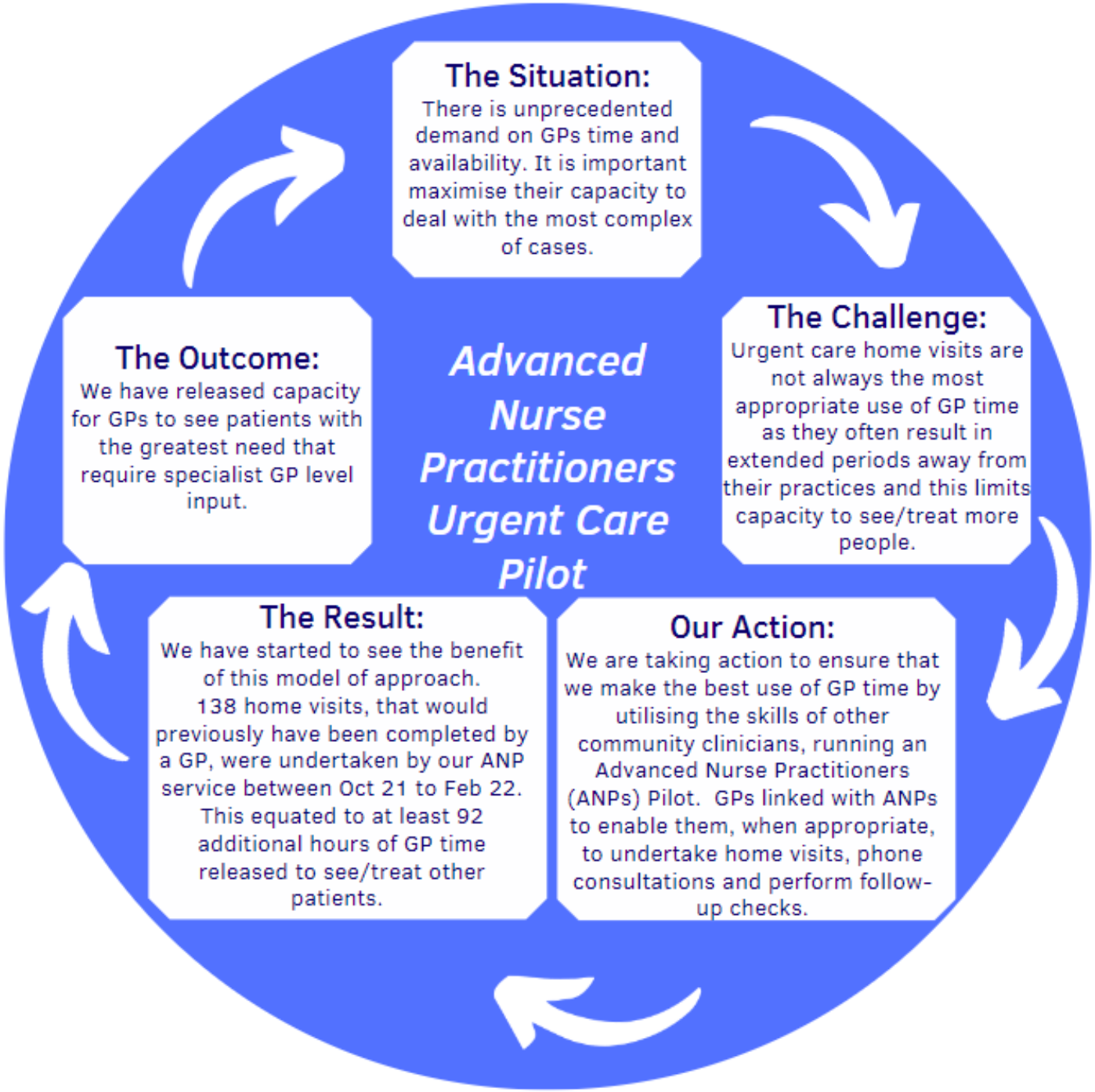
A backlog remains particularly for treatment under general anaesthetic, as sedation referrals were suspended for a period during COVID-19. We have now resumed and there is now a manageable waiting list. Moving forward, all residents in care homes will be offered examination and treatment as required as we reinstate the care home inspection programme. Re-establishing outreach services into care homes will also be addressed as this was not possible during the pandemic. Those in the greatest need are prioritised for care first and this includes the 1,000 patients each year who require sedation before treatment.

Changes in practice which are necessary following COVID-19 require additional investment in infrastructure and this is being addressed via partners and is covered in our premises strategy. Additional pressures also exist in respect to accessing the necessary theatre time for more complex cases.

Improvement Journey

Primary Care services have undertaken considerable improvement and transformation work throughout 2021/22.

This example shows how an Urgent Care Advanced Nurse Practitioner's (ANP) Pilot has helped to progress our efforts to ensure people receive the right care, at the right time and in the right place.



Case Study

CCATS Patient Story

"The CCATS wound team have endeavoured to find the most suitable treatment and called in GPs and dermatology to help treat infections and gain learning about wounds that are more difficult to manage."

"They have worked (with me) with empathy and a goal of helping me. It hasn't been easy as my wounds have to be cleaned and they have striven to be effective and reduce pain as much as possible (even though it's more a case of get it done and not prolong). Their empathy and including me in all treatment decisions have helped me get through. At times with pandemic lock downs and isolation I have been low but the chat and manner has lifted my spirits."

"Other factors have been their willingness to ensure appointments fit in to times when my wife is able to take me. In pre-Complex regional pain syndrome days I could walk in less than 10mins. I tried it recently and it was approaching an hour.

So, I'm saying a big thank you to the team who work brilliantly plus the healthcare assistants who help getting the dressings when I am there."

Looking Forward

GP colleagues remain at the heart of Primary Care service delivery. Increased sustainable communication routes have built stronger links with locality-based teams, leading to improvements in the quality of care provided. This success will be built on to support further improvements. This includes the reintroduction of support to GP practices to increase capacity for more in-depth medicines reviews which was not possible throughout the pandemic.

The achievements of colleagues in Primary Care, and with connected services, have been possible through staff dedication across a broad range of professions. By linking multi-disciplinary teams, people are better able to have a positive experience at all stages of the patient journey and can achieve the best outcomes. We will continue to invest in Primary Care services as the Primary Care Improvement Plan is further implemented and our Strategic Delivery Plan is developed.

GPs are now better supported by multi-disciplinary locality-based teams which is helping to secure GP sustainability. Further work will establish a Primary Care Resilience Team, which will have specialist skills and knowledge across a range of disciplines. The Resilience Team will support Primary Care in the widest sense and provide targeted support to GP practices.

While progress has been made, recruiting to this ambitious new model remains challenging but we intend to continue with this work developing innovative ways to attract people with the right skills and experience. Meanwhile, further recruitment to the primary care pharmacy service, including additional input to community services and our HSCP resilience team, is planned for 2022/23.

Some planned service development requires support from partners, such as the availability of suitable and sustainable premises. This issue relates to a number of primary care-based services and support from statutory partners will be necessary to overcome this.

Further difficulties exist in respect to the supply of suitably trained and experience workforce. Within Prison Healthcare and more broadly there is a need for greater access to physiotherapy or occupational therapy for example. Given national shortages of people with these skills it has not been possible to fill vacancies within the year. New and innovative approaches to cater for this demand are now being explored however, please see “Workforce” chapter.

CARERS

Our Year in Action

Service Delivery: Improving and Adapting Throughout the Year

Demand for carer services grows each year. Since the approval of our Joint Carers Strategy 2019-22 we have seen referrals for carer support increase by 40%.

Improvements to the rights of carers has resulted in an overall increase in demand for services. These rights include: the right to access information and advice about their caring role, and to be involved in the development of services for carers and the people for whom they care. The demand includes greater access to person-centred support; this enables carers to continue caring and enjoy a life alongside their caring responsibilities.

Pandemic restrictions limited support for much of the year, both in terms of what services could be provided, and also due to fears expressed by carers about the risk of infection.

Where services could not be delivered or were delivered at a reduced level, alternative support mechanisms were provided where possible. For example, at the start of the pandemic, the telephone befriending service was resourced to reach more carers. Although re-tasked staff providing this service have returned to their posts, the service continues to give support to carers and helps mitigate isolation and loneliness.

Carer services are commissioned from PKAVS Carer Hub. This support ensures necessary early interventions are available to support carers to maintain their health and wellbeing in ways that relieve the burden of having or taking on a caring role. To ensure that carers are involved in the discharge process whenever the cared for person is admitted to hospital, a dedicated Hospital Link Worker is in place through PKAVS to assist in navigating what can be an anxious time.

In conjunction with the Carers' Hub, the 'Making Carers Visible and Valued' information booklet was distributed to nearly 2,000 adults with carer responsibilities, in support of Carers' Week 2021.

On Carer's Rights Day in November 2021 for our 'Carers Connect' event we used a blended approach, supported by the PKAVS Carers Hub and Carers Voice, with online and in-person presentations at three venues across Perth and Kinross to enable more carers to meet one another and access information that would help them to sustain their caring role.

Commissioned Services supported 122 carers with 68 receiving ongoing support. This has been a significant success, giving carers increased resilience, reasonable life balance and feeling more able to cope:

- The Carers' Hub team is dedicated to providing community-based support for carers.
- Sitting services is provided by Crossroads and other care providers to give carers a break.
- Support in Mind Scotland supports carers for people whose mental health problems or mental illness impacts their life.

Involving carers in the development of our services is recognised as key to the successful delivery of our Strategy. In this respect we have ensured that carers are represented, as equal decision-making partners on the Carers' Strategy Group and across each of our wider Strategy Groups. We have also continued to support the development of 'Carers Voice' – a carers' participation and representative membership group, which had approximately 90 members at the end of 2021/22. More work is needed in this area to ensure that all service developments are underpinned by carers as representatives of the people they care for, and whose perspective is vital to successful service design and implementation.

Further statutory obligations came into effect in relation to providing support to those caring for people with a terminal illness. A new service providing palliative carer support was created, and following feedback from carer representatives, was expanded to provide greater emotional support to carers of people admitted and discharged from hospital. The New Rannoch Carer Support Team provides the service and feedback was overwhelmingly positive.

The Joint Carers' Strategy 2019-22, highlighted the need for Health and Social Care professionals to have training to ensure obligations to carers are widely understood. Carers need to be identified early and enabled to find support to meet their needs. Training for staff was developed and presented to 58 professionals throughout localities and the hospital discharge

teams. Feedback was positive as it gave learners an insight into being an unpaid carer, the potential impact on carers and the support carers are entitled to expect.

One key outcome identified from the Strategy was the need for greater peer support and so working with Richmond House we have established a monthly carers' café in Crieff. This was aligned with community wellbeing walks, resulting in more carers using the service throughout the year. This will be expanded to include weekend cafés, to enable carers who work to meet up for peer support and friendship.

> *"Thank you for the help and support, without her care and professionalism…I don't know how I would have coped"*
>
> Carer Support Team: Service user Feedback
> (Murray Royal Hospital)

Given the success of the Crieff model, work started with Dementia Friendly Aberfeldy to introduce the concept in Northwest Perthshire. Following some initial success, work continues to establish a regular meeting time and place in Aberfeldy so that carers can meet to share experiences, provide peer support and increase awareness of wider support services and community groups.

Across our localities we are working to establish and develop more opportunities for carer peer support including carer drop in at the Maddoch Centre in St. Maddoes and our Day Centre in Kinross. Peer support groups have also been developed during the year by PKAVS including walking groups, the Bridge Project which supports bereaved carers, and the creation of a Carers' Choir with Horsecross in Perth City.

Where caring has a significant impact on carers there may be a need to consider replacement care in order to allow them to have a break. Throughout the year, providing this support was a challenge as the effects of the pandemic and other pressures meant that recruitment to caring roles was affected. Similarly, with pressure on the availability of care home beds from other Health and Social Care services it was difficult to provide respite care home placements. Given the difficulties outlined we undertook a test of change in collaboration with Parkdale Residential Care Home to create capacity for planned placements. This allowed carers to plan breaks, take holidays and gain respite from their caring roles. Despite these pressures on services, the work of the locality teams, including our dedicated Carer Support Workers, mitigated the impact of a caring role. This has contributed to a reduction in care home admissions as a consequence of carer breakdown from 24.0% to 16.3% of permanent care home admissions during the year.

The Joint Carers' Strategy recognises the financial impact of caring. Working with partners, Carer Positive and PKAVS, we have engaged with employers to improve recognition of working carers and the support that employers can provide to enable them to continue working whilst caring.

The life impact of a caring role cannot be understated and so carers were signposted throughout the year to Citizens' Advice Scotland, resulting in 479 people with caring responsibilities,

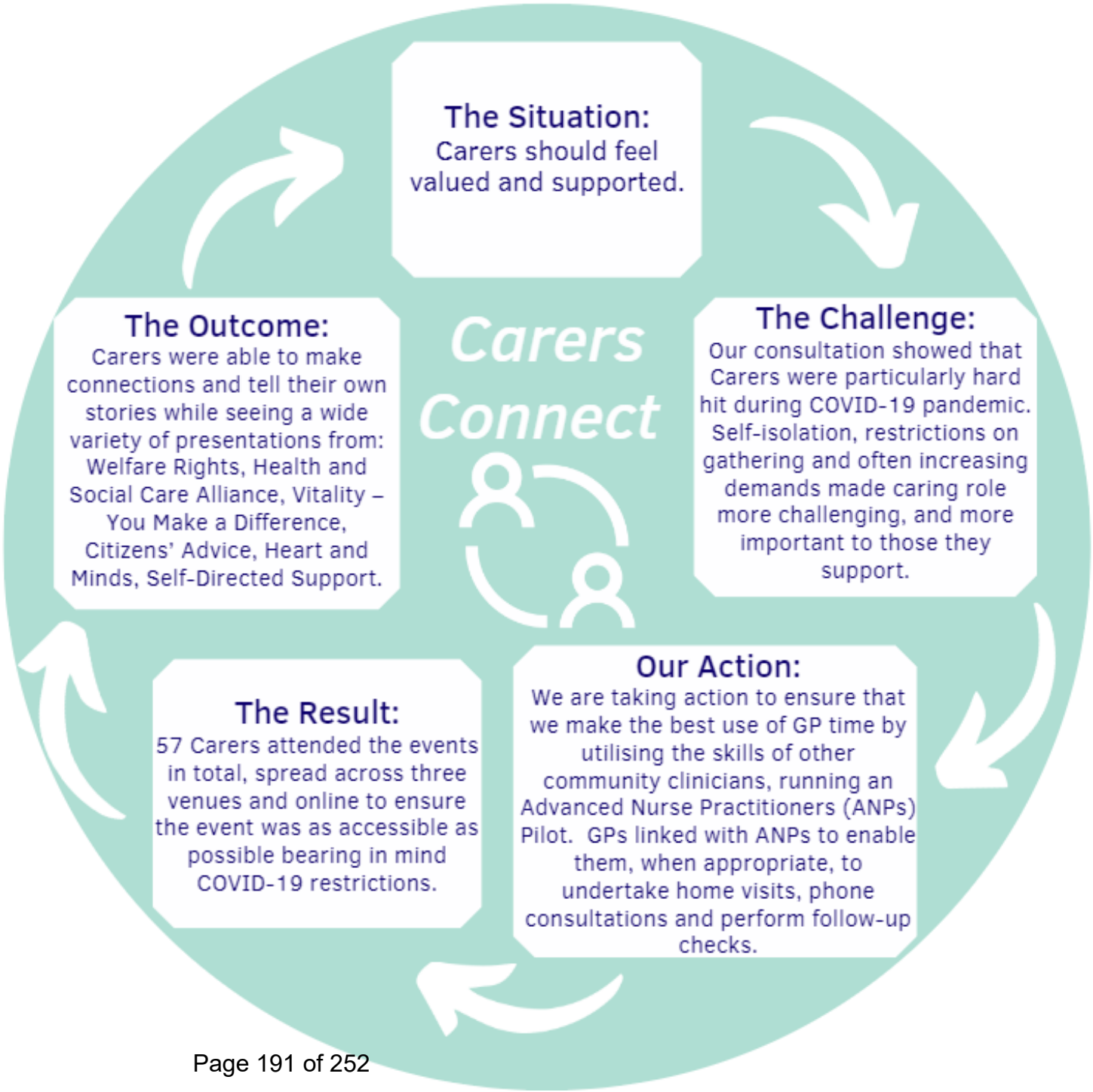
getting support with a range of issues including benefits and housing. A financial gain for carers of £343,000 was achieved. The uptake of advice continues to be monitored as the cost-of-living crisis impacts our population and our communities, especially for those looking after a family member or friend.

We reviewed our information resources and in September launched our new information booklet developed with Carers Voice. This was promoted throughout Perth and Kinross via Culture PK's mobile library service. We also considered minority ethnic carers, and with our Social Prescribers developed a relationship with Perthshire Welfare Society who support carers from a range of ethnic minority groups, including South Asia and Eastern Europe, to develop posters in a range of languages to ensure that carers from many backgrounds would be able to find out about the support available to them.

Improvement Journey

This illustration outlines the planning and delivery of Carers Connect, which works to improve the range of services and support networks carers have access to.

In achieving this, unpaid carers are better able to remain in their caring role and continue to deliver the vital support to those for whom they provide care.



Case Study

PKAVS: Jackie's Story

Jackie cared for her mum who had Alzheimer's and vascular dementia and her dad who had a serious heart condition. During this time Jackie was diagnosed with arthritis. The impact of caring meant that she found it difficult to maintain this support whilst caring for her own family, working and studying. She realised that, whilst she found caring for her parents rewarding and would not change being a carer for her mum and dad, as she knew how to support them in a way that they appreciated, it was becoming increasingly difficult to cope. Realising the impact on her own health and wellbeing led her to visiting PKAVS Carers' Hub.

This is her experience of the support from PKAVS in her own words:

"In 2017 I went into the Gateway Centre to ask for help and that moment changed my life. After chatting with Catriona, I went home lighter knowing I wasn't on my own. When my plan arrived, I cried again because I had been heard and finally accepted that I was an unpaid carer for my parents and in due course my son. From then onwards PKAVS have supported me and my family practically and emotionally through diagnosis, accessing services, professional interactions, bereavement and the pandemic! PKAVS have offered a consistent professional input to my family with realistic goals and compassionate support. Jo and Lorna have also provided consistent caring support through Telephone Befriending which continues to help me now. I am so very grateful for PKAVS and all they have done for me."

Crossroads Sitting Service: Family Testimony

"Having the Crossroads Sitting Service has made a huge difference to us.
Because of the type of dementia my partner has it means he wants to be on the go all the time and is very active. Because I'm not in the best of health, I cannot keep up with him and I get tired. When Crossroads come in, he looks forward to them coming and enjoys his time with them. It means they can take him out and I can go and rest if I feel tired and I don't need to worry about him. I know that he is safe and getting well looked after and is in good hands.

The difference it has made to me means I look forward to having some time to myself to do the things I enjoy whether that's just pottering about the house, having a rest/catch up on some sleep, meeting my sister-in-law for a coffee and a chat or just getting some time to do what I want to do. He's happy, so I'm happy and it means I can keep looking after him and we are together in our home".

How our Commissioned Services are meeting needs

Support in Mind and PKAVS Carers Hub provide an example of how our Commissioned Services are supporting Carers in their caring roles.

Support in Mind:

Support in Mind provides unique support to people with severe and enduring mental ill health. Support in Mind takes a human centred approach, believing people affected by poor mental health and illness deserve the highest quality of support in the community and that every person has the right to be valued and to share in the opportunities, challenges and joys of everyday life. In doing so, the people they work with have greater opportunities, can build confidence and social skills, and become more integrated to their communities.

Across Perth and Kinross, their Carers' Support Workers work remotely to provide targeted support to people who care for or support people experiencing mental ill health. Services for carers include:

- Individual support
- Emotional Support
- Telephone and email support
- A range of information, advice and access to local peer support groups
- Professional guest speakers on mental health topics
- Signposting to other relevant services

These services are provided completely free and confidentially.

The last year has seen a significant increase in the level of support provided by Support in Mind (SiM). They have increased their service footprint from Carers and Hearing Voices to now include Resilience early intervention. These services run in tandem with their Carers project which in the last year has continued to run at an enhanced level in response to increased demand from the pandemic. This approach has been beneficial to both carers and people they support with mental health needs.

Support in Mind have also worked with PKAVS to allocate funds from the Winter Recovery Fund, with £45,000 allocated from government funds to carers. 4 of the SiM carers benefitted and were collectively allocated £1400 and 5 new carers were identified during the process who would benefit from the more complex in-depth support their carers project offer
SiM continues to be involved in the local Mental Health and Wellbeing Strategy group, Carer Strategy Group and the Autism strategy group and the strategic planning group - with contributions made to planning, participation in workshops and group meetings.

Current uptake of service:

Over the period 2021 - 22 SiM Perth and Kinross Carer Support Service provided information, advice and support directly to 122 Carers
This was up 23 on last year, with 68 Carers (up 1 on last year) receiving ongoing support from Carer Support Workers.
In total there were 245 carers receiving information and advice from the service

Feedback and comments:

"You keep me sane."

"It was amazing to have the relevant information and be able to challenge the professionals, Thank you"

PKAVS:

PKAVS supports thousands of unpaid carers in Perth and Kinross, seeking to help people who take on caring responsibilities to be individuals first and carers second. This support is divided into distinct areas: Young Carers, Young Adult Carers, Adult Carers, Development, and Respite. The carers hub offers emotional and practical support to unpaid carers of all ages living in Perth and Kinross. This support is offered through carers accessing the universal services we offer plus signposting carers to our voluntary and statutory sector partners for any additional support they may need.

Current uptake of service:

46 referrals received across all services in the 11 months from 1st March 2021 to 28th February 2022.
254 adult carer support plans completed within that same timeframe.
4,024 contacts made with unpaid carers in the same time period through the Telephone Befriending Service offering access to both emotional and practical support.
210 applications received for the Winter Recovery Fund totalling nearly £60k in February
311 short break grant awards funded through Time4Me
645 packs of 12 complementary therapy vouchers issued to unpaid carers
Total Carers - 1,906, a 33% increase on last year

Feedback and comments:

"The informal and open forum, small group, really honest and straightforward answers to queries, no "hard sell" stuff, excellent input."

"I enjoyed the informal and relaxed manner in which [PKAVS] delivered the information. I left feeling more confident that I was doing things ok."

Of note, PKAVS also supports a Mental Health and Wellbeing hub and Minority Communities' Hub.

PKAVS Mental Health and Wellbeing Hub provides support and opportunities to people recovering from mental health and wellbeing difficulties, working in partnership to make sure the people they help are well-supported in their community. Based across two service locations, Walled Garden in Perth City and Wisecraft in Blairgowrie, PKAVS Mental Health and Wellbeing Hub has a strong focus on activities which promote recovery.

PKAVS Minority Communities Hub is the lead organisation supporting the expanding migrant population in Perth and Kinross, helping hundreds of people to access local services and play an active role in their community. The aims of the service are captured in the Hub's vision statement: "We believe that people of all backgrounds and their communities should have opportunities to flourish and to contribute to a fairer, more equal Perth and Kinross."

Looking Forward

We are consulting carers to help inform how we develop services to meet their needs as our current Joint Carers' Strategy 2019-22 draws to a close.

The views of carers will inform how better, more equitable support is provided. The over 75 population continues to increase significantly, and this will lead to more older people undertaking a caring role for family members or friends, who can no longer live independently. We will create a refreshed strategy with clear aims describing how we intend to improve the support that is provided for all carers at a time when they need it.

Meaningful and effective carer representation and engagement is crucial to our understanding of the lives of unpaid carers, the challenges they face and how we provide a better integrated health and social care service to meet their needs. Carers need to be considered as equal, expert and valued, and we have further work to do to ensure that they are supported to realise this ambition. Our carer representation is reliant on a number of focussed and dedicated volunteers, and we will support them to mentor and train others to be confident and comfortable in working with us to improve the services we provide.

Steps already taken to improve services following feedback include the expansion of the Telephone Befriending Service. We have invested to extended this to cover out of hours periods to further meet the needs of carers when other supports are unavailable. We are also developing the volunteer-based befriending service to ensure that carers can have a break from caring when they need it.

LEARNING DISABILITY & AUTISM

Our Year in Action

Service Delivery: Improving and Adapting Throughout the Year

People with learning disabilities have a significant, lifelong condition that started before they reached adulthood, and which has affected their development. As such, having a learning disability affects the way a person learns new things and it is different for everyone. No two people are the same. Learning disability is reduced intellectual ability and difficulty with everyday activities. People may take longer to learn and may need support to develop new skills.

A person with a learning disability might have some difficulty with:

- understanding information
- learning some skills
- looking after themselves or living alone

People with a learning disability may also have sensory needs regarding how they interpret the world around them, postural and physical issues, mental health needs or behavioural needs which may challenge. Some of these needs may be complex.

Autism is a developmental disorder of variable severity and is characterised by having difficulty in social interactions and communications.

Learning Disability and Autism Services provide support to vulnerable young people and adults, often with complex conditions and support needs. This is a complex area of service delivery and covers a range of services to support people with multiple needs.

We have now published our Learning Disability and Autism Strategic Delivery Plan setting out our ambitions to improve outcomes for people who use our services.

In line with the recent Scottish Government directive, The Annual Health Check for People with Learning Disabilities (Scotland) Directions 2022 now standardises a duty of care to provide Annual Health Checks to all people in Scotland aged 16 and over who have learning disabilities, using the Scottish Health Check for Adults with Learning Disabilities. This is a targeted invitation for a yearly health check for people aged over 16 with a learning disability. This must be undertaken by a registered nurse or a registered medical practitioner.

Through workforce redesign in 2021 and a change in delivery model, the Learning Disability Intensive Support Service (LDISS) has provided both an inreach and outreach service ensuring equity of access to health care screening. Physical screening can at times be difficult for an individual with learning disabilities, particularly invasive treatments such as taking blood. The service continues to expand and offers physical observations and monitoring of side effects, blood checks and monitoring of heart function. Further data will be available towards the end of 2022.

Test of change AIM: By introducing weekly specialised nurse led clinics, the LDIS seeks to have 80% of learning disability intensive support service patients receive full physical and mental health monitoring as per recommended guidelines.

It is recognised that service improvements are needed to ensure that the right services can be delivered to those most in need. To tackle this a large scale, multi-year transformation programme was approved in February 2020, covering a broad range of service areas, including the following:

Transitions

With colleagues across Health Services and Education and Children's Services we reviewed our transitions processes for young people moving into adulthood, and developed guidance for young people, parents/carers and professionals in relation to how transitions work for them. The guidance will now be trialled in early 2022/23.

We commenced the development of online information on services, resources and community opportunities for young people and their parents/carers. This will further support their transition from school into adult life. We are taking a collaborative approach to this ensuring people with lived experience can contribute to improvements and are supported in the best way possible.

We have created our new specialist multi-disciplinary team, SCOPE to support people who have Autism and/or a Learning Disability and complex needs aged 14 years and over.

SCOPE

S – Supporting young people and adults with complex needs
C – Community based approach/assessment
O – Offering young people and adults' choice in their care packages
P – Person-centred planning
E – Enriching people's lives

The development of a Transitions Flat has been progressed and is planned to be operational in December 2022. This exciting and innovative development will provide accommodation for two young people at a time. They will receive intensive support to maximise their independence before moving to tenancies of their own.

Independent Living

Following previous consultation with clients and their carers, it was established that people want to live in their own homes and within their own local communities. To deliver this ambition we worked with Housing colleagues to develop the desired accommodation which will support people to live as independently as possible.

This approach, referred to as "Core and Cluster", will allow people with complex needs to safely live more independently in purpose-built homes. These developments will enable people to have their own tenancies and access care as required from services based nearby. As well as creating a more natural environment for people this model provides better value as carers are able to support more than one person. Work on this development was halted during the pandemic however building resumed during 2021/22 and it is anticipated that this long term and ambitious development will see the first accommodation become available in late 2022.

Behavioural Support

We need the right environment(s) to help people cope better with their condition in a way that limits behavioural challenges. Through the Tayside Mental Health and Wellbeing Strategy, the Positive Behavioural Support (PBS) approach is being reviewed. PBS is already provided in Perth and Kinross in a limited fashion and we are expanding this to support more people. Pandemic restrictions frustrated progress on this however working collaboratively across a broad stakeholder base including people with lived experience, we are developing a framework which supports practice. Additionally, we will provide additional training to our staff and through the SCOPE team (see above) we have increased specialist psychology support.

Technology Enabled Care

The migration to a fully digital Community Alarms Service continues as planned and will see all 4,000 service users migrate to a digital service, improving connectivity and overall levels of service. 25% of service users now have digital alarms. Collaborate work is underway with local authorities and partnerships across Scotland to identify a shared national Alarm Receiving Centre platform.

"Excellent service from all the team"
"I am happy at the centre"
Day Centre Service - User Feedback

This is co-ordinated by the Local Government Digital Office and could offer the opportunity for data sharing and support, not possible with the current network. This joined up approach will strengthen bargaining power on behalf of service users to ensure a service that meets the needs of individuals at a competitive cost. By enhancing the use of Technology Enabled Care (TEC) through an Overnight Responder Service, we can more effectively support people who have previously received overnight support, usually on a one-to-one basis.

Day Services

Learning Disabilities and Older People registered day services were largely provided on an outreach or virtual basis through the pandemic. This maintained contact with service users and carers to the extent possible. Services re-opened with easing of restrictions in 2021/22 to the same or better levels of service than pre-pandemic. The virtual service continued and this gave greater choice to people in how they receive services. This is well received.

"He (My son) seems to really enjoy the contact with others via such sessions, I think it's really helping his mental wellbeing as well as giving me some time to get some work done"
Virtual Day Opportunities: Service User Family Feedback

Third Sector Sustainability and Collaboration

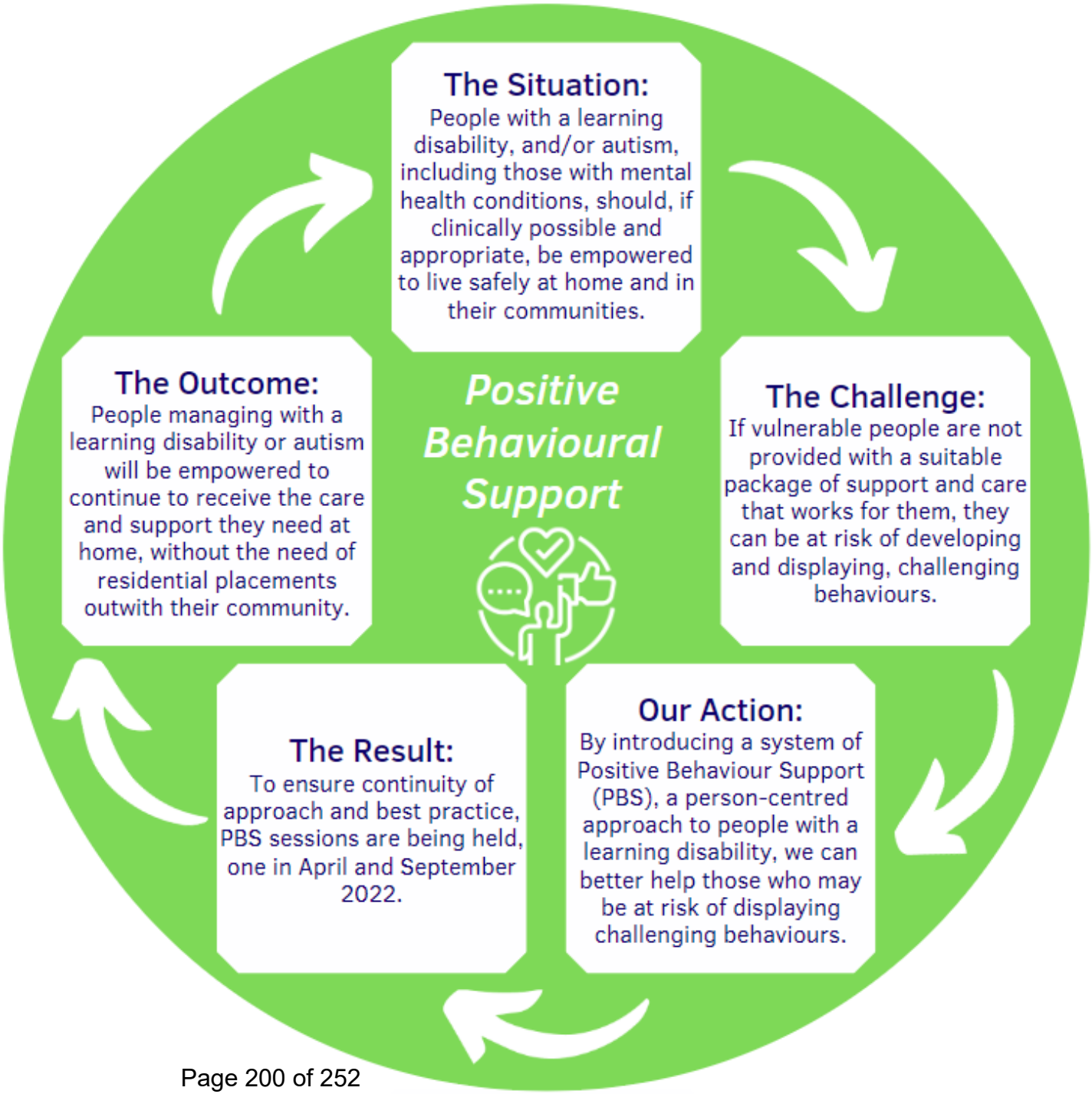
Partners in the third sector continued to provide a broad range of essential support services in a flexible and adaptable way, including services using digital solutions.

This approach meant services were delivered digitally and allowed for effective remobilisation. This also supported clients to access day activities from home and from school adding valued support to those in transition. We envisage a blended approach to future service delivery, inclusive of much needed and beneficial building-based services and enhanced digital approaches.

Small organisations have flourished and gained significant levels of volunteer support across communities. The value of these local and community-led organisations is well recognised and where possible will be replicated. Providing a swift response to the needs of service users is key and we are promoting organisations who intervene early as this can delay the need for statutory services or avoid the need arising altogether. An example of this approach has been seen through the commissioning of a new provider "Support Choices". This provider supports people to make the right choice for them through Self Directed Support options before there is any need for statutory services to be involved.

Improvement Journey

This example shows how our focus on Positive Behavioural Support is helping to ensure that people remain in their own community, as safe and as independent as possible.



Case Study

Brain in Hand

Brain in Hand is a digital self-management support system for people who need help remembering things, making decisions, planning, or managing anxiety. It's not condition-specific, but is often used by people who are autistic or managing anxiety-related mental health challenges. We are currently trialling this technology-enabled care.

Dylan's story: Dylan was referred to Brain in Hand by his supporter to help him cope with his anxiety. After researching the system, watching testimonials from other users and exploring a demo version, he decided that he would like to try it:
"When I saw what Brain in Hand does and the diary and the reminders, everything just seemed to come together. I just thought 'that really is for me'."

Dylan found the setting up quite easy and straightforward and whilst he was a bit nervous before his first session, his Specialist made him feel at ease.
"There's never been anything that's been tricky, because you go into depth explaining things and you've been very approachable, by letting me know that if I need anything, I can just email."

Dylan feels that Brain in Hand has given him an awareness of how he's feeling and day-to-day experiences:
"I just feel like it's helped me a lot that way, so that I know I've got it there if I need it. Usually, if I press the orange button, it also gives me a reminder to maybe give my mum a message to say that I'm not feeling very good but I'm not at the stage where I need to speak to someone from the Response Service at that point, instead just maybe letting mum know I'm not feeling good."

Both Dylan and his supporter said that they would recommend Brain in Hand to other users:
"When you're not having a good time, just to have something where you know you can press a button and there's going to support and help there for you, I think it's just amazing."

Outreach Workers

The Perth City Locality have been working alongside an individual and their father since 2016 to ensure they have the best quality of life possible. The individual has a diagnosis of learning disability with associated distressed behaviours. There had been a robust care package in place through Self Directed Support. However, as a result of numerous issues, the provider could no longer provide their package of care. As a result, the individual has not been in receipt of their assessed level of care since late 2021, placing significant extra responsibility on a family taking on the role of unpaid carer.

Due to the complex needs of this young person a Multi-Disciplinary Team approach was taken to inform the assessment and ensure a person-centred approach.

The family's needs were also fully respected and upheld especially in relation to their unpaid carer role. A Carer's Support Plan provided additional support for their emotional and social wellbeing, and assisted with benefit claims, transport and blue badge application.

The social worker requested input from the SCOPE Team which has Outreach Workers with knowledge and experience of the needs of those with a learning disability and autism with complex needs. They provide support to Social Workers by direct contribution to specialist risk assessments, care planning and positive solution focused interventions. They work alongside the Home Assessment and Reablement Team to give practical support during periods of crisis and as a result have reduce the need for admission to hospital or institutional care.

Supporting Independent Living:

An urgent referral was made to the Independent Living Panel for a person with care and support needs who needed a new ground floor property, due to the flat they rented privately being sold. Having had previous negative experiences of living in institutional settings, there were safety concerns which meant that it was important to work closely with the family to ensure a suitable home could be found and allowing enough time for a managed transition.

The multi-agency panel worked with the family, Social Work, Housing and Common Housing Register Partners to identify a property within a location the individual would be happy with, and enable them to be supported within the community. A new build property became available, and a viewing was arranged to see if they would want to live there. With support from family, Social Work, the Self-Directed Support Team, Personal Assistants and the Housing Association, the individual successfully moved into their new home in the Spring of 2021.

The action of the person's family and joint working and communication resulted in a home for life. This gave peace of mind and continuity of living in their community in an environment supporting independence. It provided a secure and cost-effective solution.
The home has a number of design features and minor alterations were made to each room including technology enabled care support to ensure they can live safely while also having the independence to make it the home they want.

In this case the move ensured the person could continue living independently in the community rather than leading to a crisis. It has highlighted how through effective communication and an integrated approach, people with a range of needs can be supported to remain in the community and remove the need for costly or inappropriate placements. This experience has also provided the Panel with valuable learning around what resources and supports need to be in place for a person to have a positive experience, both in transitioning to and living in a new home of their choice.

How our Commissioned Services are meeting needs

The Centre for Inclusive Living (CILPK) provides an example of how our Commissioned Services support people with complex conditions and support needs.

Centre for Inclusive Living (CILPK)

CILPK seeks to promote Independent Living in a wide range of ways including, Equality Issues/Advocacy, Self Directed Support, Community access, the Keep Safe Scheme and by Awareness Raising through awareness raising and training.This activity is centred on the understanding that people with a disability live a life of their own choosing, as fully participating, independent members of the wider community.

Current uptake of service:

CILPK received 8 iPads and MiFi units from Connecting Scotland and purchased 2 Kindles and MiFi units.
2 members of staff completed Digital Campion training.
All meetings have moved online resulting in all members gaining digital skills and devices.
All service users who received iPads also received 6 weeks of training with ongoing support.
Managed to support members to access online meetings and activities which has meant they have been able to stay in touch with people and also feel part of their communities by doing online sessions.

Looking Forward

The Scottish Government announced £20m funding for IJBs in February 2021 for a Community Living Change Fund. The fund is intended for a re-design of services for people with complex needs, including intellectual disabilities and autism, or for those who have enduring mental health problems. The plan in Perth and Kinross is to invest in services to support more individuals with complex needs in the community and disinvest in institutional care. For example, via Core and Cluster developments and additional SCOPE Team capacity.

Throughout 2022/23 there will be a test of change with Family Group Decision Making Co-ordinators. It is anticipated that by employing the same model of practice used successfully in Children's Services, the same positive impact will be achieved in Adult Services.

As Core and Cluster developments become operational, people with complex needs will be better able to transition out of long stay institutional settings. This will help improve their quality of life and reduce the risk of admission to hospital. These facilities will open opportunities for people placed outwith Perth and Kinross to return.

This approach through Core and Cluster developments is set to expand in the coming years. Plans for another Core and Cluster site have been submitted in collaboration with Perth and Kinross Council colleagues. This forms a significant element to future service delivery plans.

An overnight responder service is being developed to provide support using Technology Enabled Care and mobile responders. This is rather than relying on one-to-one carer support. Those for whom this service is appropriate, will benefit from more flexible and less intrusive support.

In the Keys to Life Strategy it was identified that being able to access public transport is important in order to support independence. Investment is planned for 2022/23 for more in day opportunities, SCOPE and Social Prescribers, to help build ability to develop independent travel skills. This will support outcomes, independence, provide opportunities through access to social and leisure activities, and improve health and wellbeing.

OLDER PEOPLE'S SERVICES

Our Year in Action

Service Delivery: Improving and Adapting Throughout the Year

Older People's Services provides a broad spectrum of support where people often have a range of needs with varying severity.

These services are provided in a seamless loop from inpatient to community health to social care all of which aim to ensure that people have the best possible outcomes. These services seek to intervene early to prevent deterioration in conditions and help people to live as independently as possible for longer.

Older People's Services have continued to be developed to meet rising demands and during 2021/22 we undertook significant research and consultation while producing our Older People's Strategic Delivery Plan which was approved by the IJB on 30 March 2022.

Hospital and Community Care

As we deliver our services and develop new approaches, we have ensured that person-centred care and early intervention and prevention are at the heart of our service delivery.

Our **Locality Integrated Care Service** (LInCS) has become our approach to working across community health and social care. It provides alternatives to hospital admission and early discharge and is delivered by professionals from a broad range of Nursing, Allied Health Professionals (AHP), Pharmacy, Older People's Mental Health, Social Care and Third Sector services.

As the service continues to embed, we recognise that further enhancements to this service will be required. To ensure a robust 24/7 approach we are developing the model to provide overnight integrated health and care services to support discharge of patients with complex needs. Additionally, as we scope the potential for introducing a “Hospital at Home” model of care we have improved how people navigate our services by introducing a single point of contact. This simplifies access to services and ensures effective triage and most appropriate timeous input.

The **Specialist Community Respiratory Service** has further strengthened community services. This developing service continues to enhance effectiveness and responsiveness by linking through the LInCS model to other services and professionals. The service started in early 2021 and has supported almost 200 people with acute respiratory conditions. The majority of referrals came from a hospital setting. Each month saw an active caseload of over 100 people with around 160 patient interventions, checks and multi-disciplinary team reviews. Almost half of these interventions were undertaken face-to-face with patients.

This increased opportunities for patient education by delivering self-management skills, to those with chronic respiratory conditions, in their own homes. This is key to a person-centred approach to early intervention and preventing deterioration which then avoids hospital admission.

As our population ages, more interactions with specialist consultants and advanced practice professionals are likely to be required. This used to be provided by our Medicine for the Elderly consultants, alongside a multi-disciplinary team, via traditional centralised outpatient clinics from within Perth Royal Infirmary. To improve the person-centred approach, and increase efficiency, a community-based model was implemented providing comprehensive assessment at home by an Advanced Nurse Practitioner or Consultant. This continues to be rolled out and developed across communities and community hospitals. Our Advanced Nurse Practitioners are working alongside consultants and other senior clinicians, supporting ward rounds, responding to deteriorating patients and following up on patients at home post discharge from hospital.

Strong connections with the LInCS model mean referrals can go directly to other services to provide wrap around support and care as required. This model is aimed at reducing the need for people to travel, reduce the footfall into hospital and reduce the number of emergency admissions, thereby maintaining people’s independence for longer.

Urgent Care is defined by the need to provide services for illnesses and injuries which require immediate attention and treatment but are not a threat to life and limb. The Scottish Government’s Redesign of Urgent Care continues to progress across Tayside, assisting patients to access the most appropriate local service. The focus is for patients to access ‘the right care in the right place at the right time’. Locally this work builds on our work to develop the Locality Integrated Care Service, community based Advanced Nurse Practitioners and our Minor Injury Units, which has now been successfully integrated with the care and treatment service. Work with GPs to test the role of Advanced Nurse Practitioners in responding to urgent house calls was successful. In the next phase the model will be expanded to improve efficiency, by integrating

through the LInCS model, to ensure people see the most appropriate professional as the first point of contact.

The **Integrated Discharge Hub** across Perth and Kinross continues to manage increasingly complex discharges. The increasing prevalence of complexity is associated with an aging population with a broad spectrum of need further impacted by the pandemic. The implementation of the Hub however ensures equity of service provision across all inpatient areas in Perth and Kinross and seeks to maintain capacity and flow across the whole system with strong links between inpatient services and community health and social care being a critical factor in success.

Working with NHS Tayside colleagues, we have implemented a new **Stroke Rehabilitation Model** within Perth Royal Infirmary (PRI). This model provides rehabilitative care facilitating the process of recovery. This high quality, person-centred care helps people regain maximum self-sufficiency.

Allied Health Professional services play a key role to support people to rehabilitate and recover. Work to improve the service offer follows the national Recovery and Rehabilitation Framework. This details the specific contributions Allied Health Professional services make in: Primary Care, Secondary Care, Community Care, Care Homes and dementia support; as well as the digital and workforce infrastructure to support this.

Rehabilitation journeys can differ, particularly given the effects of the pandemic on people's health, and in order to ensure effective support is provided a review of Allied Health Professional services commenced. This large piece of work considers: the views of professional bodies; existing guidance and standards of COVID-19 rehabilitation; and the Scottish Government's Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 pandemic. This work recognises that services and traditional rehabilitation approaches need to adapt delivery methodology, timeframes and intensity. This extends to preparedness for further physical impacts which may present as people recover. The recently launched Once for Scotland approach will layout the principles behind this and the AHP Directorate intend to deliver a Tayside Rehabilitation Review later in 2022.

Providing a sustainable **Care at Home** service to meet the needs of a growing elderly population was a significant challenge, particularly in rural areas. Demand for care at home continued to increase, often with the need for greater levels of care to support people to live at home or in a homely setting for longer. When this isn't possible, patients may be required to stay in hospital for longer than necessary, adding to delayed discharge pressure and reducing outcomes.

It is recognised that traditional methods of delivering care at home do not provide access for people and communities in a sustainable way. This is largely due to recruitment being difficult along with a frequent inability to create the necessary capacity in the sector. This can often lead to internal services like the Home Assessment and Reablement Team (HART) being diverted from their core role to deliver care at home. This then has a negative impact on the effectiveness of reablement. Other factors such as the complex effects of the pandemic and increasing population age also affect reablement and the combined effect of these has led to drop of 10% in the number of people re-abled to the extent they need no further support. To counteract this drop, the Home Assessment Reablement Team have worked closely with Paths for All and Live Active to

encourage increased activity where safe and appropriate to do so. All staff have had additional training to deliver basic exercise activities and developed packs to encourage increased walking and activity within and outwith the home.

Many of the difficulties in delivering care at home are experienced nationally and will take time to rectify. Work continued through the year locally to increase stability and sustainability. Pay rates for staff were increased and this helped to attract new entrants and is stabilising the existing workforce, reducing the incentive for staff to move between employers.

It is clear that commissioned third sector providers deliver good quality services (see Scrutiny and Inspection Section) to increase sustainability and improve overall effectiveness of services however a blended model, with a broader range of supports, needs to be developed.

To progress this, we are continuing to review our current service provision and are implementing a whole new method developed in collaboration with broad stakeholders including commissioned providers and local communities. The focus is on the impact of the support and care provided to people being person-centred and involving them by targeting goals, priorities and achievements sought within their lives. This is very much an outcome-focused approach.

The changes developed over the year have sought to give providers greater ownership of the hours-of-service provision they are commissioned to deliver. Increasing freedom in this respect allows providers more opportunity to respond to the changing needs or desires of the people receiving the service.

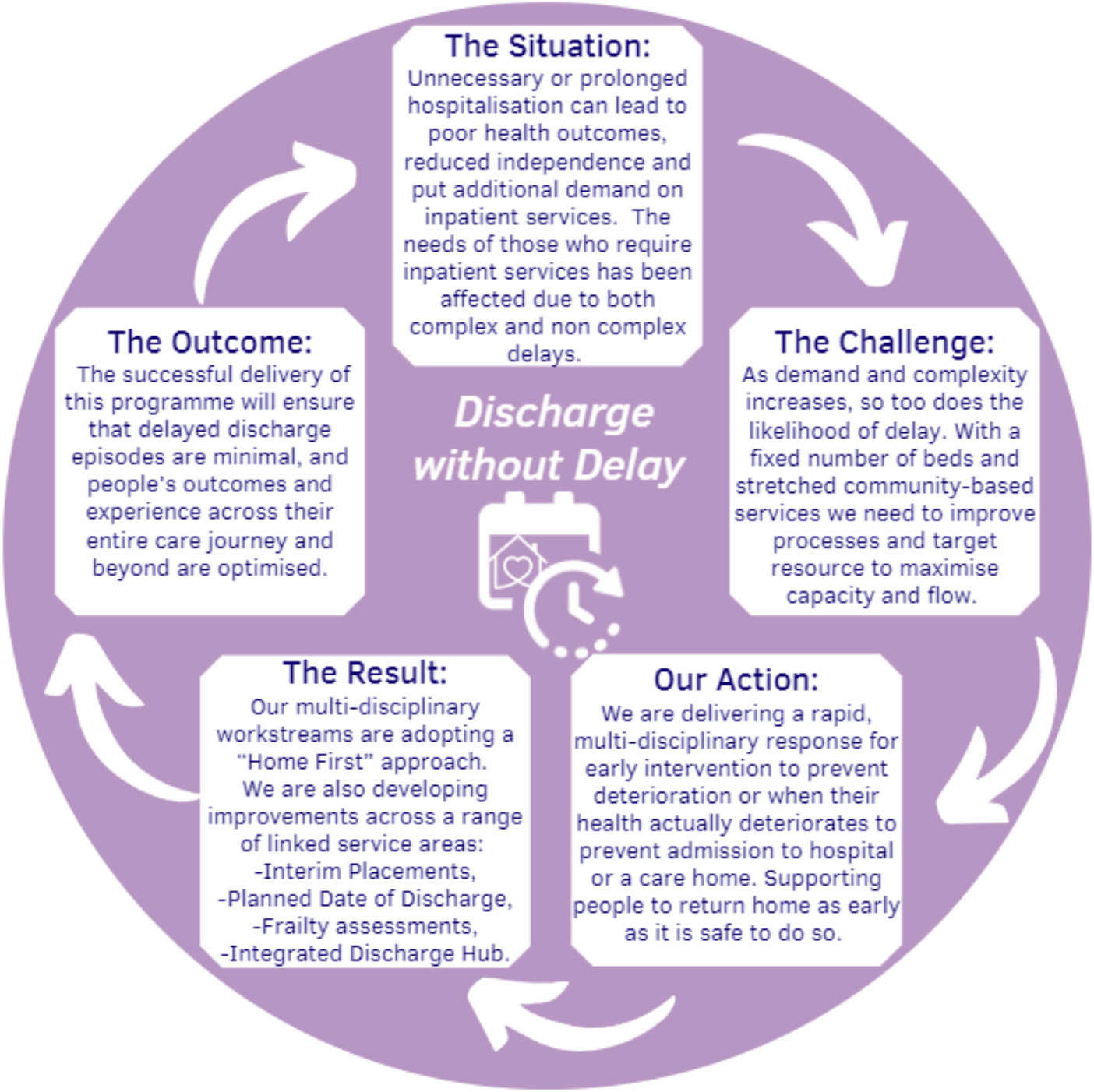
This is an exciting development and creates opportunities for support to be given to providers to promote skills within their workforce to enable them to work in a more community-led way. With providers more able to engage with local community groups, people can integrate through those groups to gain the support they need. This increases the quality of the services provided, improves people's quality of life and alleviates some of the service pressures which have been and continue to be experienced.

Care Homes in Perth and Kinross have continued to provide a high standard of care to residents despite the challenges of the pandemic. The Enhanced Care Home Support Team has been established throughout the last year to provide a further layer of support to care home colleagues. In collaboration with Care Homes, we have built on the substantial skills and experience already evident in these settings to create a community-based service with a multi-disciplinary approach. We have also invested in new and innovative Clinical Educator posts to support care homes and the wider professional interface, within our respective nursing and Allied Health Professions workforce. This multi-disciplinary approach is bolstering existing skills and support and has been well received.

Improvement Journey

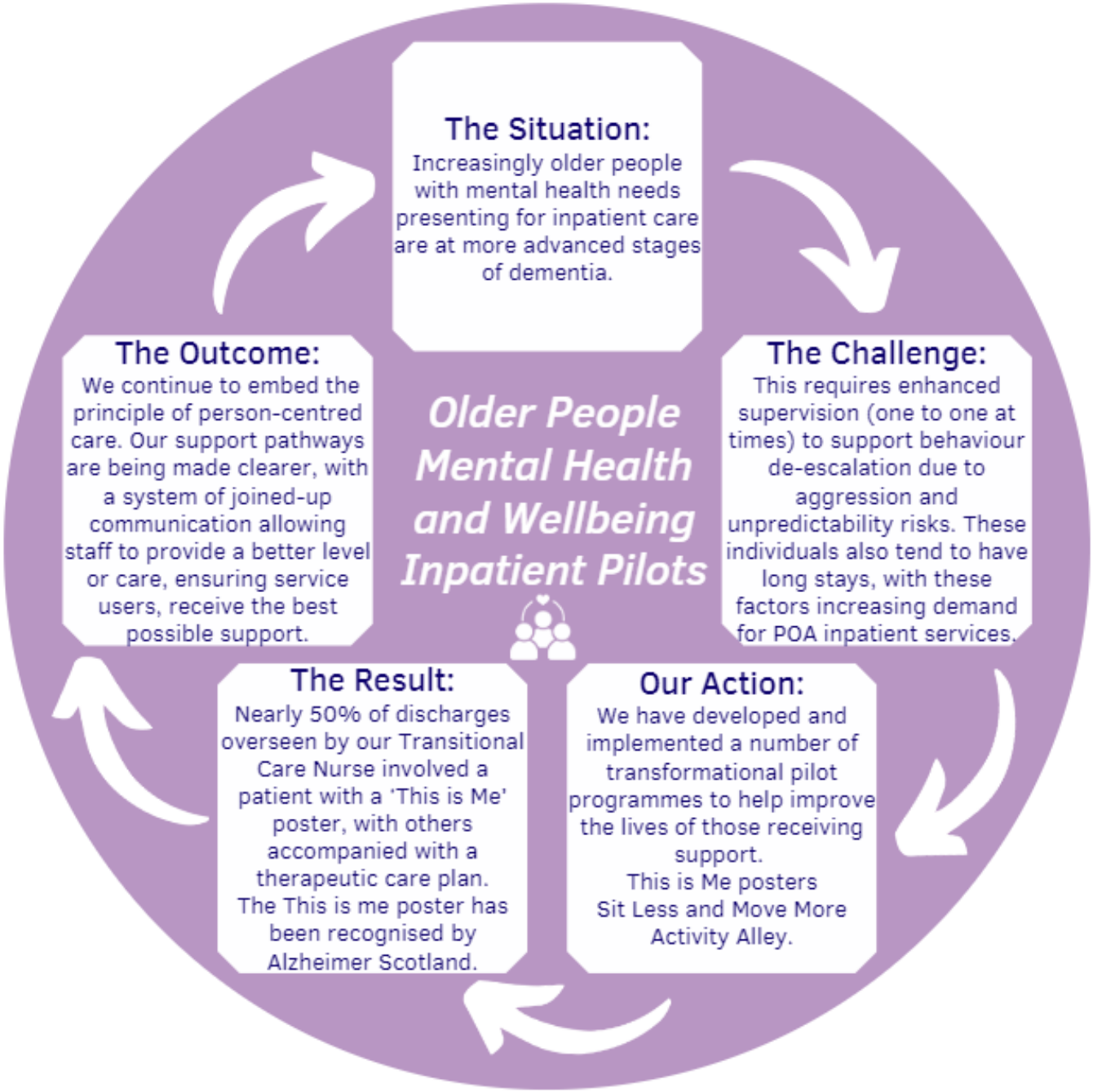
This illustration shows improvement in relation to discharge without delay, which seeks to improve capacity and flow and achieve timelier discharge from hospital. This will help get people out of hospital and back to their homes and communities, quickly, safely and at the point which works best for them.

The graphic on the next page highlights the work being done to ensure older people coping with mental health and wellbeing conditions are provided with the best level of care, while being supported in inpatient settings.



Strategic Objective	National Health and Wellbeing Outcomes								
	1	2	3	4	5	6	7	8	9
Prevention and Early Intervention	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reducing inequalities and unequal health outcomes and promoting healthy living	✓	✓	✓	✓	✓		✓	✓	✓
Person Centred health, care and support	✓	✓	✓	✓	✓	✓	✓	✓	✓
Working together with our communities	✓	✓	✓	✓	✓	✓	✓		✓
Making best use of available facilities, people and other resources	✓	✓	✓	✓	✓	✓	✓	✓	✓

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


The Situation:
Increasingly older people with mental health needs presenting for inpatient care are at more advanced stages of dementia.
The Challenge:
This requires enhanced supervision (one to one at times) to support behaviour de-escalation due to aggression and unpredictability risks. These individuals also tend to have long stays, with these factors increasing demand for POA inpatient services.
Our Action:
We have developed and implemented a number of transformational pilot programmes to help improve the lives of those receiving support.
This is Me posters
Sit Less and Move More Activity Alley.
The Result:
Nearly 50% of discharges overseen by our Transitional Care Nurse involved a patient with a 'This is Me' poster, with others accompanied with a therapeutic care plan.
The This is me poster has been recognised by Alzheimer Scotland.
The Outcome:
We continue to embed the principle of person-centred care. Our support pathways are being made clearer, with a system of joined-up communication allowing staff to provide a better level or care, ensuring service users, receive the best possible support.
Older People Mental Health and Wellbeing Inpatient Pilots

Case Study

Go 4 Gold

This year's event met the social distancing requirements needed, while still delivering one of the highlights of the care home calendar year. The annual Perth and Kinross Go4Gold Care Home Games took place across the final weeks of August. This inter-care home event supports residents to increase their levels of physical and social activity in a fun and meaningful way, through a series of competitive challenges, tasks and activities.

The multi-agency group developed a virtual care home Go4Gold event, with events, equipment and instructions on how to participate distributed to care home to enable residents to safely take part. All equipment met strict infection control criteria, allowing the residents to take part in a number of fun physical and challenge activity including:
Cup Ping Pong, Skittles, Football Goal Scoring, Putting and Picking up objects of nature.

Residents also competed in a costume competition, as well as a poster challenge with the theme of Walking with Nature' to reflect the ongoing partnership with Paths for All. A live award ceremony was also relayed to the care homes, enabling residents, staff, family and friends to watch video footage of the games and events in which they had competed, with certificates and medals presented to the winners.

HSCP officers delivered an Olympic studio style commentary throughout the award ceremony, and special speakers included the Deputy First Minister, John Swinney and Hollywood actor, Brian Cox, and Jacquie Pepper, Chief Social Worker and now Chief Officer of the HSCP, provided some inspirational comments.

Over 330 residents from across 30 care homes participated with many other residents enjoying watching the proceedings.

Feedback and comments:

"We all enjoyed the competitions and supporting each other through the games. As some of us are wheelchair users or have mobility difficulties it was great being part of the event as we may not have been able to attend Bells Sport Centre."

"Made me feel good about myself"

"It could be done at our own pace and more of us could join in"

What Care Home Staff said:

"The residents could all get involved and the staff with it being held in the home. Great atmosphere created by excitement of events"

"All clients had a fantastic time, everyone felt so successful and content."

"One of our gentlemen is blind the choice of games was so good that with clear instructions he could take part no problem. The joy on his face was lovely to see."

How our Commissioned Services are meeting needs

Kinross Day Centre provides an example of how our Commissioned Service support older people throughout our communities.

Kinross Day Centre

Kinross Day Centre seeks to provide a range of different services geared towards the retired community of Kinross-Shire, particularly those who maybe be experiencing social isolation or loneliness.

Taking a flexible and human centred approach, the day centre encourages and supports elderly people to live independently in their own homes for as long as possible, as well as promoting behaviours and actions to help make people feel a valued part of their community. Accessible transport options are provided to the centre and people are encouraged to attend sessions and take part in the activities on the days that work best for them. These activities include:
Bingo, exercise classes, art & singing groups, relaxation, quizzes, day trips, concerts, board games and many more.

For those less able or willing to take part in the activities, they are encouraged them to attend, socialise and talk in a welcoming homely environment.

COVID-19 had a significant impact on service delivery, with the group forced to suspend face to face meetings in order to protect people from the dangers of community transmission of the virus.

From January 2021, the centre began reinstating in person services, albeit in limited numbers to promote social distancing. Initially this involved 4 people daily, although this has gradually increased to between 28 to 35 daily by the end of the 2021/22 period.

At present 99 people are getting support from the centre by attending the centre or through the delivery of a hot meal at lunch time, and there were approximately 13,500 meals, either in house or delivered, provided from 1st April to the end of March and ongoing.

Adapting to the new needs of the COVID-19 period, Kinross Day Centre has also collected and delivered 400 medications for individuals during this reporting period.

Feedback and comments:

"I couldn't have coped with my Mum if the Centre wasn't here."

"Never would we have survived without the centre bringing my lunch."

Looking Forward

Improvements in Older People's services continue to be developed in collaboration with a broad stakeholder base with a clear focus on integration. The overall goal with all developments is to improve outcomes by ensuring that people see the right professional in the right setting at the right time, reducing the need for unplanned admissions and supporting people to receive care in their own home wherever possible.

In addition to service developments described above we will continue our review of inpatient beds to support community hospital-based rehabilitation and pathways. This will ensure that the provision of inpatient beds complements the significant increases in support introduced for patients in their own home and within communities.

In Care at Home, we are proposing the introduction of a new "alliance" model of delivery which allows much greater opportunities for providers to support one another when gaps in provision emerge. This will take some time to be established but preparatory work undertaken within 2021/22 will allow this to be taken forward and will increase stability, flexibility and sustainability. This model increases the short-term responsiveness of providers overall when demand increases or capacity within one area reduces.

- During 2021/22 it was necessary to reduce the provision of services in Pitlochry Community Hospital, when the GP Ward became temporarily non-operational due to significant workforce challenges. To ensure future sustainability across the North Locality we are working in collaboration with GPs, wider professional groups, and key stakeholders. This development work is linked strongly to wider integrated service delivery developments referred to above.

- We will commence testing a dedicated Hospital at Home Model. This test will identify and provide a safe and effective alternative to hospital admission and improve opportunities for earlier discharge pathway for acutely frail elderly patients.

WORKFORCE

Our workforce is at the heart of delivering integrated services to the people of Perth and Kinross. Over 4,500 skilled and compassionate people work in different roles and settings reaching every community.

During 2021/22 we have faced significant difficulties in recruiting. We know from our review of data that this challenge is likely to intensify. As demand for our services grows, our workforce is getting older, vacancies are increasing and the overall working age population in Perth and Kinross is shrinking. This is compounded by rurality, the impact of the pandemic and a fatigued workforce.

However, as well as posing challenges, the pandemic also brought a pace and scale of change never experienced before as staff across health and social care embraced new technologies, service innovations and ways of working. During 2021/22, working in partnership with our staff, with our partners in GP practice and the third and independent sector we have

.

developed the Perth and Kinross Health and Social Care Partnership three-year Workforce Plan 2022-2025. This sets out the ways in which we will respond to the significant challenges we face as well as the national action necessary to support recruitment and retention. We have sought to build on the rapid innovation over the last two years and set out the actions that will give the best chance of meeting our future aspirations. At the heart of the plan is our commitment to provide staff with a working environment that provides strong, compassionate leadership, promotes wellbeing and supports them to grow and develop skills and knowledge.

The plan recognises the significant work already underway, set out in the sections above, to redesign services with an unstinting focus on early intervention, integration and locality working. This will improve outcomes for the people we serve but will also improve the experience of staff delivering services across our communities.

OUR PERFORMANCE

Introduction

Throughout 2021/22, we sought to maximise positive outcomes for the people we support through our Health and Social Care Services, particularly those in the greatest need.

The following section sets out performance against nationally and locally agreed key performance measures which are used to gauge how well we have performed over time. To provide context we have made a number of comparisons to assist with making informed assessments of performance.

The performance measures used are split into two main sections as follows:

- Health and Care Experience measures: These cover national indicators 1 to 9 and relate to the experience of people in Perth and Kinross when using our services. These are referred to as HACE indicators.
- Core Indicators Set: These cover national indicators 11 to 20 and relate to service activities.

Health and Care Experience

Every two years, on a national basis, people are asked to complete the Health and Care Experience Survey with responses being sought from GP practice lists. Within the survey people are questioned on their experience of their GP practice and wider health and social care services.

Across Scotland throughout November 2021, over 130,000 people responded to the 2021/22 survey. Of these 3,519 people from across Perth and Kinross responded and table 3 sets out the results in detail.

Table 1

ID	Indicator	Perth and Kinross 2019/20	Perth and Kinross 2021/22	Scotland Overall 2021/22	How we compared to 2019/20	How we compared to Scotland 2021/22
NI 01	% of adults able to look after their health very well or quite well	94.3%	93.7%	90.9%	-0.6%	2.8%
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	82.3%	79.9%	78.8%	-2.4%	1.0%
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	77.2%	73.8%	70.6%	-3.4%	3.2%
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	73.0%	65.1%	66.4%	-7.9%	-1.3%
NI 05	% of adults receiving any care or support who rate it as excellent or good	82.9%	79.1%	75.3%	-3.7%	3.8%
NI 06	% of people with positive experience of care at their GP practice.	86.4%	74.1%	66.5%	-12.3%	7.6%
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	80.2%	75.8%	78.1%	-4.4%	-2.3%
NI 08	% of carers who feel supported to continue in their caring role	36.7%	33.2%	29.7%	-3.5%	3.5%
NI 09	% of adults supported at home who agreed they felt safe.	83.9%	79.0%	79.7%	-4.9%	-0.7%

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update

Within 3%, or are meeting or exceeding our target	Between 3% and 6% away from meeting our target	More than 6% away from meeting our target

Across the nine HACE indicators, performance in 2021/22 has reduced when compared to 2019/20, when the survey was last undertaken.

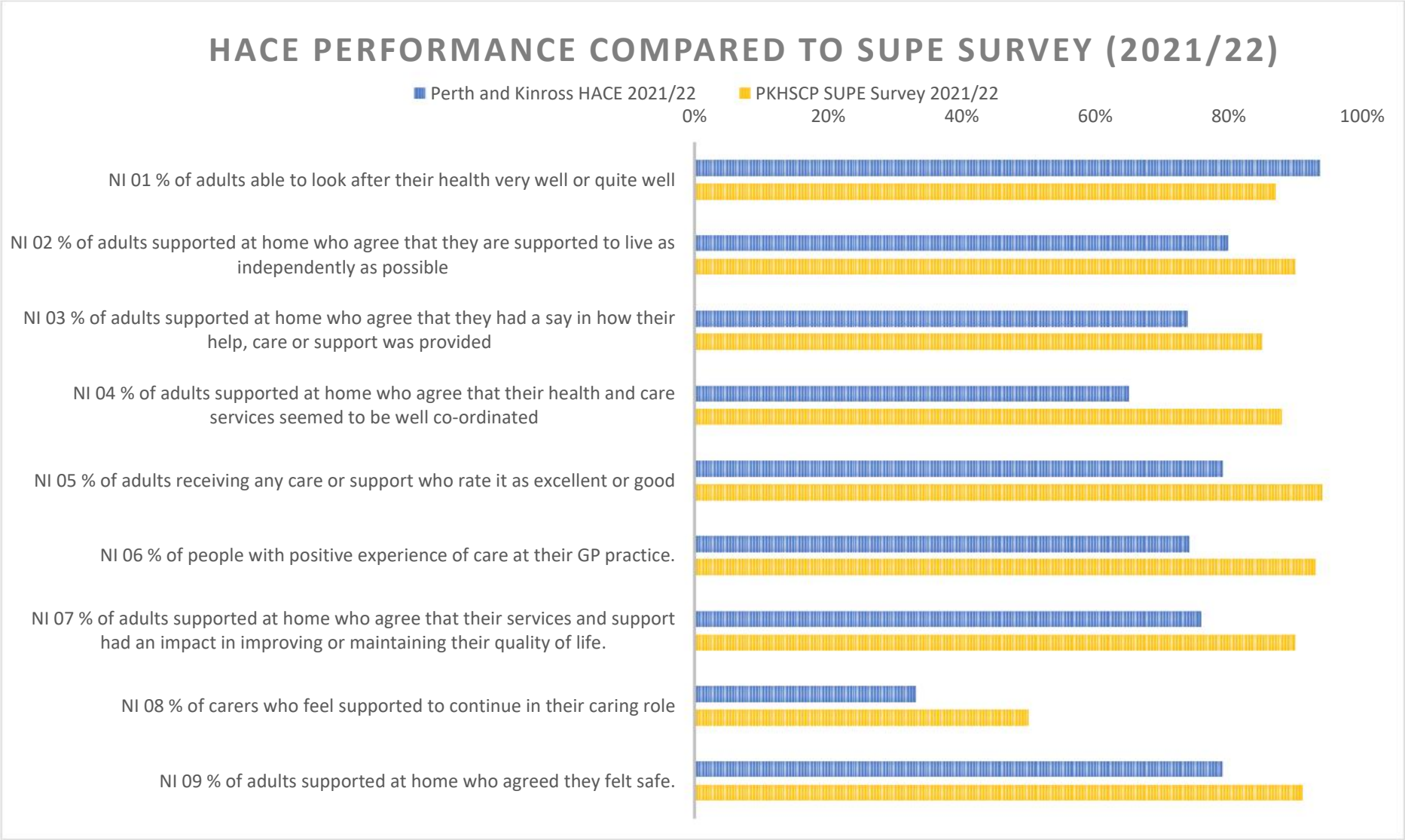
The reasons for this decline are complex in nature and not fully understood but the effects of the pandemic which reduced people's access to services is expected to be a significant influencing factor.

We can see that performance against these indicators has also declined across Scotland overall in the same period. Indeed, across Scotland the decline has been greater across all indicators than has been the case in Perth and Kinross. Performance against these indicators has also declined across our peer group of similar IJB areas. The effect of this is that although performance in Perth and Kinross has declined, we are still performing better than Scotland overall and better than our peer group.

In addition to the HACE survey we have developed our own local Service User and Patient Experience (SUPE) survey. This provides for more regular localised feedback from people (or their carers) that we know have used our services. The SUPE survey was undertaken between October 2021 and March 2022, and we gathered feedback from around 150 people at or very closely following the time they received the service provided. Table 2 provides the results of our SUPE survey and compares the results to those of the 2020/21 HACE survey.

Looking at the nine indicators measured we can see that performance is better across eight of the indicators when compared to the HACE results. Although this is from a smaller group of responses, the results demonstrate that we are making progress in improving outcomes for people.

Table 2


HACE PERFORMANCE COMPARED TO SUPE SURVEY (2021/22)
Perth and Kinross HACE 2021/22
PKHSCP SUPE Survey 2021/22
0%
20%
40%
60%
80%
100%
NI 01 % of adults able to look after their health very well or quite well
NI 02 % of adults supported at home who agree that they are supported to live as independently as possible
NI 03 % of adults supported at home who agree that they had a say in how their help, care or support was provided
NI 04 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated
NI 05 % of adults receiving any care or support who rate it as excellent or good
NI 06 % of people with positive experience of care at their GP practice.
NI 07 % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
NI 08 % of carers who feel supported to continue in their caring role
NI 09 % of adults supported at home who agreed they felt safe.

Core Indicator Set

These indicators provide insight into the activities of health and social care services and help us understand the effect of our work in improving outcomes for people by shifting the balance of care away from hospital-based services to those in the community. Where people are enabled to look after their own health and wellbeing for longer, they are less likely to need the intervention and support provided by our services. When people do need support, we seek to intervene early, prevent further deterioration and in doing so prevent the need for admission to hospital. Where this cannot be avoided our services are designed to help people be discharged from hospital as early as possible.

Table 3 set out our performance against the Core Indicator Set and makes comparisons to previous performance as well as to Scotland overall and our peer group of similar IJB areas. Due to issues surrounding the availability of data at a national level a number of indicators are provided for the calendar year to December 2021 (or for a previous period) rather than the financial year. This is a similar approach to that taken previously**.**

Table 3

ID	Indicator	Reporting Period Year up to	2020/21 Perth and Kinross	2021/22 Perth and Kinross	2021/22 Scotland Overall	How we compared to 2020/21	How Scotland compared to 2020/21	How we compared to Scotland 2021/22
NI-11	Premature Mortality Rate per 100,000	Dec 2021	364.9	362.1	470.6	-0.8%	2.9%	-30.0%
NI 12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Dec 2021	10,583.1	11,117.0	11,635.5	5.0%	6.2%	-4.7%
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	Dec 2021	94,404.1	107,153.3	109,429.3	13.5%	8.2%	-2.1%
NI 14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Dec 2021	141.0	129.5	109.6	-8.1%	-8.8%	15.4%
NI 15	Proportion of last 6 months of life spent at home or in a community setting	Dec 2021	90.2%	90.9%	90.1%	0.7%	-0.2%	0.8%
NI 16	Falls rate per 1,000 population (65+)	Dec 2021	23.8	23.5	23.0	-0.9%	6.2%	2.1%
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	Mar 2022	89.0%	76.5%	75.8%	-12.4%	-6.7%	0.7%
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	Dec 2021	59.5%	62.6%	64.9%	3.0%	1.9%	-2.4%

ID	Indicator	Reporting Period Year up to	2020/21 Perth and Kinross	2021/22 Perth and Kinross	2021/22 Scotland Overall	How we compared to 2020/21	How Scotland compared to 2020/21	How we compared to Scotland 2021/22
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Mar 2022	197.1	609.4	761.4	209.3%	57.2%	-24.9%
*NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	Mar 2020	N/A	25.7%	24.2%	-0.5%	0.1%	1.5%
**MSG 3	A&E attendances per 100,000 population	Mar 2022	14,075.8	16,738.6	24,379.4	18.9%	19.6%	-45.6%

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update
**NI-20 latest data provided by PHS is for 2019/20 period. Column 2021/22 = 2019/20 period. Colum 2020/21 - 2018/19 period.*
*** Data not provided with PHS's Core Suite Integration Indicators update (12 Jul 2022). Data has not been validated and may be subject to change as more information becomes available.*

Within 3%, or are meeting or exceeding our target	Between 3% and 6% away from meeting our target	More than 6% away from meeting our target

When interpreting these measures, it is important to note that comparing performance to the previous year is particularly challenging due to the impact of the pandemic. Over this time service activity varied dramatically and this has had an impact on performance as measured from one year to the next.

Our performance against the core indicator set for the reporting period is mixed. We have reduced the rate of readmissions within 28 days of discharge by 8.1% (National Indicator 14) which indicates that we have been better able to support people at home or in the community following their discharge. However delayed discharges (National Indicator 19) have increased substantially as have; the rate of emergency bed days (National Indicator 13) and attendances at accident and emergency (MSG 3) albeit not to the same extent.

This pattern of performance indicates the number of people requiring hospital-based services has increased year on year and that we have not been able to support people to be discharged from hospital as quickly as previously achieved across the 2020/21 period. We can see that a similar pattern of decline in performance has been seen across Scotland and within our peer group over the same period.

When we compare our performance directly to Scotland and our peer group however, we can see that we have outperformed both across almost all indicators. This suggests that although it has not been possible to maintain the high levels of performance seen in 2020/21, we have supported our population to a greater extent than has been achieved across Scotland, or within our peer group.

National Health and Wellbeing Outcomes

The table below demonstrates the connection between our Strategic Objectives and the National Health and Wellbeing Outcomes. Our work in the last year, as set out in this report, demonstrates progress made in pursuing these objectives and in doing so, to support people to lead healthy and active lives, and to live as independently as possible for longer.

Strategic Objective	National Health and Wellbeing Outcomes								
	1	2	3	4	5	6	7	8	9
Prevention and Early Intervention	✓	✓	✓	✓	✓	✓	✓	✓	✓
Reducing inequalities and unequal health outcomes and promoting healthy living	✓	✓	✓	✓	✓		✓	✓	✓
Person Centred health, care and support	✓	✓	✓	✓	✓	✓	✓	✓	✓
Working together with our communities	✓	✓	✓	✓	✓	✓	✓		✓
Making best use of available facilities, people and other resources	✓	✓	✓	✓	✓	✓	✓	✓	✓

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

Reference: Perth and Kinross Integration Joint Board Strategic Commissioning Plan- 2020-2025

SCRUTINY AND INSPECTION

Service Delivery: Improving and Adapting Throughout the Year

During the period April 2021 to March 2022, the only external inspections that have taken place have been to our commissioned Care Homes. None of our 10 registered services had an external inspection during the year.

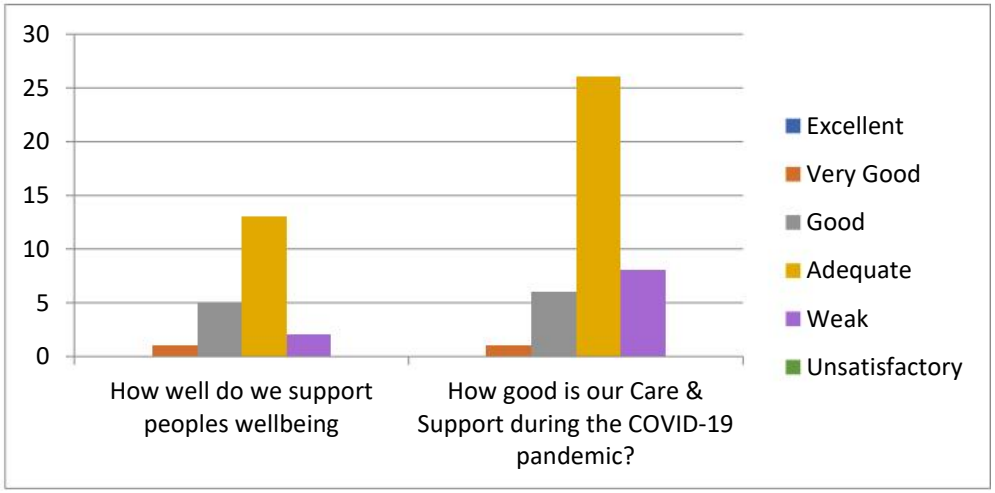
Her Majesty's Inspectorate of Prisons for Scotland conducted a liaison visit to HMP Castle Huntly on the 11th February 2021. This liaison visit and reports provide assurance to Ministers and the wider public that scrutiny of the treatment and conditions in which prisoners are held has been continued during the pandemic.

The report from this visit was published in July 2021, and a number of areas of good practice were highlighted, including continued access during the pandemic to mental health and occupational therapy and substance use support. There were no recommendations made with regards to the healthcare provision in the prison.

During the 2021-22 year, there were a total of 51 inspections across 14 different providers carried out by the Care Inspectorate to our commissioned care homes. Some care homes received more than one inspection throughout the year. It should be noted that over the reporting period the Care Inspectorate carried out inspections as a result of a risk assessment focusing on those care services where there were concerns about infection, prevention control, safety and quality.

Of the 51 total inspections, there were 40 total requirements identified. Work continues to address these, and the Perth and Kinross Care Home Oversight Group continues to work closely with our care homes to support improvement activity. Only three requirements were still outstanding at the end of the 2021-22 year.

The graph below shows the results of the Inspections (including COVID-19 specific inspections) and the overall grades.



The HSCP Care and Professional Governance Forum (CPGF) has responsibility for ensuring appropriate scrutiny, assurance and advice within the HSCP, and during 2021-2022 was co-

chaired by the Chief Social Work Officer and Associate Medical Director.

The CPGF receives assurance reporting from all localities and services within the partnership, and all have provided an annual report providing details and assurances regarding the provision of safe, effective and person-centred services, and any ongoing improvement.

Each locality has in place a Clinical, Care and Professional Governance Group, all of which are now firmly established. These groups have representation across both Health and Social Care, and provide an opportunity for a focus on improvement, shared learning as well as ensuring effective clinical and care governance processes across the locality.

Case Study

The Royal College of Psychiatrists: Quality Network for Prison Mental Health Services (QNPMHS) peer review to HMP Perth - 9th June 2022

In June 2022, the Mental Health Team at HMP Perth hosted their 4th cycle developmental peer review over the course of the day. The Quality Network for Prison Mental Health Services engage services in an annual process of self and peer-review against the standards for prison mental health services.

The verbal feedback was very positive for the Multi-Disciplinary Mental Health Team which reflects the commitment to providing the best care possible to their patients.

Areas of good practice were highlighted as being:

·The Mental Health Team are fully supportive of each other and appear a really dedicated and committed team.
·There is evidence of very good working relationships across the wider Prison Healthcare Team.
·There is a high value given to Scottish Prison Service (SPS) colleagues regarding their input and also the support the team provide to them, as well as being accessible and helpful with complex cases.
·The team are approachable and have supportive management.
·The team were found to be very pro-active in their approach to care delivery.
·There was a good self referral process, and patients know how to access service with ease.
·A psychology needs assessment is being progressed.
·There is support to the team from clinical psychology (Group and 1-1).
·A trauma informed care approach was very evident in care interactions and through discussion with team.
·Development of a triage tool to improve waiting time for early assessment and continuous improvement approach.
·Excellent development plans and initiatives to progress the service including psychology, Occupational Therapy and nursing.
·The service demonstrated an ability to deliver high quality care despite significant resource and workload challenges.

Areas for improvement

·Possibility of a recruitment drive to help address the challenge to recruit to nursing roles.
·Patients would like a healthcare /SPS combined leaflet to understand their journey (remand, convicted).
·Work towards a reduction in waiting times between appointments (identified due to current resource and clinical demand on staff).
·More multidisciplinary team staff meetings.
·Encouraging staff to take breaks and support wellbeing.
·The Mental Health Team could deliver training to wider group and SPS colleagues.

Feedback from virtual meeting session with review team

Patients felt listened to and respected from their care giver

Patients knew how to access care and could rely on staff to respond if their situation was deteriorating between appointments

Patients had established trust in mental health staff they couldn't do in the community

Looking Forward

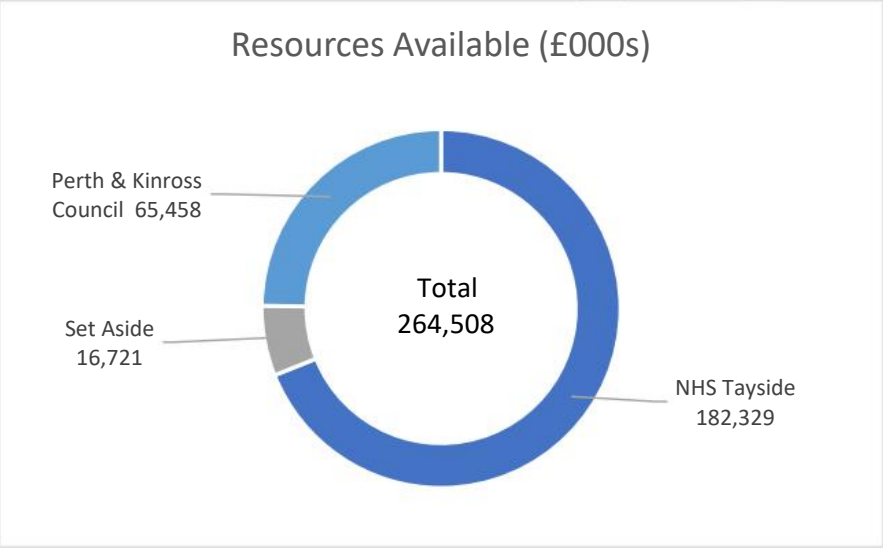
External inspection activity was adjusted during the height of COVID-19, with many inspections paused and others focussed on pandemic response. Now that external inspection activity has resumed, all HSCP services continue to work towards being inspection ready, and to maintain their focus on high quality care.

FINANCE

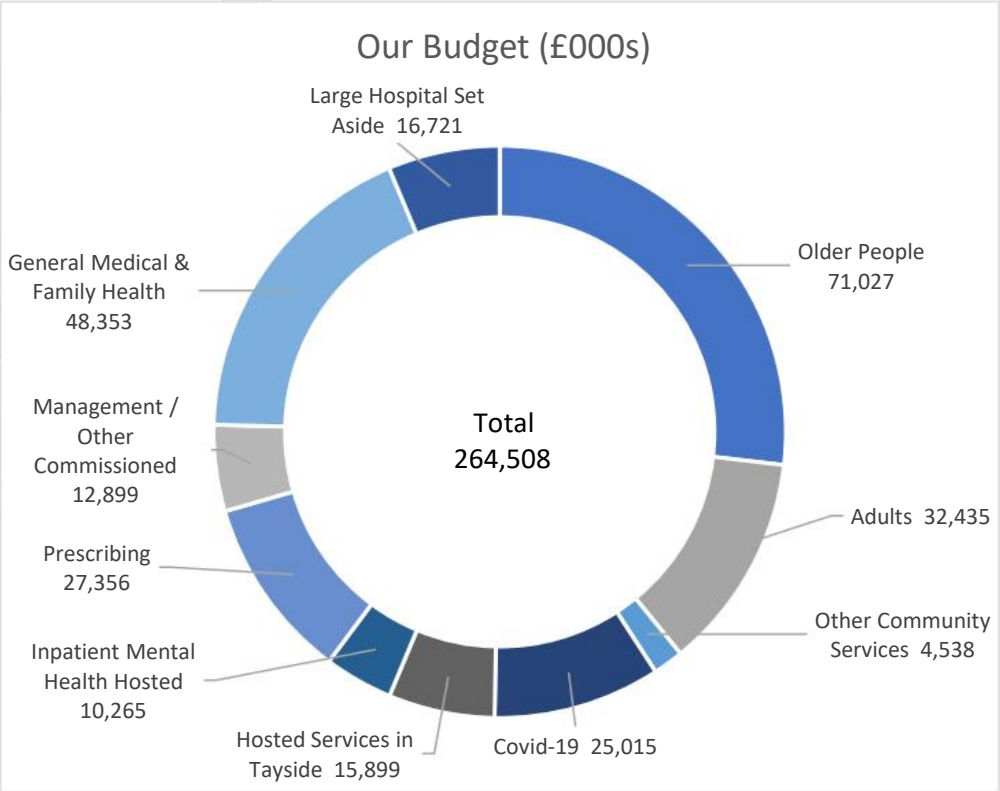
Financial Resources Available to the IJB 2021/22

The IJB is responsible for the planning and oversight of a broad range of health and adult social care services for the people of Perth and Kinross. These services are provided by Perth and Kinross Council and NHS Tayside via Perth and Kinross Health and Social Care Partnership. This is funded through budgets delegated from Perth and Kinross Council and NHS Tayside. The resources available to the IJB in 2021/22 totalled £264.508m.

The following charts provide a breakdown of where these resources came from, and how it was split over the range of services we deliver.



Included within the Resources Available to the IJB is a 'Large Hospital Services' (Set Aside) budget totalling £16.721m. This budget is in respect of those functions carried out within a large hospital setting and operationally managed by NHS Tayside but for which planning is the responsibility of the IJB.



In setting the budget for 2021/22, the IJB had planned to use reserves to deliver a break-even position. However, the actual financial performance against budget was a £1.6m underspend and reserves were not required.

One of the main contributions to the IJB underspend came from additional Scottish Government funding for the Living Wage. The IJB had allowed for Living Wage costs and set the budget prior to the funding being announced. Therefore, the unanticipated funding benefited the financial position.

The other main variance contributing to the underspend was within Prescribing. The level of nationally negotiated rebate accrued in the year was far higher than anticipated and was therefore a benefit to the overall position.

Expenditure of £9.6m was incurred in 2021/22 as a direct result of the pandemic and this cost was met in full by Scottish Government funding. A further £15m was allocated by the Scottish Government to IJBs towards the end of the financial year, and this is being held in reserve for use in 2022/23 for further pandemic related expenditure.

Financial Plan

In March 2022, the IJB approved the 2022/23 budget and indicative budgets for years 2023/24 and 2024/25. In setting the three-year budget, we developed financial frameworks underpinning our strategic delivery plans and this included taking account of additional Scottish Government funding. In addition to strategic delivery planning, the financial plan has quantified and included pay and price pressures, essential investment requirements, and savings opportunities across all areas of the budget, including those not within scope of current strategic delivery plans.

Best Value

Best Value is about creating an effective organisational context from which public bodies can deliver key outcomes. The following building blocks ensure we are organised to deliver good outcomes, by ensuring that they are delivered in a manner which is: economic, efficient, sustainable, and supportive of continuous improvement.

Vision and Values

The scale of increased demand and increasing complex needs means that we cannot provide services in the way we have before - we don't have enough money to do so. A significant programme of change has been set out in strategies approved during 2021/22 for Older People, Learning Disabilities and Autism, and Community Mental Health Services fully linked to our three-year Financial Plan. These strategies have been developed in partnership with the people of Perth and Kinross who use our services and are fully aligned with the aims and ambitions set out in the IJB's overarching Strategic Commissioning Plan.

Effective Partnerships

IJB Meetings are public meetings and membership includes wide stakeholder representation including carers, service users and the Third Sector. In addition, membership of the IJB's Strategic Planning Group ensures wide stakeholder involvement. This is further supported by other forums to ensure a strong contribution to joint strategic planning and commissioning including across our three localities. We maintain close links with the Community Planning Partnership and Local Action Partnerships.

Governance and Accountability

The IJB undertakes an annual review of its governance arrangements and is able to demonstrate structures, policies and leadership behaviours which demonstrate good standards of governance and accountability.

Use of Resources

The IJB is supported by a robust Financial Planning process which forms the basis for budget agreement each year with NHS Tayside and Perth and Kinross Council. Performance against the Financial Plan is reported to the IJB on a regular basis throughout the year. The use of our resources is directly linked to our strategic priorities.

Finance update reports have been presented to the Audit and Performance Committee throughout 2021/22, reporting on the projected financial position and the impact of the Pandemic. Our 3 Year Financial planning process is directly linked to the development of our strategic plans, ensuring resources are continuously prioritised to best meet the needs to the people of Perth & Kinross.

Performance Management

We continue to build on the implementation of our performance framework with effective and regular reporting at IJB, Care Programme and Locality level ensuring that we understand and can measure progress against our objectives.

KEY CONTACT

For further information on any area of this report please contact: Chris Jolly, Service Manager, Business Planning and Performance at Christopher.Jolly@nhs.scot

APPENDIX

Appendix 1.1 NATIONAL INDICATOR TABLES

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2019/20 Scotland	2021/22 Scotland	Scotland's trend over last five year
NI 01	% of adults able to look after their health very well or quite well	94.6%	N/A	94.3%	N/A	93.7%	-1.0% ▼	-0.6%	2.8%	92.9%	-1.0%	-2.0% ▼
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	83.0%	N/A	82.3%	N/A	79.9%	-3.1% ▼	-2.4%	1.0%	80.8%	-3.1%	-2.3% ▼
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	77.7%	N/A	77.2%	N/A	73.8%	-3.9% ▼	-3.4%	3.2%	75.4%	-3.9%	-5.0% ▼
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74.5%	N/A	73.0%	N/A	65.1%	-9.5% ▼	-7.9%	-1.3%	73.5%	-9.5%	-7.9% ▼

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2019/20 Scotland	2021/22 Scotland	Scotland's trend over last five year
NI 05	% of adults receiving any care or support who rate it as excellent or good	81.3%	N/A	82.9%	N/A	79.1%	-2.1% ▼	-3.7%	3.8%	80.2%	-2.1%	-4.8% ▼
NI 06	% of people with positive experience of care at their GP practice.	88.4%	N/A	86.4%	N/A	74.1%	-14.3% ▼	-12.3%	7.6%	78.7%	-14.3%	-16.1% ▼
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	80.6%	N/A	80.2%	N/A	75.8%	-4.8% ▼	-4.4%	-2.3%	80.0%	-4.8%	-1.8% ▼
NI 08	% of carers who feel supported to continue in their caring role	40.9%	N/A	36.7%	N/A	33.2%	-7.7% ▼	-3.5%	3.5%	34.3%	-7.7%	-6.9% ▼
NI 09	% of adults supported at home who agreed they felt safe.	84.9%	N/A	83.9%	N/A	79.0%	-5.9% ▼	-4.9%	-0.7%	82.8%	-5.9%	-3.6% ▼

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2020/21 Scotland	2021/22 Scotland	Scotland's trend over last five year
NI-11	Premature Mortality Rate per 100,000	364.1	350.2	332.8	364.9	362.1	Dec 2021	-2.0 ▼	-0.8%	-30.0%	457.4	470.6	45.4 ▲
NI 12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	10,775.8	10,953.3	11,483.3	10,583.1	11,117.0	Dec 2021	341.2 ▲	5.0%	-4.7%	10,952.2	11,635.5	-575.1 ▼
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	108,626.3	107,736.6	110,762.4	94,404.1	107,153.3	Dec 2021	-1,473.1 ▼	13.5%	-2.1%	101,114.8	109,429.3	-13,141.7 ▼
NI 14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	112.2	115.1	115.7	141.0	129.5	Dec 2021	17.3 ▲	-8.1%	15.4%	120.1	109.6	6.8 ▲
NI 15	Proportion of last 6 months of life spent at home or in a community setting	89.5%	89.6%	89.6%	90.2%	90.9%	Dec 2021	1.4% ▲	0.7%	0.8%	90.3%	90.1%	2.1% ▲

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2020/21 Scotland	2021/22 Scotland	Scotland's trend over last five year
NI 16	Falls rate per 1,000 population (65+)	21.4	22.1	22.5	23.8	23.5	Dec 2021	2.1 ▲	-0.9%	2.1%	21.7	23.0	0.8 ▲
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	88.1%	87.0%	86.4%	89.0%	76.5%	Mar 2022	-11.6% ▼	-12.4%	0.7%	82.5%	75.8%	-9.6% ▼
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	58.0%	60.8%	59.3%	59.5%	62.6%	Dec 2021	4.6% ▲	3.0%	-2.4%	63.0%	64.9%	4.2% ▲
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	658.1	547.7	502.4	197.1	609.4	Mar 2022	-48.7 ▼	209.3%	-24.9%	484.3	761.4	-0.8 ▼

ID	Indicator	2017/18 Perth and Kinross	2018/19 Perth and Kinross	2019/20 Perth and Kinross	2020/21 Perth and Kinross	2021/22 Perth and Kinross	Reporting Period Year up to	What is our trend over last five years?	How we compare to 2020/21	How we compare to Scotland 2021/22	2020/21 Scotland	2021/22 Scotland	Scotland's trend over last five year
*NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	26.4%	26.2%	25.7%	N/A	N/A	Mar 2020	-0.7% ▼	-0.5%	1.5%	N/A	N/A	0.9% ▲
**MSG 3	A&E attendances per 100,000 population	20,326.6	21,119.4	22,134.7	14,075.8	16,738.6	Mar 2022	-3,588.0 ▼	23.7%	-46.4%	20,377.7	24,379.4	-1,944.7 ▼

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update.
**NI-20 latest data provided by PHS is for 2019/20 period. Column 2021/22 = 2019/20 period. Colum 2020/21 = 2018/19 period.*
*** Data not provided with PHS's Core Suite Integration Indicators update (12 Jul 2022). Data is subject to further validation and may be subject to change as more information becomes available.*

Within 3%, or are meeting or exceeding our target	Between 3% and 6% away from meeting our target	More than 6% away from meeting our target

KEY. Performance Trend Over Last Five Years

Trend Increased. Performance was Positive.	Trend Increased. Performance was Negative	Trend Decreased. Performance was Positive.	Trend Decreased. Performance was Negative
▲	▲	▼	▼

Appendix 2.1. NI 01-09: YEAR ON YEAR COMPARISON

ID	Indicator	2021/22 Perth and Kinross	2021/22 Scotland Overall	2021/22 Peer Group	How we compared to 2019/20	How Scotland compared to 2019/20	How Peer group compared to 2019/20
NI 01	% of adults able to look after their health very well or quite well	93.7%	90.9%	92.1%	-0.6%	-2.0%	-1.5%
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	79.9%	78.8%	76.3%	-2.4%	-2.0%	-4.8%
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	73.8%	70.6%	69.5%	-3.4%	-4.8%	-6.8%
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	65.1%	66.4%	64.6%	-7.9%	-7.1%	-8.9%
NI 05	% of adults receiving any care or support who rate it as excellent or good	79.1%	75.3%	74.2%	-3.7%	-4.8%	-6.2%
NI 06	% of people with positive experience of care at their GP practice.	74.1%	66.5%	67.3%	-12.3%	-12.2%	-11.3%
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	75.8%	78.1%	76.6%	-4.4%	-1.9%	-3.5%
NI 08	% of carers who feel supported to continue in their caring role	33.2%	29.7%	30.3%	-3.5%	-4.6%	-3.3%
NI 09	% of adults supported at home who agreed they felt safe.	79.0%	79.7%	77.7%	-4.9%	-3.1%	-3.8%

Source: Public Health Scotland Core Suite Integration Indicators. July 2022 update.

Appendix 2.2. NI 11-20 and MSG 03: YEAR ON YEAR COMPARISON

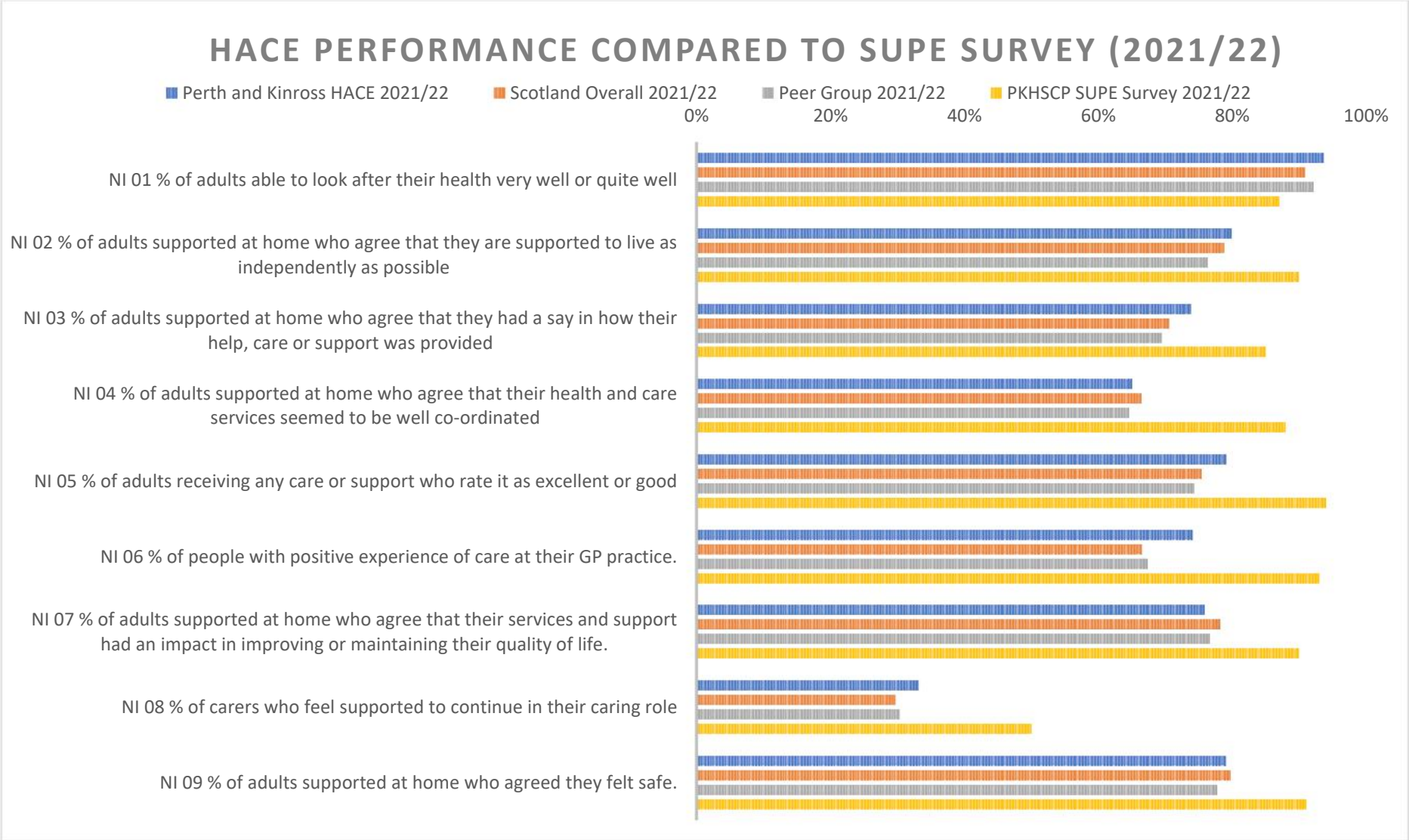
ID	Indicator	Reporting Period Year up to	2021/22 Perth and Kinross	2021/22 Scotland Overall	2021/22 Peer Group	How we compared to 2020/21	How Scotland compared to 2020/21	How Peer group compared to 2020/21
NI-11	Premature Mortality Rate per 100,000	Dec 2021	362.1	470.6	419.5	-0.8%	2.9%	6.4%
NI 12	Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	Dec 2021	11,117.0	11,635.5	10,841.1	5.0%	6.2%	6.4%
NI 13	Rate of emergency bed day per 100,000 population for adults (18+)	Dec 2021	107,153.3	109,429.3	103,104.9	13.5%	8.2%	10.6%
NI 14	Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	Dec 2021	129.5	109.6	108.4	-8.1%	-8.8%	-9.5%
NI 15	Proportion of last 6 months of life spent at home or in a community setting	Dec 2021	90.9%	90.1%	90.8%	0.7%	-0.2%	-0.4%
NI 16	Falls rate per 1,000 population (65+)	Dec 2021	23.5	23.0	19.7	-0.9%	6.2%	5.7%
NI-17	Proportion of Care Services rated good or better in Care Inspectorate inspections	Mar 2022	76.5%	75.8%	79.0%	-12.4%	-6.7%	-6.7%
NI-18	Percentage of 18+ with intensive social care needs receiving Care at Home	Dec 2021	62.6%	64.9%	64.4%	3.0%	1.9%	0.9%
NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	Mar 2022	609.4	761.4	633.5	209.3%	57.2%	56.3%
*NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	Mar 2020	25.7%	24.2%	23.4%	-0.5%	0.1%	-0.1%
**MSG 3	A&E attendances per 100,000 population	Mar 2022	16,738.6	24,379.4	N/A	18.9%	19.6%	N/A

**NI-20 latest data provided by PHS is for 2019/20 period. Column 2021/22 = 2019/20 period. Colum 2020/21 = 2018/19 period.*
*** Data not provided with PHS's Core Suite Integration Indicators update (12 Jul 2022). Data is subject to further validation and may be subject to change as more information becomes available.*

Appendix 3.1. HACE SURVEY COMPARISON TO SUPE

ID	Indicator	Perth and Kinross 2021/22	Scotland Overall 2021/22	Peer Group 2021/22	PKHSCP SUPE Survey 2021/22
NI 01	% of adults able to look after their health very well or quite well	**93.7%**	**90.9%**	**92.1%**	**87%**
NI 02	% of adults supported at home who agree that they are supported to live as independently as possible	**79.9%**	**78.8%**	**76.3%**	**90%**
NI 03	% of adults supported at home who agree that they had a say in how their help, care or support was provided	**73.8%**	**70.6%**	**69.5%**	**85%**
NI 04	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	**65.1%**	**66.4%**	**64.6%**	**88%**
NI 05	% of adults receiving any care or support who rate it as excellent or good	**79.1%**	**75.3%**	**74.2%**	**94%**
NI 06	% of people with positive experience of care at their GP practice.	**74.1%**	**66.5%**	**67.3%**	**93%**
NI 07	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	**75.8%**	**78.1%**	**76.6%**	**90%**
NI 08	% of carers who feel supported to continue in their caring role	**33.2%**	**29.7%**	**30.3%**	**50%**
NI 09	% of adults supported at home who agreed they felt safe.	**79.0%**	**79.7%**	**77.7%**	**91%**

Appendix 3.2. HACE and SUPE FULL COMPARISON



Health and Social Care Surveys

The Scottish Health and Care Experience (HACE) Survey is a national postal survey sent to a random sample of people registered with a GP in Scotland. Circulated every two years, the questions asked relate to people's experience of health and social care services during the previous twelve months. More details are available via the Scottish Government's website. We have reported the 2021/22 results for Perth and Kinross, Scotland overall and the Peer group of similar HSCPs (see Appendix 6).

To capture regular localised feedback from people using our services we have developed our own local Service User and Patient Experience (SUPE) survey. This provides for more regular localised feedback from people (or their carers) that we know have used our services. The SUPE survey was undertaken between October 2021 and March 2022, with feedback received from approximately 150 people.

Appendix 4.1 MAT STANDARDS

Appendix 5.1 THIS IS ME POSTER

The posters are jointly created by inpatient staff, the transitional care nurse and with input from patients, families and carers. The poster then moves with the patient to their long-term care placement.

Appendix 6.1 HSCP PEER GROUP MAKEUP

Aberdeenshire Health and Social Care Partnership

Angus Health and Social Care Partnership

Argyll and Bute Health and Social Care Partnership

Dumfries and Galloway Health and Social Care Partnership

East Ayrshire Health and Social Care Partnership

East Lothian Health and Social Care Partnership

Highland Health and Social Care Partnership

Moray Health and Social Care Partnership

Scottish Borders Health and Social Care Partnership

Clackmannanshire and Stirling Health and Social Care Partnership*

** 2021/22 HACE results for Clackmannanshire and Stirling are only comparable to 2019/20 and not to results in earlier years.*

PERTH & KINROSS INTEGRATION JOINT BOARD
REPORTING FORWARD PLANNER 2022-23

This work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Building Management Capacity & Resilience in HSCP	Chief Officer	✓								
Chief Officer Update	Chief Officer				✓	✓	✓	✓	✓	*Standing Item*
Mental Health Services Update	Chief Officer				✓	✓	✓	✓	✓	*Standing Item*
IJB Directions Policy					✓		✓			
Communication Protocol							✓			Action from August IJB
Adult Support & Protection Public Report (Presentation)	Chief Social Work Officer				✓					Report & Presentation
Adult Support & Protection Annual Report 2020/21	Chair P&K Adult Support & Protection	✓						✓		For information
Adult MH&WB IP Strategic Planning Proposal	Claire Pearce				✓					
Chief Internal Auditors Annual Report & Assurance Statement 2021/22	Chief Internal Auditor			✓						Added to IJB Agenda due to APC cancelled
Year End Financial Position	Head of Finance & Corporate Services								✓	
Budget 22/23	Head of Finance & Corporate Services		✓				✓*			*3 year budget

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Draft Annual Accounts	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled in June 2022
Annual Governance Statement	Head of Finance & Corporate Services			✓						Added to IJB Agenda due to APC cancelled in June 2022
Finance – IJB Reserve Strategy	Head of Finance & Corporate Services						✓			
Audited Annual Accounts	Head of Finance & Corporate Services					✓				For information only
Audit & Performance Committee Update & Minutes	APC Chair/ Head of Finance & Corporate Services	✓v	✓v			✓v	✓v		✓v	Standing item
Audit & Performance Committee Annual Report 2020/21	APC Chair/ Head of Finance & Corporate Services				✓					
P&K HSCP Annual Performance Report 2021/22	Head of Finance & Corporate Services					✓				For information only
Strategic Planning Group – updates & Minutes	Head of ASWSC – Commissioning (ZR)	✓	✓	✓	✓	✓	✓	✓	✓	Standing Item
P&K MH & WB Strategy Update	Senior Service Manager (CL)						✓			*MH&WB Strategy approved Dec 2021*
Primary Care Strategic Delivery Plan	Associate Medical Director					✓				*Due to be presented to EMT in Sept.*
General Practice Premises in Perth & Kinross	Associate Medical Director									*Date tbc following consultation with Angus HSCP as lead partner for Primary Care*
Blair Atholl GP Practice – Consultation on Proposed changes	Head of Health					✓				
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director									**Defer to <u>June 2023</u>** – progress delayed due to covid pandemic
Winter Planning	Head of Health						✓			

Item	Responsibility	16 Feb 2022	30 Mar 2022	27 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Strategic Delivery Plan – Older People	Head of Health		✓*			✓**				*30/03/22 6mth review to revisit Performance Framework **26/10/22 – Discharge without delay
Review of Inpatient Rehabilitation Beds	Head of Health								✓	Review requested 2022 c/f March 2023
Update on Pitlochry Community Hospital – Inpatient Unit	Head of Health	✓								
Community Custody Unit	Head of Health									
Strategic Delivery Plan – Learning Disabilities & Autism	Head of Adult Social Work & Social Care (KO)	✓						✓		16/02/22 Update required in 12 months
Care at Home Review	Head of Adult Social Work & Social Care		✓						✓	
3 year Workforce Plan	Head of Adult Social Work & Social Care (KO/FL)			✓			✓			
Update on the Redesign of Substance use Services in P&K	Chair of the Alcohol & Drug Partnership			✓	✓			✓		6 monthly review requested at IJB Aug 2022
Appointment Committee for Chief Officer recruitment	Standards Officer	✓								
IJB Membership Update	Standards Officer	✓		✓	✓					
Model Code of Conduct	Acting Democratic Services Manager			✓						
Review of Standing Orders	Standards Officer						✓			
Children & Young People Mental Health Strategy										To be issued to IJB Members for Information outwith IJB meeting (Feb 2022)

PERTH & KINROSS INTEGRATION JOINT BOARD
DEVELOPMENT SESSION WORK PLAN 2022-23

This development sessions work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

IJB Development Sessions Item	Responsibility	26 Jan 2022	16 Mar 2022	13 April 2022	01 June 2022	15 June 2022	28 July 2022	14 Sept 2022 CANCELLED	16 Nov 2022	25 Jan 2023	Comments
Finance	Head of Finance & Corporate Services		✓						✓		
Strategic Delivery Plan – Older Peoples	Head of Health		✓								
IJB Strategic Risk	Head of Finance & Corporate Services									✓	
Public Protection	Chief Social Work Officer			✓							
Equality & Diversity	Sarah Rodger/David McPhee/Scott Hendry										Date TBC
Care Home Activity & Partnership Working	Interim Head of ASWSC (Commissioning)							to be rescheduled			Date TBC
Social Prescribing	Consultant Public Health Pharmacy/Associate MD										Date TBC
Primary Care Sustainability, Workload & GP Premises	Associate MD	✓									
3 Year Workforce Plan	Kenny Ogilvy				✓						
Adult Support & Protection Inspection					✓						

IJB Development Sessions Item	Responsibility	26 Jan 2022	16 Mar 2022	13 April 2022	01 June 2022	15 June 2022	28 July 2022	14 Sept 2022	16 Nov 2022	25 Jan 2023	Comments
IJB MEMBERS INDUCTION							✓				
UPDATE ON INTEGRATION SCHEME						✓					
IJB DIRECTIONS								to be rescheduled	✓		
MENTAL HEALTH & WELLBEING UPDATE											Date TBC

Future IJB Development Sessions or Visits - to be arranged for 2023	Responsibility	Comments
Digital Innovation/Technology	Kenny Ogilvy	01/06/22 IJB Development Session request for a future development session to be arranged within next 12 month. Jane proposed this is added to IJB forward planner for 2023/24 at the EMT/Strategic Planning Event on 16/06/22
Community Custody Unit	Head of Health	01/07/2022 HOH requested Visit to be arranged
IJB Visits to be arranged to various PKHSCP Services & Localities including Prisoner Healthcare (HMP & Castle Huntly).	Chief Officer/Head of Health	June 2022 – IJB Chair requested visits to be arranged for IJB Members in the future