PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

23/11/2023

A hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in **the Council Chamber** on **Wednesday, 29 November 2023** 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 (Chair)
Bob Benson, Tayside NHS Board
Martin Black, Tayside NHS Board
Beth Hamilton, Tayside NHS Board
Jacqui Jensen, Tayside NHS Board (Vice-Chair)

Non-Voting Members
Jacquie Pepper, Chief Officer- Health and Social Care Partnership/Chief Social Work Officer, Perth and Kinross Council
Donna Mitchell, Acting Chief Financial Officer, Perth and Kinross Integration Joint Board
Dr Emma Fletcher, NHS Tayside
Suzie Flower, NHS Tayside
Dr Sally Peterson, NHS Tayside
Dr Lee Robertson, NHS Tayside

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

Perth and Kinross Integration Joint Board

Wednesday, 29 November 2023

AGENDA

1	**WELCOME AND APOLOGIES/SUBSTITUTES**	
2	**DECLARATIONS OF INTEREST** Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the Perth and Kinross Integration Joint Board Code of Conduct.	
3	**MINUTES**	
3.1	**MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 20 SEPTEMBER 2023 FOR APPROVAL** (copy herewith)	**7 - 14**
3.2	**MINUTE OF SPECIAL MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 27 OCTOBER 2023 FOR APPROVAL** (copy herewith)	**15 - 18**
4	**ACTION POINTS UPDATE** (copy herewith G/23/152)	**19 - 20**
5	**MATTERS ARISING**	
6	**DELIVERING ON STRATEGIC OBJECTIVES**	
6.1	**CHIEF OFFICER STRATEGIC UPDATE** Verbal update by Chief Officer	
6.2	**TAYSIDE MENTAL HEALTH SERVICES: STRATEGIC UPDATE** Report by Chief Officer (copy herewith G/23/153)	**21 - 32**
6.3	**ANNUAL UPDATE ON PERTH AND KINROSS HSCP COMMUNITY MENTAL HEALTH & WELLBEING STRATEGY** Report by Chief Officer (copy herewith G/23/154)	**33 - 48**
6.4	**THE NEUK** Presentation	

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PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of hybrid meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, 2 High Street, Perth on Wednesday 20 September 2023 at 1.00pm.

Present:

Voting Members:
Mr B Benson, Tayside NHS Board (Chair)
Mr M Black, Tayside NHS Board
Ms B Hamilton, Tayside NHS Board
Ms J Jensen, Tayside NHS Board
Councillor C Stewart, Perth and Kinross Council (Vice Chair)
Councillor D Illingworth, Perth and Kinross Council
Councillor S McCole, Perth and Kinross Council
Councillor M Frampton, 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 D Mitchell, Acting Chief Financial Officer, Perth and Kinross Health and Social Care Partnership
Ms S Flower, NHS Tayside
Dr S Peterson, NHS Tayside

Stakeholder Members
Ms S Auld, Service User Public Partner (from Item 6.4 onwards)
Ms B Campbell, Carer Public Partner
Mr D Henderson (Scottish Care Sector)
Mr I McCartney, Service User Public Partner

In Attendance:
C Cranmer (from Item 7.3 onwards), S Hendry, A Taylor, A Brown and M Pasternak (all Perth and Kinross Council); K Ogilvy, Z Robertson, H Dougall, C Jolly, A McManus, D Huband, A Taylor, C Lamont and P Jerrard (all Perth and Kinross Health and Social Care Partnership).

Apologies:
Ms M Summers, Carer Public Partner
Ms S Watts, Third Sector Forum

1. WELCOME AND APOLOGIES

B Benson, Chair, welcomed all those present to the meeting and apologies were noted above.

2. DECLARATIONS OF INTEREST

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

3. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 21 JUNE 2023

The minute of the meeting of the Perth and Kinross Integration Joint Board of 21 June 2023 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The Chief Officer provided a verbal update on the status of the one action point listed.

Resolved:
The action points update (G/23/120) was submitted and noted.

5. MATTERS ARISING

(i) Methven Branch Surgery

The Chief Officer advised that following information received it was intended that a report would be brought to the next meeting of the Board in November. She further advised that responses had been received in relation to the consultation and through community meetings which are in the process of being collated with discussions continuing with the Practice around potential options.

(ii) Primary Care Premises Strategy (Item 6.5 refers)

Councillor Stewart referred to the ongoing consultation and expressed concern that there may be some residents of Perth and Kinross who have been excluded from completing the consultation and sought an update on this issue. In response J Pepper advised the consultation was launched on the 11th September and would close on the 15th October and was primarily aimed at patients who are registered with Practices within Perth and Kinross. She advised that she had raised the issue with the relevant team that you have to indicate that you are a registered patient with a Perth and Kinross Practice before you are able to proceed and look to get this rectified.

6. MEMBERSHIP UPDATE

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

Resolved:
(i) It be noted that the Chair and Vice-Chair positions on the Board will switch between NHS Tayside and Perth and Kinross Council on 4 October 2023 in line with the Integration Scheme, meaning Councillor Colin Stewart has been appointed by Perth and Kinross Council to the position of Chair with Dr Jacqui Jensen been appointed by NHS Tayside to the position of Vice-Chair for the next two-year period.

(ii) It be agreed that Dr Lee Robertson, the Associate Medical Director for Older People's Services at NHS Tayside be re-appointed as a non-voting member to the Board for a further 3-year period.

(iii) It be agreed that the membership of Sandy Watts as the Third Sector's Representative on the Board be extended until the outcome of discussions involving the Third Sector Forum and their representation on the Board are known and we are updated accordingly.

(iv) It be agreed that the memberships of Sandra Auld and Ian McCartney as Service User Public Partners and Bernie Campbell and Maureen Summers as Carer Public Partners on the Board be extended until the outcome of any future elections supported by various organisations such as Carers Voice, the Reference Group and the Community Engagement Team.

7. DELIVERING ON STRATEGIC OBJECTIVES

7.1 CHIEF OFFICER STRATEGIC UPDATE

The Chief Officer provided a verbal update covering three specific areas, (1) our recent success in becoming a Core Pilot for International Recruitment into the Scottish Adult Social Care Services and the associated funding of just under £80k of Scottish Government funding to support this project; (2) recent discussions with Perth and Kinross Council's Older People's Champion, Councillor Ian Massie, regarding the possibility of seeking accreditation with the World Health Organisation to join the global network for Age Friendly Cities and Communities; and (3) the success so far of the survey in relation to the Primary Care Premises Strategy with over 1000 responses already being received.

Resolved:
The Board noted the position.

7.2 TAYSIDE MENTAL HEALTH SERVICES: STRATEGIC UPDATE

There was submitted a report by the Chief Officer (G/23/125) providing an update from the Chief Officer as Lead Partner for the coordination and strategic planning of inpatient mental health and learning disability in relation to the 'Whole System Mental Health and Learning Disabilities Change Programme' approved in June 2023.

J Jensen referred to the table in paragraph 3.2 of Report G/23/125, specifically relating to Priorities 10 and 11 and the fact that both were requiring revision of milestones and queried whether these revisions were related to the financial recovery plan not quite being in place yet. In response, J Pepper confirmed that this was not the case, and these were in fact revisions of the early stages of the milestones that were previously set out and not the completion dates.

Councillor Stewart referred to the Design Thinking Work mentioned in paragraph 3.3 of Report G/23/125 and queried who the participants in the workshop will be. In response, J Pepper confirmed that taking part will be professional expertise from the various work streams and work stream leads along with members with lived experience. She also confirmed that a number of other participants have

been invited to the final day including Organisational Development, Human Resources, Finance along with the Clinical Advisor in Psychiatry from the Scottish Government.

Resolved:

(i) The updated position and the high-level progress updated as detailed in Report G/23/125, be noted.

(ii) The upcoming joint development session for Perth and Kinross Integration Joint Board Members along with members of NHS Tayside Board, Angus and Dundee Integration Joint Boards, be noted.

7.3 PROGRESS AGAINST OLDER PEOPLE'S STRATEGIC DELIVERY PLAN

There was submitted a report by the Chief Officer (G/23/121) providing an update on the progress of the Older People's Strategic Delivery Plan for the period 2022-2025.

Members also heard a slide-based presentation delivered by Amanda Taylor, Senior Service Manager on the Annual Update on Older People's Strategic Delivery Plan. Following the presentation, the Chair opened it up for questions.

B Hamilton referred to the Hospital at Home service project and queried if there were any plans in place within this programme to allow the project to be scaled up and expanded into other areas. In response, Amanda Taylor confirmed that this was something that has already been discussed and would be something that would require a lot of thought and consideration as the plan would be to do a true integrated model. She further commented that a full evaluation would be carried out before any decision was made to take it forward.

M Black referred to care for dementia and queried whether this included the families of the dementia sufferers. In response, C Lamont confirmed that he was leading on the programme of transformation around dementia care, and this was something that would be included. He further commented they would be looking at carers, in-patient areas at Murray Royal, Community Mental Health Teams, and a wide variety of third sector organisations particularly care homes and Alzheimer's Scotland with the support of Dave Henderson from Scottish Care.

Resolved:

(i) The progress made to date against the programme of work outlined and funded under the Older People's Strategic Delivery Plan 2022-2025.

(ii) A further progress update be submitted to the Board in 12 months.

(iii) The intention to evaluate the impact of the IJB investment in the Older People's Strategic Delivery Plan and the outcomes to be fed into the budget setting processes for 2024-2027, be approved.

THERE WAS A SHORT 10 MINUTE RECESS AND THE MEETING RECONVENED AT 2.35PM.

7.4 ANNUAL UPDATE ON SUBSTANCE USE SERVICES

There was submitted a report by the Chief Officer (G/23/122) providing an update on substance use services including embedding and implementing the MAT (Medication Assisted Treatment) Standards and work to progress the outcomes of the current ADP Strategic Delivery Plan 2020-2023.

I McCartney referred to resources and queried the position in Scotland with regards to the proceeds of crime legislation and whether there would be a possibility that some of that could be allocated towards some of the activities and work planned in Perth or rural communities. In response, K Ogilvy advised that he was unsure whether there were any specific allocations made from the proceeds of crime monies but undertook to find out.

S Auld referred to the progress made recently in Glasgow with legal consumption rooms and queried whether there were currently any plans for these to be introduced in Tayside. In response, K Ogilvy confirmed that with regards to Perth and Kinross there were currently no plans to introduce drug consumption rooms. He further commented that they would however be watching the pilot being carried out in Glasgow with a view to any learning that could be achieved from it.

S McCole referred to paragraph 3.6.4 in Report G/23/122, specifically around the work of with the Community Justice Partnership and more specifically the test of change to explore how best to support people with substance use issues who are arrested and held in Police Custody and queried whether Dundee Police are involved in this. In response, C Cranmer confirmed they were.

Councillor Stewart referred to paragraph 4.3 in Report G/23/122, and queried if there was any timeline on when the new three-year ADP Strategic Delivery Plan covering 2024-2027 would be brought forward and whether this should be included in the recommendations. In response, C Cranmer confirmed that it is currently under development but there has been some delays due to waiting on clarification from the Scottish Government regarding certain MAT standards but was hopeful that they would soon be in a position to firm up a timetable for launching the new Delivery Plan.

Resolved:

(i) The progress in embedding and implementing the MAT Standards as detailed in Report G/23/122, be noted.

(ii) The progress with the ADP Strategic Delivery Plan 2020-23 as detailed in Report G/23/122, be noted.

(iii) The ADP Annual Reporting Survey 2023, as detailed in Appendix 1 to Report G/23/122, be retrospectively approved.

(iv) An update be submitted to the Board in 12 months.

7.5 STRATEGIC PLANNING GROUP – UPDATE

There was a verbal update by Z Robertson, the Vice-Chair of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group along with I McCartney, Service User Representative. The update covered the recent meeting of

the Strategic Planning Group held on 16 August 2023 which was used as a Strategic Commissioning Plan Consultation with the workforce. The full update can be viewed at the following link.

The Board noted the update.

8. AUDIT AND PERFORMANCE

8.1 AUDIT AND PERFORMANCE COMMITTEE – 18 SEPTEMBER 2023

Beth Hamilton, Chair of the Audit and Performance Committee provided the Board with a verbal update from the recent meeting of the Audit and Performance Committee that had taken place on 18 September 2023.

Audit and Performance Committee of the Perth and Kinross Integration Joint Board – 18 September 2023.

The Board noted the position.

8.2. AUDIT AND PERFORMANCE COMMITTEE ANNUAL REPORT 2022/23

There was submitted a joint report by the Chair of the Audit and Performance Committee and the Chief Officer (G/23/123) presenting the Perth and Kinross Integrated Joint Board Audit and Performance Committee's Annual Report for 2022/2023.

Resolved:

(i) The contents and the level of assurance provided by the Chair of the Audit and Performance Committee as detailed in Appendix 1 of Report G/23/123, be noted.

(ii) The input provided to the Audit and Performance Committee from its members and those supporting the Committee, be acknowledged.

9. GOVERNANCE

9.1 IJB DIRECTION POLICY

The Chief Officer provided a verbal update advising the previous agreed action to bring back an addendum to the Directions Policy approved by the IJB in August 2022 with an additional requirement to set out the directions that arise from the lead partner arrangements is now no longer required. She advised that co-ordination by the Lead Partner / Chief Officer in terms of reporting to the IJBs and consistency of recommendations and framing of directions would be the way forward.

The Board noted the update.

10. FOR INFORMATION

10.1 ANNUAL PERFORMANCE REPORT 2022/23

Resolved:
The contents of Report G/23/124, be noted.

10.2 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022/23 (G/23/126)

Resolved:
The contents of Report G/23/126, be noted.

10.3 FUTURE IJB MEETING DATES 2023/24

Friday 27 October 2023 at 10.00am (Special Meeting)
Wednesday 29 November 2023 at 1.00pm
Wednesday 14 February 2024 at 1.00pm
Wednesday 20 March 2024 at 1.00pm

10.4 FUTURE IJB DEVELOPMENT SESSIONS 2023/24

Friday 27 October 2023 at 11.00am
Friday 26 January 2024 at 10.00am
Friday 15 March 2024 at 10.00am

11. VALEDICTORY

B Benson at this point referred to this being his final meeting as Chair of the Integration Joint Board. He thanked Councillor Stewart as Vice-Chair, along with Jacquie Pepper and the Corporate Support Team for all their hard work and support over the last two years.

In response, the Chief Officer expressed her sincere thanks on behalf of the Board for all of B Benson's efforts as Chair of the Integration Joint Board over the past two years and expressed her delight that he would be remaining as a Member of the IJB.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of special hybrid meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chambers, 2 High Street, Perth on Friday 27 October 2023 at 10.00am.

Present:

Voting Members:
Mr B Benson, Tayside NHS Board (Vice-Chair)
Mr M Black, Tayside NHS Board
Ms B Hamilton, Tayside NHS Board
Ms J Jensen, Tayside NHS Board
Councillor C Stewart, Perth and Kinross Council (Chair)
Councillor D Illingworth, Perth and Kinross Council
Councillor S McCole, Perth and Kinross Council
Councillor M Frampton, 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 D Mitchell, Acting Chief Financial Officer, Perth and Kinross Health and Social Care Partnership
Ms S Flower, NHS Tayside

Stakeholder Members
Ms S Auld, Service User Public Partner (from Item 6.4 onwards)
Mr D Henderson (Scottish Care Sector)
Mr S Hope, Staff Representative (PKC)
Mr I McCartney, Service User Public Partner
Ms M Summers, Carer Public Partner
Ms S Watts, Third Sector Forum

In Attendance:
S Hendry, A Taylor, A Brown and R Ramsay (all Perth and Kinross Council); K Ogilvy, Z Robertson, H Dougall, C Jolly, V Davis and P Jerrard (all Perth and Kinross Health and Social Care Partnership).

Apologies:
Dr S Peterson, NHS Tayside
Ms L Hunter, Staff Representative (NHS Tayside)
Ms B Campbell, Carer Public Partner

1. WELCOME AND APOLOGIES

Councillor Stewart, Chair, welcomed all those present to the meeting and apologies were noted above.

2. DECLARATIONS OF INTEREST

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

3. PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP WINTER PLAN FOR 2023/24

There was submitted a report by the Chief Officer (G/23/144) providing details on (1) the approach to winter planning for integrated health and social care services delegated to the IJB; (2) the significant ongoing pressures and the plan to mitigate these in the context of the additional challenges presented over the winter months; and (3) seeking approval for funding proposals acknowledging the absence of Scottish Government funding in the current financial year for winter pressures.

B Hamilton referred to the role of primary care in the winter resilience planning and sought assurance from the Associate Medical Director that he had been fully involved from a Perth and Kinross and Primary Care perspective in the whole winter planning process. In response, H Dougall confirmed that in preparing for the winter for primary care this was done across all 23 practices independently across Perth and Kinross with the focus being on Out-of-Hours which can face significant challenge, but he was confident they would be able to cope with the increased demand over the winter.

Councillor Frampton referred to the Early Discharge Project mentioned in paragraph 2.2 of Report G/23/144 and queried what exactly 'close to home' refers to. In response, the Chief Officer advised that it basically refers to trying to retain people within the areas that they live and if they are unable to return home independently, close to home would mean another care provision close to where they live and close to where their friends and family are.

B Benson commented on the financial side, particularly around the cost benefits that will emerge from the further investment that is being made to deliver the services we would want to see in Perth and Kinross. He further stated that it would be important throughout the exercise and at the conclusion of the winter plan that we have some indication of the cost benefits of taking people out of acute hospital provision and through delayed discharge by maintaining people within the community as it was vitally important that we continue to evidence the benefits and value of what the Health and Social Care Partnership are doing and how the IJB are performing to ensure that happens.

Councillor Illingworth referred to the impact financially and queried whether we should be looking to upping the financial risk to red again. In response, the Acting Chief Financial Officer confirmed that the next time the risk register was brought to either the next meeting of the IJB or the Audit and Performance Committee this change would be made.

Resolved:

(i) The ongoing capacity and flow pressures in health and social care in Perth and Kinross which are likely to increase in the lead up to, and during, winter, be noted.

(ii) The Perth and Kinross Health and Social Care Partnership Winter Plan, as detailed in Report G/23/144, be approved.

(iii) It be noted that a Tayside winter plan is being developed in collaboration across the three health and social care partnerships and NHS Tayside acute services which will be presented to the November IJB for noting.

(iv) The additional spend to support whole system resilience over the winter period, through surge beds in Tay ward and the expansion and extension of the Early Discharge Project to March 2024, be approved.

(v) The direction as set out in Section 6 in the report annex and Appendix 1 to Report G/23/144, be issued.

4. FUTURE MEETING DATES – 2024/25

Wednesday 14 February 2024, 1.00pm
Wednesday 20 March 2024, 1,00pm
Wednesday 5 June 2024, 1.00pm
Wednesday 25 September 2024, 1.00pm
Wednesday 11 December 2024, 1.00pm
Wednesday 19 March 2025, 1.00pm

Future IJB Development Sessions 2023/24
Friday 26 January 2024, 1.00pm
Friday 15 March 2024, 1.00pm

Resolved:
The Board approved the dates.

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
29 November 2023
(Report No. G/23/152)

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
142	20 Jun 2023	6.4	Primary Care Strategic Delivery Plan	IJB Development Session on Primary Care Strategies to be considered.	Chief Officer	29 Nov 2023	Ongoing
143	20 Sep 2023	TBC	Progress Against Older People's Strategic Delivery Plan	IJB visit to Frailty Unit, PRI to be arranged.	Chief Officer	29 Nov 2023	This is in progress (April/May 2024 TBC).
144	20 Sep 2023	TBC	Annual Performance Report	IJB Member visit to Public Dental Services to be arranged.	Chief Officer	29 Nov 2023	This is in progress (February 2024 TBC).
145	20 Sep 2023	TBC	Annual Update on Substance Use Services	More detail on people waiting 3 weeks or less to be provided to Members.	Chief Officer	29 Nov 2023	Complete. Communication issued to Members 5 October 2023.

Perth & Kinross Health and Social Care Integrated Joint Board

29 November 2023

TAYSIDE MENTAL HEALTH SERVICES: STRATEGIC UPDATE

Chief Officer Perth & Kinross Integrated Joint Board
(Report No. G/23/153)

PURPOSE OF REPORT

This report provides the IJB with an update from the Chief Officer, as Lead Partner for the coordination and strategic planning of inpatient mental health and learning disability services, in relation to the *Whole System Mental Health and Learning Disabilities Change Programme* approved in June 2023.

1. RECOMMENDATION(S)

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

- Notes the updated position and the high-level progress update;
- Notes that there will be a report of the joint development session for Perth and Kinross Integration Joint Board Members along with members of NHS Tayside Board, Angus, and Dundee Integration Joint Boards held on 26 October 2023 circulated; and
- Agrees the schedule of detailed progress reports for 2024 .

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 The *Whole System Mental Health and Learning Disabilities Change Programme* was approved by the three Tayside Integration Joint Boards and NHS Tayside Board at the end of June 2023. This report provides an update to the Perth & Kinross IJB since 20 September on recent activity.

2.2 The Whole System Mental Health and Learning Disabilities Change Programme plan is set in the context of a revised governance structure and refines the priorities set out in the Living Life Well Strategy.

2.3 The Executive Leadership Group and the Programme Board have continued to provide collaborative leadership for the whole system change programme. The Executive Leadership group met on 11 October and 8 November 2023 and the Programme Board met on 26 September 2023 and is due to meet again on 15 November 2023.

2.4 The Programme Board received progress reports across the whole programme along with exceptions to the delivery of milestones. The risks to the delivery of the programme were considered and reviewed and will be included in all future meetings. A detailed presentation on the progress of Priority 9 which relates to the redesign of Integrated Substance Use and Mental Health Services was received. This workstream also aligns with the implementation of Medication Assisted Treatment Standard 9.

2.5 Tayside is a pathfinder site supported by Health Improvement Scotland for the Integration of Mental Health and Substance Use services. Dundee has also received funding from the CORRA Foundation to develop integrated approaches. This funding has now been continued in 2024/25 with an agreement that the improvement work will spread across the three Health and Social Care Partnerships. The update demonstrated very positive engagement with service users and staff with a need to further strengthen clinical engagement. The CORRA funds will support project management support and clinical input (Consultant Psychologist) to lead the Dundee tests of change and support the wider Tayside approach going forward. All three HSCPs, third sector providers, staff side and service users are involved fully, and this is supported by Healthcare Improvement Scotland's engagement team. The focus is on improving joint working and joint approaches to supporting people with dual diagnosis through:

- Shared understanding of service delivery.
- Escalation and agreed pathway for sharing of concerns.
- Joint training & workforce plans including recognition of crisis, trauma informed approaches.
- Lead/Named professional.
- Co-ordinated Services.
- Agreed screening tools, referral pathways (Recovery Oriented System of Care) and assessment processes.
- Improved communication and information sharing.
- Access to supports at point of contact – harm reduction; and
- Clear governance arrangements.

2.6 Significant activity is noted over October, with several key events taking place as follows:

1. Collaboration workshop took place at the V&A on 17 October 2023 involving participants in the Design Accelerator Workshop. This was a preparation session which allowed participants to develop the ground rules around how they would collaborate with each other at the Design Thinking Accelerator sessions the following week.

2. A successful joint meeting of the Executive Leadership Group and the "Integrated Leadership Group" which is a group of system wide senior managers working across mental health, learning disability, CAMHS services as well as enabling services in organisational development, HR, and finance on 18 October 2023. The agenda included an opportunity to reflect on progress and achievements over the last year,

to discuss benchmarking data and to consider what will support the leadership challenges into the year ahead. As a result, there will be a continuation of the joint development sessions to share experiences and good practice.

3. The first of four Design Thinking Accelerator Workshops facilitated by the Strategic Lead for Design Thinking took place on 24 -26 October 2023 at the V&A Dundee. There were 20 managers, staff, stakeholders, and people with lived experience participating in the sessions. A further 25 stakeholders representing the Executive Leadership Group, Programme Board, HSCPs, IJBs, NHS Tayside Board, Stakeholder Participation Group and Scottish Government were invited to attend the final summary and presentations, which communicated the outputs from the event. Four design ideas (prototypes) were presented and feedback from all participants have been extremely positive with an opportunity to provide feedback and pledge support for implementing the ideas.

The following 'ground rules' were developed and will contribute to the uniting culture for working together, innovation and improvement across our work:

- We **empower growth** through good leadership.
- We **bring positive energy** and don't spiral around the negativity but build from it in a constructive way.
- We work reliably with others and **build trust** through consistent behaviour.
- We **create a safe space** by being respectful, giving constructive criticism and being open to new ideas.
- We **set a shared vision**, with agreed common goals in order to measure our outcomes.

Using design methodology, priority ideas for change were developed by the group:

i. **'Step in 'cos we're stepping up'**: development of a rapid 'stepped' assessment process so improving waits/tackling siloed professional working.
ii. **Share and Care Together**: Establishing a Tayside-wide group of staff, service users , voluntary sector and carers for information gathering and feedback to develop consistent good practice.
iii. **Unity to deliver change**: delivering a world class model of care through whole system leadership and management.
iv. **Care by innovation**: bringing innovations and experience of care together to deliver a model of care without barriers – focusing on service user / patient experience.

The design accelerator experience was considered highly valuable by attendees and the outputs will be integral to the Tayside-wide improvement programme as it progresses.

4. A joint development session for members of the three Tayside IJBs and NHS Tayside Board took place on 31 October 2023 in Perth with around 50 members present. The programme aimed to share whole system performance & benchmarking data; hear about challenges and opportunities in relation to the Change Programme; share outcomes from the first design workshop with V & A through two presentations; provide a forum for rich discussion and support for whole system change and consider an appropriate schedule for detailed progress reporting in 2024. A report of the workshop will be prepared and disseminated.

2.7 The experience and outputs from the events above have been positive and significant. The feedback is currently being collated and will provide a way of summarising the work. The next steps are being devised. It is likely that there may need to be some revision of the Programme in order that the key workstreams can create a more enabling structure for operational management and delivery of a single Model of Care. It is recognised that there needs to be a clear, concrete, and compelling vision for a new model of care which will provide a consistent focus and move services forward.

2.8 NHS Tayside has commenced recruitment for an Operational Director for Inpatient Mental Health and Learning Disability Services. This post will be temporary and provide additional leadership and operational management capacity thereby enhancing the delivery of safe, effective, and high-quality inpatient services and enabling managers and staff to engage more fully in the change programme. It is anticipated that this post will be appointed to by end of November 2023.

3. PROPOSALS

3.1 The Mental Health and Learning Disability Whole System Change Programme Board will receive detailed progress reports across the whole programme at its next meeting on 15 November. Highlight reports were considered by the Executive Leadership Group on 8 November 2023 with a closer focus on the five priorities which relate to service redesign and a new whole-system model of care (Priorities 1, 9, 10, 11 & 12) noting the following progress:

Tayside Mental Health and Learning Disability Whole System Change Programme November 2023		
Priority	**Description**	**Update**
Priority 1 Adult Inpatient Redesign	Redesign Links to priorities 3,11,12	Phase 1 reported to Programme Board with recommendations to focus on whole system model. Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with

		community mental health services and crisis care. An early draft of a single model of care will be prepared mid- November 2023 for wide consultation and engagement. Phase 2 commenced. **Mostly on track with one milestone date revision**
Priority 2 Strathmartine Physical Environment	Improvement	Analysis of current environment completed & programme of environmental improvements commenced. Re-evaluation involving views of residents/patients underway.
Priority 3 Addressing Significant Delayed discharges	Improvement Links to 1,11 &12	Mental health delays are monitored weekly within HSCPs and improving steadily. Overseen by NHS Tayside Executive Leadership Team. Noted all-system delays have reduced from 20 in April 2023 to 9 in September 2023. PKHSCP delays have reduced from 10 to 3 in this period. Each HSCP has completed the Dynamic Support Register relating to the aims of the Coming Home Report. **Milestone 4 on track but may require revision of some later milestones.**
Priority 9 Integrated Substance Use and Mental Health	Redesign	**On track** – see para 2.5 above. CORRA funding has been continued.
Priority 10 Whole System Redesign of Learning Disabilities Services	Redesign	This will be the focus of the second of four design thinking workshops facilitated by the V&A. **Requires revision of milestones.**

Priority 11 Crisis and Urgent Care	Redesign Links to Priorities 1,3, & 12	Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care. An early draft of a single model of care will be prepared mid- November 2023 for wide consultation and engagement. **Some completed milestones. Several milestone date revisions requested.**
Priority 12 Specialist Community Mental Health Services	Redesign Links to priorities 1,3, & 11	Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care. An early draft of a single model of care will be prepared mid- November 2023 for wide consultation and engagement. **Milestone date revision requested.**

3.2 The development of a financial recovery plan for Inpatient Mental Health Services and a strategic finance and resource framework has been delayed due to a range of factors including capacity and interdependencies and is reported as an exception. Timescales were set out in Priority 4: Streamline & Prioritise the LLW Change Programme for the development of a resourcing framework to support delivery of a Whole System Change Programme including an outline financial plan by 30 June 2023, and financial recovery actions for in-patient services to be reported to Integration Joint Boards (IJBs) and NHS Tayside by 30 September 2023. The three Chief Officers for the IJBs and Director of Finance for NHS Tayside have agreed to work collaboratively on a financial framework which will deliver on a new model of care across the continuum of need. An updated recovery plan for inpatient mental health services financial pressures anticipated in 2023/24 will be considered by the Executive Leadership Group on 22 November 2023 and the position reported to the IJBs (or relevant committee of the IJB) thereafter.

3.3 **Reporting Schedule for 2024**

The Integration Joint Board currently includes a written report in relation to progress of the Mental Health and Learning Disability Whole System Change Programme to every meeting in its forward planner. The same applies to Dundee and Angus IJBs and NHS Tayside Board. This can mean that there are differing timeframes for progress reporting, and it has been difficult to streamline updates. It should be noted that other committees and groups working to different meeting scheduled also request written updates. The chart below sets out a proposal to rationalise the requirements for detailed reports taking into account the already agreed meeting dates scheduled across the four boards. It is proposed that fuller, more detailed progress reports are provided in February, June and October 2024 for the Angus, Dundee, Perth and Kinross Integration Joint Boards and NHS Tayside Board with a verbal assurance providing in the intervening period.

	2023 √ indicates report already prepared			**2024** X indicates meeting dates scheduled											
	Oct	Nov	Dec	J	F	M	A	M	Jun	Jul	A	S	O	N	D
Angus IJB			√		X		X		X		X		X		X
Dundee IJB					X				X				X		
P&K IJB		√			X	X			X			X			X
NHS Tayside Board			√		X		X		X		X		X		X
Prog Board		√		X		X		X		X		X		X	
Proposed dates for progress reports					**Feb**				**Jun**				**Oct**		

4. CONCLUSION

This report provides the Integration Joint Board with a brief update on the work associated with the Mental Health and Learning Disability Whole System Change Programme. A more detailed progress report was presented to the Programme Board on 15 November 2023.

The content of this report and associated recommendations will be considered by the Angus Integration Joint Board and NHS Tayside Board at their scheduled meetings in December 2023 and is also scheduled to be considered by the Dundee Integration Joint Board at a date to be confirmed.

Author(s)

Name	Designation	Contact Details
Jacquie Pepper	Chief Officer, Perth and Kinross Health and Social Care Partnership and Lead Partner for coordinating strategic planning for inpatient mental health and learning disability services	tay.pkijbbusinesssupport@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	None
Transformation Programme	None
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	Yes
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	Yes

1. Strategic Implications

Strategic Commissioning Plan

1.1 N/A

Transformation

1.2 N/A

2. Resource Implications

Financial

2.1 The Mental Health and Learning Disability Whole System Change Programme will require financial investment in order to the necessary additional capacity and support to deliver on the ambitious plans for service redesign and transformational change. An initial assessment of the additional resourcing requirements has been carried out and this will be addressed in the development of a whole-system financial framework. A financial framework and recovery plan is under development reporting to the Executive Leadership Group on 22 November 2023.

Workforce

2.2 The Mental Health and Learning Disability Whole System Change Programme includes provision for staff engagement throughout the workstreams and there are arrangements in place to ensure robust staff-side representation and to meet the NHS Staff Governance Standards.

3. Assessments

Equality Impact Assessment

3.1 Assessed as **not relevant** for the purposes of EqIA at this stage.

The EqIA for the commencement of the programme was prepared for approval in June 2023 and will be further supplemented by individual assessments for each of the workstreams.

The programme seeks to improve outcomes and experiences for anyone in Tayside who either has or is connected to someone with a mental health or learning disability need. It seeks to do so regardless of protected characteristics, so it is not anticipated that people with protected characteristics will be specifically affected in a different way to those without.

Each work stream of the programme will conduct its own EQIA to ensure that, where necessary, steps/activity are included to ensure those with protected characteristics and those with circumstances that are known to affect people more (Health inequalities) receive equitable service.

Risk

3.2 The strategic risks associated with the delivery of the Mental Health and Learning Disability Whole System Change Programme will be identified and managed within the programme and reported to the Executive Leadership Group and Programme Board.

4. Consultation – Patient/Service User first priority

External

4.1 A wide range of stakeholders are involved within the programme and consulted in its development. The content of this report was shared in draft form with the Mental Health and Learning Disability Whole System Change Programme Board on 15 November.

Internal

4.2 The Executive Leadership Group has been consulted in the preparation of this report. The content of this report was shared in draft form with NHS Tayside Executive Leadership Team on 20 November 2023

Impact of Recommendation

4.3 N/A

5. Legal and Governance

5.1 N/A

6. Directions

6.1 N/A at this stage.

7. Communication

7.1 NHS Tayside Communications team are supporting a communications plan associated with the programme.

2. BACKGROUND PAPERS/REFERENCES

None.

3. APPENDICES

None

PERTH & KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

ANNUAL UPDATE ON PERTH AND KINROSS HSCP COMMUNITY MENTAL HEALTH & WELLBEING STRATEGY

Report by Chief Officer
(Report No. G/23/154)

PURPOSE OF REPORT

This report provides the Integration Joint Board on progress over the last 12 months of the Perth and Kinross' Community Mental Health and Wellbeing Strategy (CMHWB). This will include highlighting areas of success as well as identified Key Challenges.

For the purposes of clarity this update provides an update on Adult Mental Health services.

1. RECOMMENDATIONS

Perth and Kinross IJB Members are recommended to:

- Note the local and pan Tayside developments that are being progressed in accordance with our CMHWB Strategy and approve its continuation and direction for year 3.
- Acknowledge the numerous and complex factors influencing this work.

2. BACKGROUND & SITUATION

It is recognised that Mental Health Services across Tayside have been the subject of significant scrutiny over many years, which has highlighted the need for broader and more effective engagement, co-ordinated strategic planning and urgent operational improvements. These have been highlighted within the Trust and Respect Report (Strang, 2020) and the subsequent Independent Oversight Group monitoring and feedback.

Throughout the past year progress has been made in relation to enhancing and improving our Adult Community Mental Health services within Perth & Kinross. This has been in conjunction with the delivery of the Perth and Kinross Community Mental Health and Wellbeing Strategy. The Strategy aligns itself to the Tayside 'Living Life Well' strategy for Mental Health, albeit with a Perth and Kinross focus and was approved by the IJB in December 2021. We have also aimed to ensure that whatever strategic direction we take

locally, dovetails into the Tayside wide Mental Health Strategic Improvement Plan.

This paper aims to highlight progress to date but also identify key challenges that we are currently experiencing, as well as what is projected ahead.

The strategy, entitled *'Our Plan for the Future'* highlights 5 key themes, with corresponding actions. These Key Themes are:

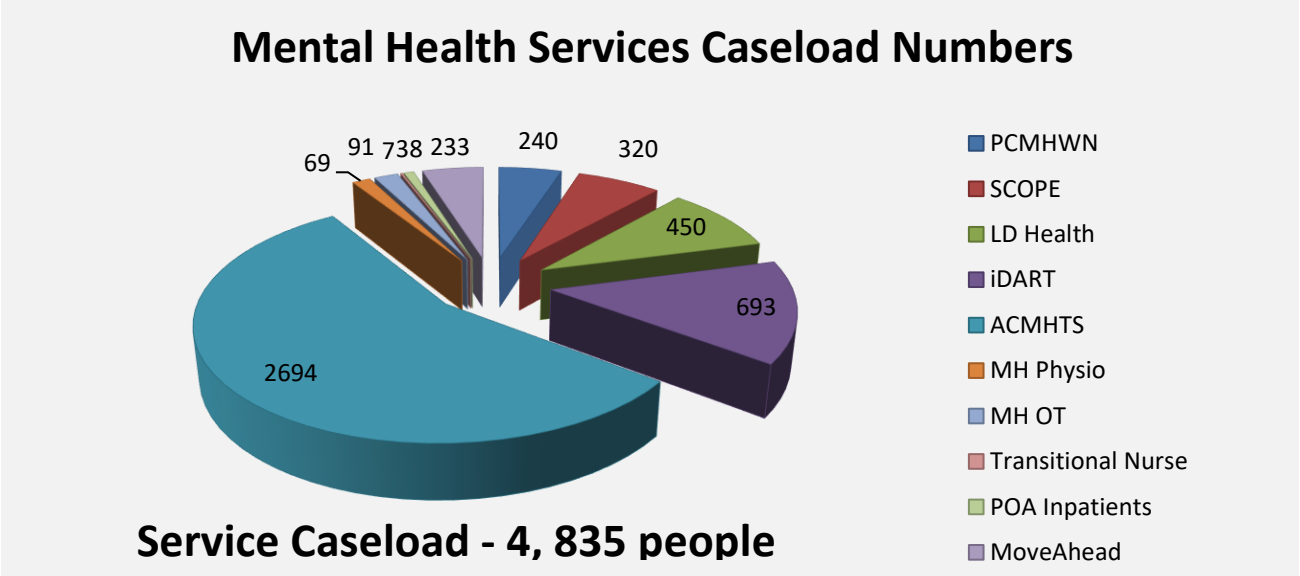
- Good Mental Health for all – Prevention and Early Intervention
- Access to Mental Health Services and Support
- Co-ordinated Working and Person centred Support
- Participation and Engagement
- Review of workforce requirements

The implementation of the strategy is closely monitored through the Mental Health and Wellbeing Strategy Group (MHWBSG) and this strategic forum has a wide variety of membership across our key stakeholders including 3rd sector, service users, statutory organisations and voluntary groups.

The learning and experience gained during the pandemic around collaboration, compassion and understanding of each other's needs has provided an opportunity to further build a collective focus on the needs of people and communities, of togetherness and a lowering of perceived organisational barriers to progress. This is something that the MHWBSG has been focused on with co-production at the foremost of what we are trying to achieve. With this in mind the group is chaired and vice chaired by staff from both statutory and 3rd sector organisations.

Demographic Information

Mental Health Services are delivered across Perth and Kinross with Public Health Scotland identifying our population at 153,810 people. Of that population 4,835 people or 3.14% are currently working with Mental Health Services.



Mental Health Services Key Demographic Data

Indicator	Time Period	South Perthshire	North Perthshire	Perth City	P&K HSCP	Scotland
Population in the most deprived SIMD quintile	2020	0%	2.4%	16%	6.2%	20%
Alcohol Specific Mortality per 100,000	2016-2020	12	9	24	15	20
Alcohol Related Hospital Admissions per 100,000	2020/21	305	330	606	415	673
Drug Related Hospital Admissions per 100,000	2019/20	92	61	331	168	221
Mental Health Hospitalisations per 100,000	2020/21	220	188	390	279.9	253
Mental Health Unscheduled Bed Days per 100,000	2021/22	16,557	10,771	32,661	20,429	18,404
Anxiety, Depression & Psychosis Prescriptions	2019/20	16.15%	18%	19%	18%	20%

PHS Locality Profiles

Demographic data indicates that within Perth and Kinross, 3.4 people per 1,000 adults have a learning disability, one in four people in Scotland have reported experiencing a mental health problem at some point in their lifetime and at any one time approximately one in six people have a mental health problem.

Mental illness and learning disabilities are often linked to a wide range of complex multiple morbidities with long term impacts on quality of life and reductions in life expectancy of up to twenty years when compared to the general population. These deaths are avoidable, treatable and manageable.

Many people accessing health and social care from the Mental Health Services family will experience high levels of inequality, poverty and deprivation which in turn impacts on their lifestyle, behaviours, vulnerability and complexity. Perth City Locality hosts the majority of deprivation within Perth and Kinross with five housing areas being within the most deprived Quintile (SIMD1). There is a direct correlation between people living within the most deprived areas in Perth and Kinross with increased levels of depression, dementia, anxiety, psychosis, self harm, physical ill health, death by completed suicide, alcohol specific mortality, alcohol and drug use alcohol and drug related hospital admissions.

Leading Individual Causes of Ill Health and Early Death - P&K Mental Health Populations

Disability Adjusted Life Years (DALYs) are standardised metrics that can be used to quantify how many years of healthy lifestyle are lost due to dying prematurely or to living with the health consequences of diseases, injuries or risk factors. The Perth and Kinross Burden of Disease Mental Health data (2019) below summarises the years of healthy lifestyle lost per disorder per 100,000 people.

Perth and Kinross Burden of Disease – Mental Health Data

Within Perth and Kinross, the leading cause of mental ill health is depression, the rate of which is 11.9% lower than in Scotland. Anxiety disorders are the next leading cause and are also 11.9% lower than in Scotland.

The leading cause of early death due to mental ill health in Perth and Kinross is Alzheimer's Disease and other Dementias, the rate of which is 23.4% lower than in Scotland. Self harm is the second cause with a 29.4% higher rate than in Scotland. It is prudent to note when considering dementia data that it is estimated that one in three people with Down's Syndrome will develop dementia and this is likely to happen at a younger age necessitating a move from traditional older people's dementia service delivery. It is inevitable therefore that given people with Down's Syndrome are adversely impacted by complex multiple morbidities, are more likely to develop dementia at a

younger age than the rest of the population, their years of healthy lifestyle lost will be inextricably increased.

3. PROGRESS WITHIN REPORTING PERIOD

Mental health care and treatment is delivered across a continuum to people with mental health and wellbeing issues and to people with mild, moderate, severe and complex mental illness.

Demand for all of our mental health services is high and Teams are collectively working with around 5,000 people at any given time. Accordingly, waiting lists are larger and longer than we would like them to be, particularly for Consultant Psychiatry assessment/ADHD assessment and Mental Health OT intervention within the Adult Community Mental Health Teams. Whilst there has been a **27% decline in people waiting** and all other initial mental health assessments are currently **being undertaken within 10 working days**, wait times for medical assessment by a Consultant Psychiatrist, ADHD assessment by a Consultant Psychiatrist and OT intervention are high. Within Perth and Kinross, the **Primary Care Mental Health Transformation Programme** is about to be launched to support a sustainable longer term approach to population mental health. Mental health issues are a common feature in General Practice and it is estimated that one third of GP consultations have a mental health component (Mental Health and Wellbeing Strategy 2023). Our Primary Care Mental Health and Wellbeing Nurses provide an early intervention and prevention role to people experiencing a range of mental health issues with the ability to offer 240 appointments per week when capacity is at 100%.

The model has developed differently in line with previous locality alignment structures and work is progressing to ensure equity of service provision across P&K. In particular the alignment of the model to all GP Practices and to core data collection to inform service outputs and future service developments. Perth City data is available and reflective of all the localities issues with unfilled slots and main presenting issues.

Perth City PCMHWN

Over the past year:
3,993 Appointments Offered
924 (23%) Appointments Were Unfilled

Main Presenting Issues
Anxiety – 31%
Low Mood – 22%

MoveAhead is pivotal across Perth City in delivering mental health and wellbeing interventions through community activities. The Team provide one to one and group interventions and are key collaborators in many community developments with multiple third sector, service user and statutory services. A core component of delivery is linked to the volunteers who provide highly effective support to a range of initiatives and active engagement with some of our most excluded people in our communities. MoveAhead continues to see yearly incremental increases in referrals, with 219 referrals in 2022/23, up from 195 in 2021/22 and consistently receives high service evaluations.

Development of the Health Hub within Murray Royal Hospital. This is based within the main foyer area of Murray Royal hospital and we have been able to secure funding to develop this area into a fully developed health hub, offering physical health and wellbeing advice to patients, carers, staff and others. It also provides the opportunity to signpost individuals to other services as well as undertaking basic health screening such as BP monitoring. This service is staffed by volunteers with lived experience.

Development of Pan Tayside Suicide Prevention and Awareness Training. Following the recruitment of the Partnerships Suicide Prevention and Awareness Co-coordinator in April 2022, the three Local Authority Suicide Prevention leads along with key leads in Public Health and NHS have been working together to develop a shared vision of how we could improve capacity for trainers and identify shared opportunities for training provision and development of any key resources. Locally there are regular opportunities for multiagency staff and members of the public to access the relevant suicide prevention training options in Perth and Kinross and the oversight for this sits with the Suicide Prevention Coordinators and Suicide Prevention Steering Group.

Delayed Discharge rates across the Mental Health estate – It is worth highlighting that collectively within all of our Mental Health service Family, we have consistently for the last 3 months achieved single figures for those being delayed for discharge within Perth and Kinross. At the time of this report there are 6 delays in total, 2 Learning Disability clients, 1 General adult acute individual and 3 within Psychiatry of old age. This is a significant improvement on previous months and is in no small part to the collegiate working between all aspects of our service as well as the specific work being undertaken through the Delayed Discharge Co-ordinator(s).

Those still awaiting discharge are primarily waiting on appropriate alternative accommodation.

Mental Health and Wellbeing Conference and Mental Health symposium. At the time of this report, we are currently in the process of arranging the inaugural Mental Health and Wellbeing Conference for P&K. This will be held in March 2024 and through our short life working group we have planned and identified key outcomes for the conference. We have also delivered our first Mental Health Symposium (31st October) in partnership with the Gannochy Trust. This Symposium was led by 3rd sector organisations and aimed at identifying key areas for investment and collegiate working to target Mild/Moderate Mental Health Issues as well as concentrate on Early Intervention and Prevention.

ECT and Therapeutics service. ECT is a highly specialised, evidence based treatment intervention delivered by our Therapeutics Team to patients experiencing the most severe, and at times, life threatening mental illness. ECT as a treatment intervention has direct impact on reducing lengths of stay in hospital and, where it is safe to be delivered on an outpatient basis, on reductions to hospital admissions. The Scottish ECT Accreditation Network (SEAN) has provided the national governance framework for the delivery of

ECT for a number of years undertaking both announced and unannounced inspections. We were recently awarded Accreditation with Excellence.

Pharmacy Service. Over the last 18 months, work has been undertaken to expand the role of Pharmacy into the Community Mental Health Teams (CMHT) to support Multidisciplinary Team Working, improve patient safety in relation to medicines and to explore pathway working for the Pharmacy Team between in-patient and CMHT services. The team currently consists of two Pharmacists and one Pharmacy Technician who work across the care boundaries ensuring patients are supported by Pharmacy on admission and discharge and are also involved in the Work stream for CMHT re-design as part of the “Living Life Well” strategy.

The new service has seen a successful transfer of clozapine prescribing to the Pharmacy Team and ongoing work to support the development of this pathway to improve patient care. There are Pharmacist led, independent prescribing clinics in place across all three CMHTs in Perth and Kinross ensuring continuity of access for all patients who require support with medication. The clinics have a key focus on reviewing patients with Polypharmacy and supporting these individuals to reduce their polypharmacy whilst ensuring that they get the most from their medicines. The Pharmacy Technician is available across all the teams to support with compliance reviews, adverse effect monitoring and supply issues where required and support the wider MDT with medication histories allowing prescribing clinicians to make informed decisions on treatment with the patient involved in those decisions.

The introduction of the Pharmacy Teams has also supported a refreshed look at medicines governance across the CMHTs. Perth and Kinross are represented and the Tayside Wide Medicines Management Group but from January 2024 will have a local MMG to look at the local pathways and developments needed to support patient care and robust governance in relation to medicines. This development has been welcomed by NHS Tayside Area Drug and Therapeutics Committee.

The development of the Pharmacy Team continues to support the person-centred approach to care across the Team and will continue to develop over the coming months based on the evaluation of feedback received from the team.

Mental Health Clinical Care Governance Forum & Key Performance Indicators. Following restructuring of our Mental Health services in 2022 we have been provided with the opportunity to develop new ways of working in regard to care and professional governance. Work has progressed across the Service to enhance our governance culture, working proactively with each Team to ensure core Key Performance Indicators are being reported on alongside Team specific indicators. Our Mental Health Services Care and Professional Governance Forum meets six weekly, is chaired by our Senior Service Manager and our Integrated Manager, and is attended by all Team Leads, our Quality Improvement Practitioner, Project Manager, Lead AHP, Lead Nurse and our Integrated Management Team. Our Forum and Standing

Agenda are informed by the overarching principles and key domains of Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework for Health and Social Care Partnerships in Tayside and the P&K HSCP Care and Professional Governance Forum. Mental Health Services provides both assurance reporting and high level exception reporting to the P&K HSCP Care and Professional Governance Forum and a detailed report on the Performance of our Mental Health services will be provided to Audit and Performance Committee in December 2023. A pan Tayside Mental Health and Learning Disability Service Forum is also in the planning stages. The Key Performance Indicators (KPI's) have been collectively devised in partnership with Angus and Dundee HSCP's and agreement has now been reached that these will be universally used across Tayside.

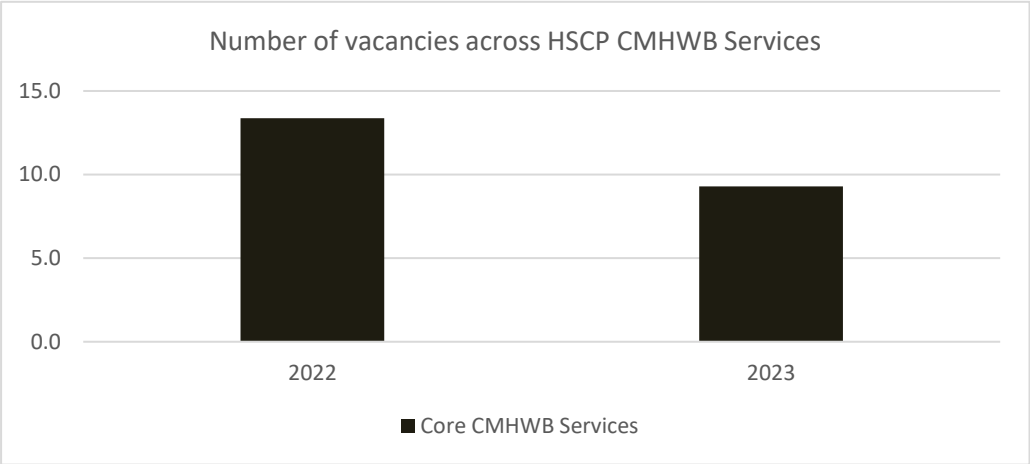
It is also worth noting the continued Pan Tayside work relating to the Strategic Mental Health Improvement Plan that Perth and Kinross HSCP staff are heavily involved with. There are 12 Key areas being addressed (see below) and this work is being regularly monitored and reported through the Executive Leadership Group. Representatives from Scottish Government meet with the wider Mental Health leadership group on a monthly basis to report on progress.

- Adult Inpatient Redesign
- Strathmartine Physical Environment
- Address Significant Delayed Discharges
- Streamline and Prioritise Change Programme
- Make Integration work
- Engage the workforce
- Engage patients, families, partners and communities
- Continue to focus on patient safety
- Integrated Substance Use
- Whole system re-design of Learning Disabilities
- Crisis and Urgent Care
- Specialist Community Mental Health Re-design

3rd Sector Organisations - Across Perth and Kinross it is recognised the invaluable work that our 3rd Sector organisations provide for Mental Health and Wellbeing Support. Many services work in a collegiate manner with statutory services in order to ensure the key principles of community focused and person centred care and support. The Annual Commissioned Services report highlights how these organisations work and the differences made. The level of investment for our 3rd Sector services is also identified within the report. As well as this identified resource, it is also worth noting the continued funding of circa £400k for the Community Mental Health and Wellbeing Fund for this financial year as well as the recently allocated Budget Motion monies of £100k for the promotion of Mental Health and Wellbeing which has been allocated across a broad reach of 3rd sector services.

Workforce – Over the last 12 months we have seen in improvement in our recruitment and retention, particularly amongst our Registered Mental Health Nursing cohort. In 2022 we had a vacancy factor of over 13.5% (excluding Adult Consultant Psychiatrists), in 2023 we have reduced this vacancy rate to just over 9%. There is anecdotal evidence to suggest that P&K HSCP is

becoming an increasingly attractive organisation to work within and recent feedback has informed us that it is believed we are a supportive, nurturing and forward thinking organisation.



4. KEY CHALLENGES

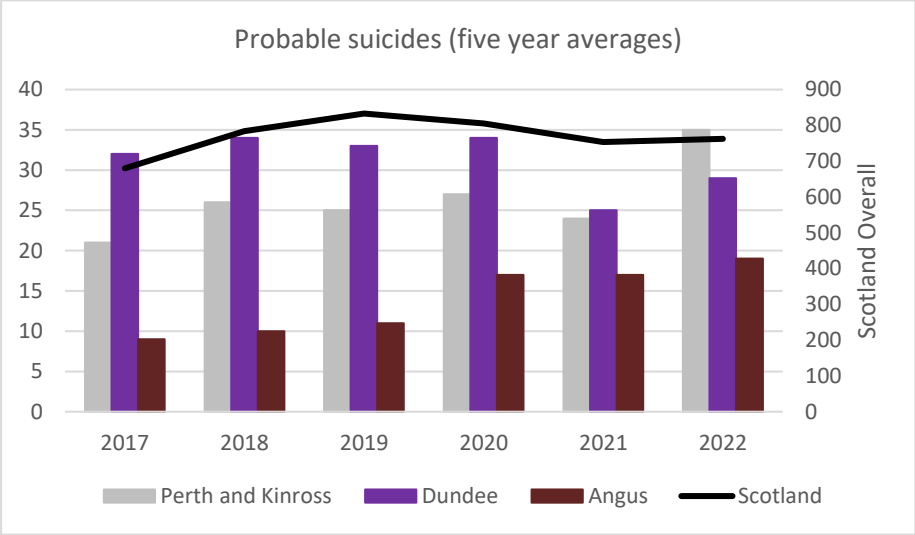
The challenges we face within our Mental Health services in Perth and Kinross are similarly mirrored across Scotland as a whole.

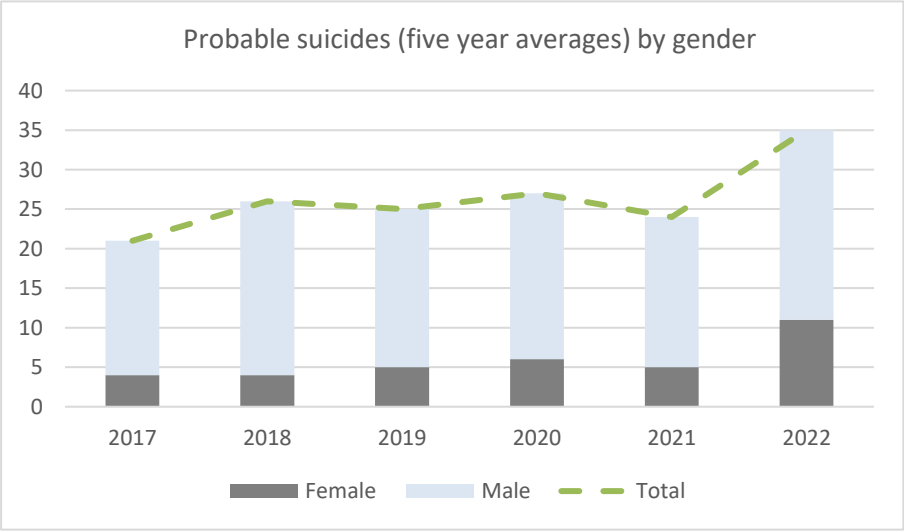
Recruitment and Retention of Staff – This remains our biggest challenge, not just within Mental Health but across all services and sectors. Over the last 12 months recruitment to our Mental Health Nursing establishment has somewhat improved and we are not experiencing any risk areas for recruiting issues for Mental Health nurses. Unfortunately we continue to experience significant difficulties with the recruitment of both Medical workforce and Allied Health Professionals, particularly Occupational Therapists and as highlighted earlier in this report, this is causing substantial issues with waiting times for some Mental Health assessments. Then reliance on Consultant Locum Psychiatrists within our Community Mental Health Teams is an ongoing issue and is a consistent theme related to complaints received from service users.

Winter Pressures and increased demand – The HSCP undertakes a robust winter planning exercise each year to try and deal with anticipated pressures. Mental Health services are always included within the plan. Over the last 3 years, we have noticed that winter pressures appear to be accumulating earlier than the traditional winter period and this is potentially indicative of the population becoming older and more frail, the percentage of people aged 60-75 increasing from 19% to 22%, and the percentage of people aged over 75 rising from 11% to 15%, as well as the continued after effects of the COVID pandemic.

Deaths Due to Completed Suicide - Perth and Kinross has a higher than average rate of suicide with the rates for men being higher than the mean for Scotland. This may reflect the influence of rurality; however, it remains a higher rate than would be expected given the relatively low rates of deprivation in Perth and Kinross.

Within P&K, the mean age of death by suicide is 45 years, 69% of deaths occur at home with the predominant means of death being hanging/strangulation/suffocation. A high percentage of deaths occur in the summer months. The numbers of deaths by completed suicide fluctuate within Perth and Kinross however Perth City rates are particularly high. A multi-agency strategic commitment to suicide prevention is now in place within Perth and Kinross with plans to ensure robust interventions at the early intervention, crisis and postvention stage. Crisis and urgent care pathways are under review across Tayside and there has been local investment into The Neuk and DBI to provide urgent intervention and support to severely distressed individuals within the community, including those who are feeling suicidal. One of our key aims is to ensure that people who present in distress or crisis should have a range of options of help and support to reduce the need to admit a person to hospital. We are also working with our partners across the 3rd sector to improve access to services and ensure people can receive the support they need in a way that is appropriate and works well for them. We are working collectively with The Neuk, Police Scotland and NHS Tayside's Crisis Team, to test a Mental Health and Substance Use Crisis Triage Model. This model will support people to remain within their communities and implement safeguarding measures whilst under the influence until a mental health assessment is viable.





Future financial challenges – There continues to be challenges surrounding future funding and this appears to be across all aspects of Public Sector finances at this time.

5. FINANCIAL FRAMEWORK

In addition to core budgets, the PKHSCP Community Mental Health and Wellbeing Strategy 2022:2025 was supported by c£1m of additional recurring funding. The HSCP is currently undergoing financial planning for the next 3 year budget 2024/25 to 2026/27 and will consider the investment to date and future funding requirements.

6. CONCLUSION

6.1 There has been continued progress within the 2nd year of the Strategy's delivery. This is in no small part due to the collegiate working between statutory and 3rd sector colleagues. It is recognised that there has also been significant investment within our services. Any risks to future funding streams will be managed through the 2024/25 PKHSCP budget process.

6.2 In the absence of additional Scottish Government funding and the ongoing national difficulties being faced with Mental Health recruitment and retention, we will see increased pressures upon our collective services.

Author(s)

Name	Designation	Contact Details
Chris Lamont	Senior Service Manager – Mental Health, Learning Disabilities and Substance Use services	tay.pkijbbusinesssupport@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	**NO**
Clinical/Care/Professional Governance	**YES**
Corporate Governance	**N/A**
Directions	
Communication	
Communications Plan	**YES**

1. Strategic Implications

Strategic Commissioning Plan

1.1 The Strategic Delivery Plan supports the delivery of the Perth & 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

The P&K HSCP Community Mental Health and Wellbeing Strategy also compliments these ambitions and is focused upon delivering the best possible outcomes for our communities.

2. Resource Implications

Financial

2.1 Financial implications are set out in the Mental Health and Learning Disabilities Financial plan. This is reviewed regularly and forms part of the Partnership Annual Strategic Financial framework.

Workforce

2.2 Workforce implications are clearly highlighted within the main body of the report. These reflect the Partnerships overall risk rating for workforce requirements as well as the workforce planning document.

3. Assessments

Equality Impact Assessment

3.1 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 expected following implementation: to continue taking into account the statutory obligation to ensure due regard to the removal of inequity of outcomes as a result of socioeconomic disadvantage or characteristics protected under the Equality Act (2010). Each programme of work will complete an Equality and Fairness Impact Assessment to allow the early identification of risks in this regard, and enable the implementation of satisfactory mitigations.

Risk

3.2 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 Community Mental Health and Wellbeing Strategy is 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.

3.3 Other assessments

Measures for Improvement – Key Performance Indicators are being embedded to gather and analyse data and information around progress.

Patient Experience – Regular patient and service user feedback is already collated through care opinion and feedback and complaints. Learning from any adverse events is in place and fed through local governance groups and the P&K Clinical Care and Professional Governance Group (PKC) and the Quality and Performance Review Forum (NHST).

Health and Safety - No major health and safety implications have been identified.

Benefit Realisation – The CMH&WB Strategy sets out the aim of benefitting the people of Perth & Kinross by ensuring access to the right care at the right time and in the right place for all. This will put the person at the centre of the decision-making process in relation to their treatment, support, and care. Health and social care services will work together, and with a range of external stakeholders, to make sure people can access the care and support that is best for them at the point of need.

Quality – The CMH&WB Strategy will use quality improvement approach to promote a culture of continuous quality improvement is key to all our programmes of improvement and transformation.

4. Consultation – Patient/Service User first priority

External

4.1 Service user feedback is regularly sought through Care Opinion and the Service User feedback survey (SUPER) and analysed for reporting through our Key Performance Indicators.

Internal

4.2 Consultation with Key stakeholders is undertaken on a regular basis through the Community Mental Health and Wellbeing Strategy Group.

Impact of Recommendation

4.3 N/A

5. Legal and Governance

Governance and assurance is provided through the Mental Health Clinical Care Governance Forum. This has multi-professional representation. Any relevant exceptions and updates are reported into the HSCP's wider Clinical and Professional Care Governance Forum.

6. Directions

There are no directions required for NHS Tayside and Perth & Kinross Council in relation to the contents of this paper.

7. Communication

The Community MH&WB Strategy and associated action plan will be closely monitored and supported through the Mental Health and Wellbeing Strategy Group, and where appropriate the PKHSCP Transformation Board. This forum will be supported by key themes sub-groups and updates and communications will be provided to EMT and IJB accordingly.

2. BACKGROUND PAPERS/REFERENCES

N/A

3. APPENDICES

N/A.

PERTH & KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023

Report by Chief Officer
(Report No. G/23/155)

PURPOSE OF REPORT

The purpose of this report is to present the IJB with the Director of Public Health (DPH) Annual Report 2023. The report provides an overview of key health and ill-health metrics and risk factors that can be influenced to determine the likelihood and course of disease. It has been designed as a reference tool for all agencies and organisations to be informed of current public health challenges and future anticipated trends.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Note the contents of the Director of Public Health Annual Report 2023 as attached at Appendix 1 and considers its content to inform future strategic planning and work.

2. SITUATION/BACKGROUND

Earlier this year the World Health Organisation declared the end of COVID-19 as a public health emergency. That was not to say that COVID-19 was 'over', rather it was to indicate that, worldwide, we had now transitioned to living with the infection, like many other infectious diseases which we manage and respond to on a daily basis, in primary and secondary care, and through the continued work of our health protection teams in Public Health.

However, whilst the emergency response has been stepped down, the considerable indirect impact of the pandemic endures and the resulting widening of health inequalities has been further magnified by current inflationary pressures and the cost of living crisis.

Health inequality in Tayside is starkly apparent when comparing the average life expectancy of a man living in an area of greatest deprivation (67 years) with his counterpart living in an area of least deprivation (82 years). Substance use (drugs and alcohol) and suicide are amongst the most

common causes of early loss of life for people living in greatest deprivation and are often termed ‘deaths of despair’.

Furthermore, other considerable public health challenges continue. Whilst the number of people who smoke is continuing to decrease, we are still managing the health impact from exposure in previous years, and rising obesity levels are taking a significant toll on people’s lives also. In addition, new risks to health are becoming increasingly urgent to address, most notably the widespread emergence of vaping and the existential threat of climate change.

We all have a vested interest in improving health in our communities, for friends, families, colleagues and businesses. This report summarises some of the targeted interventions being progressed by Public Health but it is vital that actions are prioritised across all settings to improve health and wellbeing, be it quality housing, workplace, leisure activities (where alcohol is not a focus), promotion of healthy eating and exercise.

We must continue to focus on creating the best possible environment for our communities currently and our future generations, where the protection and promotion of good health and wellbeing is the priority for all and cherished. All of us have that responsibility and, together, building on current work and seeking new opportunities, we can achieve it for the people of Tayside.

3. ASSESSMENT

Key points outlined in the DPH Annual Report 2023 include:

- Life expectancy is no longer increasing across Tayside and is starting to show a slowly decreasing trend in Dundee.
- Life expectancy is strongly associated with deprivation and, currently, males born in the most deprived areas in Perth and Kinross are anticipated to live on average 8 years fewer than males born in the least deprived areas.
- In Angus and Perth and Kinross, and to a lesser extend in Dundee City, there is a high proportion of adults in the 55 to 59 year and adjacent age groups. Therefore, the number of people aged over 75 in Perth and Kinross is expected to increase by over 30% from 2018 to 2028.
- Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside.
- The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. Approximately 90% of new cases of diabetes are due to type 2 diabetes and a result of increasing obesity levels in the population.
- Fewer than one third of the Tayside population are of healthy weight, with this proportion being lower in males and in people living in more deprived areas.

- Whilst smoking attributable deaths continue to decrease, tobacco is still the single greatest cause of preventable death, disability and illness.
- Furthermore, the rising use of vapes is giving rise to significant public health concern for future health.

With the current cost of living crisis, health inequalities are anticipated to widen further, with people living in greatest deprivation experiencing yet further poorer health and wellbeing.

In order to achieve best health outcomes for all, reduce health inequalities and ensure a sustainable health and social care system into the future, action must be focused on promoting and maintaining good health and wellbeing and preventing ill health from developing. This primarily means creating an environment where good health thrives.

An environment where physical activity is made accessible and encouraged, harmful substances – e.g. drugs, alcohol, tobacco, vapes, high fat/sugar foods – are not promoted nor readily available, people are engaged in good employment, poverty is eradicated, and action is taken to mitigate change are imperative to ensuring best health for all of us, now and into the future.

5. CONCLUSION

The report is presented to the Integration Joint Board for awareness. Work that is being progressed by NHS Tayside's Directorate of Public Health is summarised in the annual report and reported in detail to the NHS Tayside Health Board Public Health Committee as per the Committee's workplan. However, the action required to enact change and ensure improvements delivered in response to the key public health challenges presented must be whole system to achieve greatest impact.

Author(s)

Name	Designation	Contact Details
Dr Emma Fletcher	Director of Public Health	tay.pkijbbusinesssupport@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	**NO**
Resource Implications	
Financial	**NO**
Workforce	**NO**
Assessments	
Equality Impact Assessment	**NO**
Risk	**NO**
Other assessments (enter here from para 3.3)	**NO**
Consultation	
External	**YES**
Internal	**NO**
Legal & Governance	
Legal	**NO**
Clinical/Care/Professional Governance	**NO**
Corporate Governance	**N/A**
Directions	**NO**
Communication	
Communications Plan	**NO**

1. Strategic Implications

Strategic Commissioning Plan

1.1 n/a

2. Resource Implications

Financial

2.1 n/a

Workforce

2.2 n/a

3. Assessments

Equality Impact Assessment

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

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

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

However, the DPH Annual Report considers health inequalities throughout and highlights areas where these are particularly evident and their consequent impact.

Risk

3.2 n/a

Other assessments

3.3 Patient Experience - Targeting of resource to ensure maximum benefit for population health is critical to ensuring best quality patient care.

4. Consultation – Patient/Service User first priority

The production of the DPH Annual Report has been led by NHS Tayside's Health Intelligence Team, in consultation with the NHS Tayside Strategic Leadership Team in Public Health and informed by feedback from the previous year's annual report.

The DPH Annual Report has been considered and discussed at the Executive Leadership Team meeting and Tayside NHS Board's Public Health Committee.

5. Legal and Governance

n/a

6. Directions

There are no directions required for NHS Tayside and Perth & Kinross Council in relation to the contents of this paper.

7. Communication

n/a

2. BACKGROUND PAPERS/REFERENCES

n/a

3. APPENDICES

Appendix 1: NHS Tayside Director of Public Health Annual Report 2023

PERTH & KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

STRATEGIC COMMISSIONING PLAN UPDATE

Report by Chief Officer
(Report No. G/23/156)

PURPOSE OF REPORT

The purpose of this report is to provide the IJB with an update on progress of the development of the refreshed Strategic Commissioning Plan.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Notes progress to date and update
- Note that there will be a first draft of the Strategic Commissioning Plan presented to the Integrated Joint Board 14th February 2024

2. BACKGROUND

2.1 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control.

Stakeholders must be fully engaged in the preparation, publication, and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

To improve the quality and consistency of services for patients, carers, service users and their families.

To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and

To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

An Integration Authority is required to review its strategic commissioning plan at least every three years and may carry out additional reviews from time to time. In carrying out a review of the strategic commissioning plan, Integration Authorities must consider:

- The national health and wellbeing outcomes
- The indicators associated with the national outcomes
- The integration delivery principles
- The views of the Strategic Planning Group

A review may result in the integration authority making any necessary changes by replacing its strategic commissioning plan.

2.2 Perth and Kinross HSCP have an existing Strategic Commissioning Plan 2020 -2025, developed during 2019, pre-pandemic, prior to the Feeley Review and before the announcement of proposals for a National Care Service.

As the landscape has changed markedly since 2019 and so much of what is now being delivered by the HSCP has been heavily influenced by the pandemic it was proposed that we revise the Strategic Commissioning Plan.

3. OVERVIEW

3.1 Joint Strategic Needs Assessment

The purpose of this Joint Strategic Needs Assessment (JSNA is to provide a clear understanding of the health and social care needs of our local population. It brings together qualitative and quantitative data on the health and care needs of the adult population of Perth & Kinross, to create a picture of service needs now (and in the future) to support the decision-making process within the Partnership and underpin the need for more integrated working.

3.2 The findings from the JSNA are not entirely unexpected and articulate what we know to be areas of significant demand now and as we move forwards see Appendix 1. By way of high-level summary and overview, see the underlying:

- The majority of Perth and Kinross population live predominantly in a rural area 67.8% with 32.4% living in urban areas.
- Dependency ratios (the number of people over the age of 65 per 100 people below the age of 65) are higher across the North locality followed by the South locality and with Perth City having the lowest dependency ratio. Dependency ratios give us a good indication of the likely need for health and social care services to support people across the local authority area.
- Perth and Kinross have a higher proportion of people over 65 than the Scottish Average, the North and South localities face greater challenges in relation to an ageing population.
- Perth and Kinross have a smaller proportion of people of working age compared to Scotland as a whole, and this is likely to continue.

- In P&K council, the split in registered carers is generally a third in each locality, with both the North and South having slightly higher numbers than Perth City. The highest proportion of carers across all localities are in the 66+ age group.
- The life expectancy of people with learning disabilities is increasing, however it remains shorter than the general population. The more complex the condition the lower the median age of death *(this is National data; local data is not available).*
- People with autism experience poorer mental and physical health and may be more likely to die younger than their peers without autism
- Perth City Locality hosts the majority of deprivation within Perth and Kinross with five areas' being within most deprived Quintile (SIMD1) equating to 16.1% an increase of 2.6% since 2016
- Perth City also hosts the most affluent proportion of the population with 27% of people living in the least deprived Quintile (SIMD5) an increase of 1.3%.
- When the SIMD is broken down by domain over of 40% of the population are in the most deprived Quintile for access to services. In the North and South localities, accessibility is the biggest issue with over half of the population in the top two most deprived quintiles.
- The ageing population will change demand for housing. They are also more likely to live alone and to be under-occupying homes, increasing the risk of isolation and loneliness.
- Perth City Locality has more people suffering alcohol and drug related harms and ill health than the other PKHSCP localities.
- In Perth and Kinross, 21% of the population who had contact with NHS Services had at least one physical long-term condition (LTC). Of this population group, 17% of those under the age of 65 were living with more than one LTC compared to 50% of those aged over 65.
- Falls are the most common reason for admission to hospital.
- In Perth and Kinross, the leading cause of death for females in 2021 was Dementia and Alzheimer's disease (11.1% of all female deaths) and was the second leading cause for males (7.7%). Projections estimate an extra hundred cases year in year.
- Perth city locality have the highest number of unscheduled bed days. Most of the unscheduled beds are for the over 65 age group, but Perth City has the lowest over 65 demographics in comparison to the North and South locality.
- Post Covid there has been an increase in Delayed Discharge across all localities with Perth City returning to pre-2017 levels.
- Psychiatric hospitalisation admissions in all localities have seen a steady decline, there is a significant disparity between Perth City and the North and South localities.
- Projections indicate a requirement for an increase in Care Home placements year on year *(data needs further analysis).*

3.3 **Consultation and Involvement**

Active involvement of the community plays a pivotal role in driving the transformation of health and social care and improving outcomes for

communities. Perth and Kinross Health and Social Care Partnership is committed to fostering collaborative relationships with individuals and communities. We place significant importance on actively seeking the input and feedback from those who access our services to co-create and shape future service delivery.

In undertaking the consultation on the Strategic Commissioning Plan (SCP) for Perth and Kinross HSCP, we applied the 7 National Standards for Community Engagement (2016) https://www.scdc.org.uk/what/national-standards and were guided by 'Planning with People' (Community engagement and participation guidance) https://www.gov.scot/publications/planning-people/ which clarified our responsibilities in relation to Community Engagement and involving people meaningfully.

3.4 The aims of the consultation on the strategic commissioning plan were to:

- Involve people in shaping the future of health and social care services.
- Develop a better understanding of what matters to people.
- Inform people of the challenges facing the HSCP and seek their views on
- What did they feel, think, and want?
- What needs to be changed or improved?
- How could things be done differently?
- Provide a range of opportunities for people to engage with the consultation on the development of the strategic plan.

To maximise public involvement and participation a mixed approach to engagement was adopted. By using both quantitative and qualitative methods it provided a more comprehensive and holistic understanding of the issues, needs and experiences of individuals and communities. To ensure that a wide range of voices was heard, a participation programme was agreed which offered participants a range of accessible opportunities to engage, locality drop in events, targeted focus groups and an online survey.

A bespoke animated video https://www.youtube.com/watch?v=b4h9PRfqRcM "Planning a Better Future Together - Have your say" was prepared and distributed to 944 community groups/people and 70 key stakeholders and highlighted through social media channels, with a reach of 85,000 followers. The Community Engagement Team distributed 378 posters throughout our three localities and to support accessibility we developed an easy read detailing the locality drop in sessions https://www.pklearning.org.uk/Planning-A-Better-Future-Together-Easy-Read/

At the outset of the consultation, we appreciated that people potentially faced different experiences, feelings and perspectives based on where they lived. In response, 12 locality drop in events were arranged throughout each locality with 200 people attending. A 'World Café' approach was adopted to promote conversations enabling participants to express their views more freely and encourage the exchange of ideas and solutions to challenging issues.

Conversations were facilitated by both health and social care colleagues with our workforce being encouraged to attend these sessions.

It was recognised that a conversation may not be right for everyone, or time constraints may impinge. In response, we provided a range of interactive ways that people could express their views during these sessions. This relaxed and informal approach was positively endorsed by those attending. Comments received were recorded into locality specific data banks and analysed to capture and identify emerging themes.

Targeted Focus sessions supported the involvement of groups with protected status and people who are excluded from participating due to disadvantage relating to social or economic factors and received over 163 responses from 12 sessions.

An online survey provided an additional method and did not require attendance in person. We received 366 responses, 75% were filled out by women and the most substantial response rate came from the age group 46 – 65, constituting 46% of the entire survey population.

3.5 **Key Themes**

Following the collation of data from all localities Drop ins, Questionnaires and Targeted Focus Group sessions, the following information was recurringly articulated and is highly pertinent to the formation of our new Strategic Commissioning Plan, more detailed information is available within Appendix 2.

We specifically asked people to rate how important specific aspects of health and social care was to them, the underlying details this is in order of importance:

- I can access all health and social care support in one place, close to home (89%)
- Clearer and accessible information about the range of support and services available and who to contact for help (87%)
- More opportunities to support health and wellbeing in my local community (83%)
- Provide opportunities for local communities to influence how health and social care budgets should be spent (77%)
- People should get out of hospital more quickly to be supported at home (76%)
- Support more people to stay at home through better use of technology (73%)
- More consistent and regular opportunities that support carers' health and wellbeing (73%)
- Quicker access to health and social care support through use of telecare/internet (67%)
- Support for more volunteering/peer support as safe alternatives to services (55%)

We asked people to tell us what challenges they faced when looking after their Health and Wellbeing.

- 60% access and distance to services was a challenge for them
- 30% knowing where to go was a challenge for them
- 38% said finding the time to attend was a challenge
- 25% access to information was a challenge
- 24% finance or money was challenge for them
- 12% said need to support to attend was a challenge
- 15% said that the relationship they had with professionals was a challenge
- 20% said their caring responsibilities created a challenge for them
- 20% said transport was a challenge for them

We asked how you feel about the support or service you accessed in the last 12 months, and then further if you were dissatisfied, what were the reasons. 49% of participants said they were either satisfied of very satisfied with a further 20% saying they were neither satisfied nor dissatisfied. 14% specifically commented that they were dissatisfied or very dissatisfied with 18% not answering.

Very satisfied	60	16.39%
Satisfied	118	32.24%
Neither satisfied nor dissatisfied	72	19.67%
Dissatisfied	35	9.56%
Very dissatisfied	15	4.10%
Not Answered	66	18.03%

There were some very clear messages consistently being fed back through all forums and methods used during our consultation. People are clearly saying they want to access support in their own communities where possible, and that having access to multi-disciplines in the one building would be preferable. People were clear that they wanted to be involved in the planning and design of how services are delivered.

Of the 14% who were dissatisfied, it was commented that areas of challenge were distance and access to services, waiting times and delays in support, a lack of joined up working between services, quality of care and support and having to repeat the same story multiple times.

3.6 **Workforce Feedback**

We used our August Strategic Planning Group meeting to coordinate a Workforce Consultation event, where staff had the opportunity to convey their worries and wishes for the future of the Health and Social Care Partnership.

- Their main wishes related to improvements in service design, partnership working and systems, being valued and the need to increase resources.
- The lack of staff and resources was identified as their main worry along with communication, how we deliver services and uncertainty around the impact of national care service.

- Conversations around Primary Care identified positive progress in relation to partnership working and opportunities for how this could be strengthened.
- A lack of information and understanding about services and roles was highlighted as a significant barrier to early intervention and working with communities was viewed as essential for future planning.
- Conversations around unscheduled care, raised concerns in relation to discharge planning and inconsistencies in approach which staff felt was due to lack of understanding about key roles and services.
- There was a recognition that a hospital setting is not always the right environment for people and the workforce indicated a need for a range of different community approaches with well trained staff as key to supporting people to remain or return home.

The workforce identified 6 key themes when they were asked to consider "What Matters to You".

1. Increased integration of services to support partnership working leading to improved service delivery.
2. Ensure we have the right services, in the right place and people know how to access them.
3. We need to consider a range of approaches to improve time efficiency for social care workers moving between appointments.
4. We need to promote and value volunteering within communities.
5. People value continuous feedback.
6. Create an environment where people's contribution is valued.

3.7 **Joint SPG/IJB consultation**

A joint session in September offered the opportunity for the Strategic Planning Group and Integrated Joint Board membership to consider high level information gathered from both the JSNA and the Consultation activity and to gather further feedback that would inform the refreshed plan.
Examples of Strategic Commissioning Plan Priorities from across Scotland were provided, and members were asked to consider which priorities they felt were valuable and therefore what should be in our Strategic Commissioning Plan.

Dundee's and Fife plans were unanimously preferred by the group, the group commented that they were clear and simple to follow. Particular priorities were identified as appealing as noted in the underlying:

Inequalities - Support where and when it is needed most: Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.

Open Door - Improving ways to access services and supports: Making it easier for people to get the health and social care supports that they need.
Working and planning together - Planning services to meet local need: Working with communities to design the health and social care supports that they need.

Workforce - Valuing the workforce: Supporting the health and social care workforce to keep well, learn and develop.

- Fife's Strategic Commissioning Plan described five priorities including:
- Local – we will enable people and communities to thrive.
- Sustainable – we will ensure services are inclusive and viable.
- Wellbeing – we will support early intervention and prevention.
- Outcomes – we will promote dignity, equality, and Independence.
- Integration - we will strengthen collaboration and encourage. continuous improvement.

The joint SPG and IJB meeting created an opportunity for a broad mix of representatives to come together and discuss matters that are important to them, and how collectively we drive forward the strategic direction of the Health and Social Care Partnership.

This meeting confirmed that it is important we establish an outcome focussed approach, an approach that is measurable and that delivers results. To do so we need to consider the timeframe of the plan, we need to think long term and that although this is a three-year Strategic Plan its priorities will continue beyond. We need to use language that isn't deficit based and that is focussed on improvement and that a co-productive approach with our communities is essential to achieving a shared understanding of where we are now and where we want to be moving forwards.

4. PROPOSALS

The process and time we have taken has ensured all stakeholders have been fully engaged in the preparation of the strategic commissioning plan, establishing a meaningful co-productive approach, enabling the Partnership to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration:

To improve the quality and consistency of services for patients, carers, service users and their families.

To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and

To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

We propose that the data gathered via the Joint Strategic Needs Assessment, combined with existing intelligence including the Public Health Annual report, our Locality profiles, consultation feedback gathered during the formation of delivery plans and strategies and the feedback from our Communities, Workforce and Joint IJB/SPG session consultation is now used to develop a first draft of our Strategic Commissioning Plan and that we bring this to the IJB meeting scheduled for the 14th of February 2024.

5. CONCLUSION

This report provides the Integration Joint Board with a full overview of all activity to date, and which will contribute to the devising of our Strategic Commissioning Plan.

Author(s)

Name	Designation	Contact Details
Zoe Robertson	Interim Head of Service/Commissioning	tay.pkijbbusinesssupport@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.

PERTH & KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

TAYSIDE PRIMARY CARE STRATEGY 2024 – 2029 PROGRESS UPDATE

Report by Chief Officer
(Report No. G/23/157

PURPOSE OF REPORT

The purpose of this report is to provide an update on the progress made to develop the Tayside Primary Care Strategy.

1. RECOMMENDATION(S)

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

- Notes the progress made to date to prepare the Tayside Primary Care Strategy (TPCS) as outlined in this report.
- Agrees that a final version of the TPCS will be brought to the IJB for approval in February 2024.

2. SITUATION/BACKGROUND

2.1 The development of the Tayside Primary Care Strategy has been jointly commissioned by the Chief Officer of Angus Health and Social Care Partnership (AHSCP) and NHS Tayside Medical Director to support the delivery of excellent, high quality, accessible and sustainable primary care services for the population of Tayside.

2.2 As set out in the Integration Scheme, Angus Integration Joint Board has responsibility for the strategic planning coordination in relation to Primary Care Services in Tayside (excluding the NHS Board administrative, contracting, and professional advisory functions). As such, AHSCP, Dundee and Perth & Kinross HSCPs have a role in working with the NHS Tayside Board and Primary Care Contractors to promote the sustainability of primary care services, for example responding to business continuity difficulties and workforce planning.

2.3 The TPCS is one of the key strategies supporting the delivery of the Angus, Dundee and Perth & Kinross respective Strategic Commissioning Plans and the nine National Health and Wellbeing Outcomes.

2.4 Primary Care Services are a vital part of our health and care system with significant reach into our local communities and includes General Medical Services, Community Pharmacy, Optometry and Dental Services. Whilst not everyone will need to attend an acute or secondary care hospital, most people during their lifetime will use a primary care service with the majority of health care episodes starting and finish in primary and community care.

2.5 Safe and effective primary care services are vital to the people of Tayside and are valued parts of our community life. They prevent ill-health, encourage healthy living, and treat illness. Primary care is also integral to the wider health and care system.

2.6 The future sustainability of primary care and community services continues to be a risk because of gaps in the available workforce, such as general practitioners, nurses, pharmacists and allied health professionals to meet growing demand.

3. ASSESSMENT

3.1 Across Tayside there are currently:

- 61 General Practices
- 74 Community Dental Practices
- 93 Community Pharmacies
- 62 Ophthalmic Practices

3.2 In Perth and Kinross there are currently:

- 23 General Practices
- 121 General Practice Partners
- 22 Salaried General Practitioners

3.3 The total reported spend on Primary Care Services across all contractor streams in 2022-2023 was approximately £224m.

3.4 On 29 August 2023 a stakeholder meeting met to discuss and develop the vision, priorities, core principles and strategic enablers. The draft Plan on a Page (Appendix 1) provides the outputs of this meeting and details of the vision, values, priorities, strategic enablers and the core principles underpinning the transformation of primary care services to ensure they are person centred and responsive to the needs of individuals. The Plan on a Page also describes high level commitments in order to achieve the priorities.

3.5 The intention is that the TPCS will ensure:

Proactive and Community-Based Health & Wellbeing

- People will be supported to take more of an active role in improving and managing their own health and be better informed about which professional is best able to help them.
- Effective and efficient interventions, where needed, will be delivered in the right place, by the right person at the right time.

Independence, Care and Quality

- Care organised around populations, individuals and their carers, as opposed to organisations.
- Delivering the right type of care, in the right setting, based on people's needs.
- Primary care is supported and enable to achieve and engenders pride among those who work in it and respect by those who use it.

Effective Resource Utilisation

- Fully integrated, highly skilled multidisciplinary and multiagency teams, are the first point of contact, delivering integrated, person-centred models of care, designed around the needs of our population, focused on prevention, self-care and shared health outcomes, delivered closer to home, utilising new technologies which minimise the need for hospitalisation or residential care, whilst improving workforce sustainability and resilience.
- A sustainable model of Primary Care, supported by appropriate estates, facilities.

3.6 The strategy has been developed with the following principles at its heart:

- **Person-centred.** The views of the population of Tayside will be routinely sought and will guide the development of the Primary Care system, putting people at the centre of service provision
- **Empowerment**. Providing individuals with the opportunity to take greater responsibility for their own health and wellbeing
- **Partnership.** Working collaboratively with the population of Tayside and the primary care workforce to ensure an integrated team-based approach
- **Excellence.** Promoting excellence in service delivery and building on evidence-based practice
- **Safety.** Ensuring that practice and services are of the highest possible quality.
- **Deliver best practice.** Ensuring that all services are affordable and delivered efficiently and cost effectively.
- **Equity.** Consistency in service delivery ensuring equity of access and treatment for those in need of services.
- **Outcome focused.** Aimed to achieve the priorities that patients/service users identify as important.

3.7 On 3 October 2023 a meeting was held on Microsoft Teams with NHS Tayside Public Partners to discuss the rationale for preparing a TPCS, the Plan on a Page and the high-level intentions of the strategy. Overall, we received positive comments about the work that has been undertaken thus far. Amendments to the format of the Plan on a Page will be made following further feedback. An overwhelming theme of the discussion was the importance of effective communication about the range of primary care services and how and when to access them.

4. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report however financial implications will continue to be considered as the strategy develops.

5. CONCLUSION

The development of the TPCS supports a collaborative whole systems approach across NHSTayside, Angus, Dundee and Perth & Kinross HSCP.

Engagement will all key stakeholders will be essential so Tayside wide engagement will continue and contribute to fully informing the development of the TPCS and it is intended that the final version of the strategy will be brought back to all 3 Tayside IJBs for approval in February 2024.

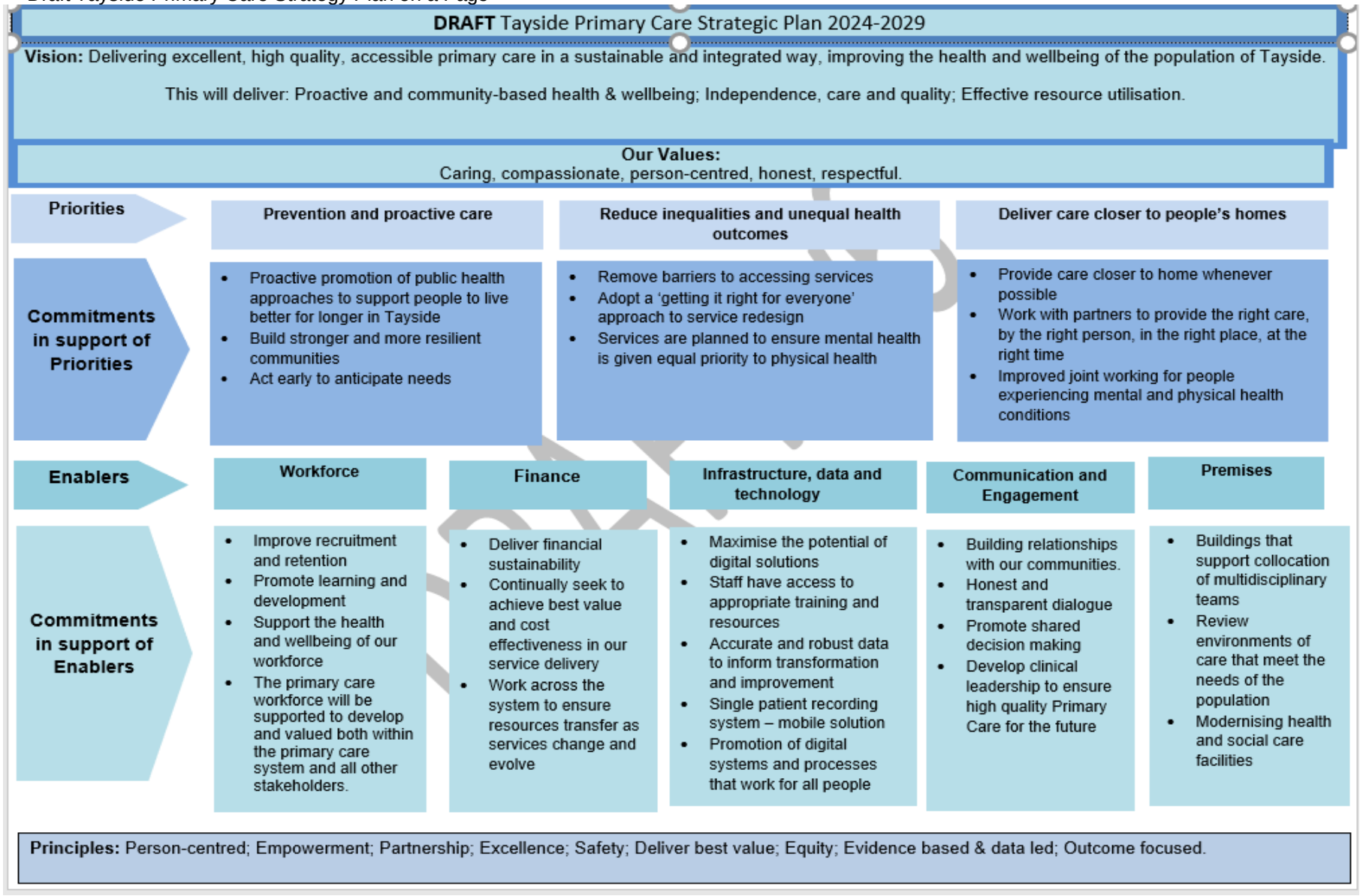
Author(s)

Name	Designation	Contact Details
Jillian Galloway	Head of Community Health and Care Services, Angus HSCP	tay.pkijbbusinesssupport@nhs.scot
Sally Wilson	Service Manager Integration, Angus HSCP	

Appendices
Appendix 1 - Draft Tayside Primary Care Strategy Plan on a Page
Appendix 2 - EQIA

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.

Draft Tayside Primary Care Strategy Plan on a Page



EQUALITY IMPACT ASSESSMENT (EQIA) and
FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

ANGUS Health & Social Care Partnership

1. INTRODUCTION

Title of policy, practice or project being assessed	Tayside Primary Care Strategy 2024 - 2029

Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	**Existing**		**New**	**Existing**
Strategy	X		**Policy**		
Guidance			**Procedure**		
Operational Instruction			**Budget Saving Proposal**		
Service Development Proposal			**Other (Please specify)**		

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Sally Wilson
Date Assessment Started	4 October 2023

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	As set out in the Integration Scheme, the Angus Integration Joint Board (IJB) has responsibility of the strategic planning coordination in relation to Primary Care Services in Tayside (excluding the NHS Board administrative, contracting, and professional advisory functions). As such, AHSCP has a role in working with the NHS Tayside Board and Primary Care Contractors and other Integration Joint Boards. The Tayside Primary Care Strategy (TPCS) is one of the key strategies supporting the delivery of the Angus, Dundee and Perth & Kinross respective Strategic Commissioning Plans and the nine National Health and Wellbeing Outcomes. The scope of the TPCS includes General Medical Services, Community Pharmacy, Optometry and Dental Services. The future sustainability of primary care and community services continues to be a risk because of gaps in the available workforce, such as general

	practitioners, nurses, pharmacists and allied health professionals to meet growing demand. The TPCS will enable the transformation of primary care services so we can better meet changing needs and demands. It focuses on ensuring quality and sustainability to improve health and wellbeing outcomes for the people of Tayside and to reduce inequalities. The strategy recognises the importance of preventing ill-health, self-care and self-management and identifies three priorities: • Prevention and proactive care • Reduce inequalities and unequal health outcomes • Delivery of care closer to people's homes. Five enablers have been identified which will support the delivery of the TPCS: workforce; finance; infrastructure, data, technology; communication and engagement; premises. The development of the TPCS supports a collaborative whole systems approach across NHS Tayside, Angus, Dundee and Perth & Kinross HSCP. Engagement will all key stakeholders will be essential. Two events have taken place to date and further engagement will continue in order to fully develop the TPCS. The strategy has been developed with the following principles at its heart: **Person-centred**. The views of the population of Tayside will be routinely sought and will guide the development of the Primary Care system, putting people at the centre of service provision **Empowerment.** Providing individuals with the opportunity to take greater responsibility for their own health and wellbeing **Partnership.** Working collaboratively with the population of Tayside and the primary care workforce to ensure an integrated team-based approach **Excellence.** Promoting excellence in service delivery and building on evidence-based practice **Safety**. Ensuring that practice and services are of the highest possible quality **Deliver best practice**. Ensuring that all services are affordable and delivered efficiently and cost effectively. **Equity**. Consistency in service delivery ensuring equity of access and treatment for those in need of services. **Outcome focused**. Aimed to achieve the priorities

	that patients/service users identify as important
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The intension is that TPCS will ensure the delivery of excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population of Tayside. The intension is that the TPCS will ensure: **Proactive and Community-Based Health & Wellbeing** • People will be supported to take more of an active role in improving and managing their own health and be better informed about which professional is best able to help them. • Effective and efficient interventions, where needed, will be delivered in the right place, by the right person at the right time. **Independence, Care and Quality** • Care organised around populations, individuals and their carers, as opposed to organisations. • Delivering the right type of care, in the right setting, based on people's needs • Primary care is supported and enable to achieve and engenders pride among those who work in it and respect by those who use it. **Effective Resource Utilisation** • Fully integrated, highly skilled multidisciplinary and multiagency teams, are the first point of contact, delivering integrated, person-centred models of care, designed around the needs of our population, focused on prevention, self-care and shared health outcomes, delivered closer to home, utilising new technologies which minimise the need for hospitalisation or residential care, whilst improving workforce sustainability and resilience. • A sustainable model of Primary Care, supported by appropriate estates, facilities. Primary Care Services are a vital part of our health and care system with significant reach into our local communities. The majority of health care episodes start and finish in primary and community care. The TPCS impacts on the population of Tayside and all those who support the delivery of Primary Care Services across Tayside.

4. EQIA PROTECTED CHARACTERISTICS SCREENING

Impact on Service Users, Unpaid Carers or the Public								
Does the policy, practice or project have a potential to impact in **ANY** way on the service users and/or public holding any of the protected characteristics? (Please mark as appropriate)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Age	X		**Race**	X		**Gender Reassignment**	X	
Disability	X		**Pregnancy and Maternity**	X		**Marriage and Civil Partnership**	X	
Sex	X		**Religion or Belief**	X		**Sexual Orientation**	X	

Impact on Staff or Volunteers								
Does the policy, practice or project have a potential to impact in **ANY** way on employees or volunteers holding any of the protected characteristics? This includes employees and volunteers of NHS Tayside, Angus Council, 3rd Sector organisations or any other organisation contracted to carry out health or social care functions on behalf of the Angus Health and Social Care Partnership. (Please mark as appropriate)								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Age	X		**Race**	X		**Gender Reassignment**		X
Disability	X		**Pregnancy and Maternity**		X	**Marriage and Civil Partnership**		X
Sex		X	**Religion or Belief**		X	**Sexual Orientation**		X

PLEASE NOTE: If you have answered yes to any of the above protected characteristics in section 4 then please mark yes in the screening decision and proceed to a full EQIA below.

5. EQIA - SCREENING DECISION

Is a full EQIA required? (Please mark as appropriate)	**YES** - Proceed to full EQIA in section 6 below	**NO** – State the reason below and proceed to FSDA screening in section 10 and 11 then complete sections 14 and 15 to conclude.
	X	

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to.	
Quantitative evidence (numerical/statistical)	The current Tayside population is 417,650 (National Records of Scotland, mid '2021 estimates). 153.810 people (37%) live inn Perth and Kinross, 147,720 (35%) in Dundee City and 116,120 (28%) in Angus. The median age of people living in Dundee City (38 years) is almost a decade lower than people living in the other two local authority areas. The number of people aged over 75 in Tayside is expected to increase by 24% between 2018 and 2028. Life expectancy in Scotland is the lowest of all the UK countries and no longer increasing. While life expectancy overall in Tayside is higher than the Scottish average, it varies across the region. Males born in the most deprived areas in Dundee City are on average likely to live 14.1 years fewer than males in the least deprived areas of Dundee City. The proportion of life spent in good health varies across Tayside. Males in Dundee City are currently experiencing decreasing healthy life expectancy, with men born currently anticipated to live only 55.9 years in good health on average. Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside. The number of people living in Scotland with type 1 and type 2 diabetes has steadily increased over the last 10 years. In Tayside there were 1,596 new cases diagnosed in 2022 with the majority (approximately 90%) being new cases of type 2 diabetes. Trends in the diagnosis of new cancers have changed very little over the past 10 years, however, data for 2020 and 2021 show that there was a decrease in the number of new diagnoses in 2020, during the COVID-19 pandemic, and a subsequent increase in 2021. While lung cancer is the most common cancer in Scotland, incidence has decreased over time. Liver

	cancer mortality has increased the most (by 38%) over the last decade with the main risk factors being obesity, alcohol and infection with hepatitis B and C viruses. The suicide rate in Tayside is higher than the national average, with Dundee City showing particularly high rates of 22 per 100,000 population compared to 14 per 100,000 population for Scotland, with there being a substantial increase affecting males over the last decade. Alcohol-related health harm is increasing in Tayside. Alcohol-related hospital admissions are 30% higher in Dundee City than the national average while deaths are 26% higher. Drug-related hospital admissions have increased in Dundee City by almost 800% in the last 18 years and current rates in Dundee City are more than double the national average. Alcohol-related hospital admissions are five times higher for people in the most deprived areas compared to the least deprived, while drug-related admissions are 16 times higher. Post-pandemic data shows that rates of sexually transmitted infections (STIs) are increasing, with Tayside showing higher rates of infection than Scotland. Gonorrhoea infection rates more than doubled in Tayside between 2019 and 2022. Two thirds of adults in Tayside are meeting physical activity guidelines, however, this varies considerably by sex, area and deprivation. Fewer than one third of the Tayside population are of healthy weight, with this proportion being lower in males than females and for people living in more deprived areas. The proportion of children who are of healthy weight in Tayside has decreased from 75% in 2014/15 to 72% in 2021/22 and is consistently lower than the national average. The proportion of primary school children showing no obvious dental decay continues to improve – only two thirds of children had no signs of decay in 2012/13 compared to over three quarters in 2021/22. Breast screening uptake in Tayside is above the Scottish average and the minimum standard of 70% but is not meeting the target uptake rate of 80%. Bowel screening uptake in Tayside overall is above the Scottish average and above the target rate of

	60%, however, uptake is below the target rate in areas of greatest deprivation. Uptake rates for diabetic eye screening almost halved to approximately 48% for Tayside and Scotland during COVID-19 and have not yet recovered to the pre-pandemic levels of 85 While the proportion of children completing their childhood immunisation schedule was consistently above the national target of 95% in Tayside, uptake rates have dropped both locally and nationally in recent years due to the impact of the COVID-19 pandemic.
Qualitative evidence (narrative/exploratory)	Information from the Health and Care Experience Survey 21/22 (responses from people registered with a GP Practice) will be used to inform the TPCS.
Other evidence (please detail)	None
What gaps in evidence/research were identified?	Feedback from people, especially seldom heard groups is required to inform the TPCS.
Is any further evidence required? Yes or No (please provide reasoning)	Yes, further engagement with a wide range of internal and external stakeholders as we further develop the TPCS. Additional workforce information is also required.
Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Work continues to ensure all appropriate information will be used to inform the development of the TPCS.

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project.	
Has engagement taken place? Yes or No	Yes
If No, why not?	

If Yes, please answer the following questions:	
Who was the engagement with?	On 29 August 2023 a stakeholder meeting met to discuss and develop the vision, priorities, core principles and strategic enablers. The draft Plan on a Page (Appendix 1) provides the outputs of this meeting and details of the vision, values, priorities, strategic enablers and the core principles underpinning the transformation of primary care services to ensure they are person centred and responsive to the needs of individuals. On 3 October 2023 a meeting was held Microsoft MS Teams with NHS Tayside Public Partners to discuss the rationale for preparing a TPCS, the Plan on a Page and the high-level intensions of the strategy. Overall, we received positive feedback about the work that has been undertaken thus far. An overwhelming theme of the discussion was the importance of effective communication about the range of primary care services and how and when to access them. Engagement will continue as we further develop the TPCS.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Not yet but they will be a communication and engagement plan is under development.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	To date a meeting has been held to NHS Tayside Public Partners.
What were the results from the engagement?	Suggestion made to change the format of plan on a page to make it more 'user friendly'
How did the engagement consider the protected characteristics of its intended cohort?	Further engagement will take place
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	

Is further engagement required? Yes or No (please provide reasoning)	

8. PROTECTED CHARACTERISTICS

This section looks at whether the policy, practice or project could disproportionately impact people who share characteristics protected by the Equality Act (2010). Please use the following link to find out more about the: protected characteristics. Please specify whether impact is likely to be neutral, positive or negative and what actions will be taken to mitigate against any negative impacts or discrimination. When considering impact, please consider impact on: health related behaviour; social environment; physical environment; and access to & quality of services of NHS Tayside, Angus Council, AHSCP or 3rd sector social justice.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Age		X	X	A review of the population of Tayside has informed the development of the TPCS. Consideration has been given to demographic projections, in particular the expected 24% increase in the number of people aged over 75. A consequence of more people living longer is the likelihood to more people experiencing a decline in physical and mental capacity who may require support from primary care services. The TPCS should have a positive impact on all age groups across Tayside because it is focused on delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Sex		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Disability		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. All people living with a disability should have access to primary care services and this includes access to health promotion and prevention activities. The Communication and Engagement Plan will identify actions to ensure people living with a disability are provided with the opportunity to help shape and inform improvements. One of the enablers of the TPCS is premises and the actions required to ensure appropriate accessibility for the whole population of Tayside. With a focus on integrated working there is recognition of the need to consider delivering services within shared facilities. All developments relating to premises will have an EQIA completed. Another enabler of the TPCS is technology and to maximise the potential of digital solutions to support services being more widely accessible. Any digital developments will be undertaken being mindful of the impact of digital exclusion to ensure that this does not become a barrier for people. An EQIA will be undertaken for all ne digital

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				developments to ensure inclusivity for all people. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Race		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. The TPCS should not directly impact based on race alone and considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Sexual Orientation		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. The focus on reducing health inequalities will provide the opportunity to engage with people of Tayside and provide an opportunity to respond to the requirements of a wide range of people. The TPCS should not directly impact based on sexual orientation alone and considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Religion or Belief		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. The TPCS should not directly impact based on religion or belief alone and considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Gender Reassignment		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals who do not traditionally engage with Primary Care Services or who engage in initiatives aimed to encourage people to take an active role in improving and managing their own health and be better informed about which professional is best able to help them. A review of premises provides an opportunity to consider the needs of this population as we know that this population may find it hard to engage with services. The TPCS should not directly impact based on gender alone and considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Pregnancy and Maternity		X	X	The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign. A communication and engagement plan is under development which will ensure inclusivity. A review of premises provides the opportunity to consider the needs of this population ensuring access to suitable baby feeding spaces. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Marriage and Civil Partnership	X		X	The TPCS should not directly impact on marriage and civil partnership alone. It considers the need to be inclusive of all communities and how they will access services. With particular reference to GP services, it will be important that people understand new

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
				ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.
Any other relevant groups i.e. unpaid carers (please specify)		X		The TPCS will recognise the needs of carers when accessing primary care services including that this may be difficult due to their individual caring circumstances. A communication and engagement plan is under development which will ensure inclusivity, recognising that there may be the requirement to have focused initiatives for individuals such as carers. With particular reference to GP services, it will be important that people understand new ways of working and that they see healthcare professional other than a GP. It is especially important that people are supported to navigate the healthcare system, particularly those with low levels of literacy or people who do not speak English.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Age	X			
Sex	X			
Disability	X			
Race	X			
Sexual	X			

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	**Potential Neutral Impact (X)**	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.**
Orientation				
Religion or Belief	X			
Gender Reassignment	X			
Pregnancy and Maternity	X			
Marriage and Civil Partnership	X			
Any other relevant groups i.e. unpaid carers (please specify)	X			

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make	

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	X
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	**Date for Completion**	**Who is responsible (initials)**
Action 1 – Continue communication and engagement activities with all stakeholders ensuring inclusion of seldom heard groups	January 2024	SW

10. FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

The Fairer Scotland Duty (FSD) places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions. FSD assessments are only required for strategic, high-level decisions. In broad terms, 'socio-economic disadvantage' means living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services. Socioeconomic disadvantage can be experienced in both places and communities of interest, leading to further negative outcomes such as social exclusion. To read more information please visit: Fairer Scotland Duty Guidance - Scottish Government

11. FSDA- SCREENING DECISION

Is your policy, practice or project strategically important? Yes or No? (FSD assessments are only required for strategic, high-level decisions)	**YES** - Proceed to section 12. Full Fairer Scotland Duty Assessment (FSDA) below	**NO** – Provide reasoning below and proceed to sections 13 onwards to conclude.
	X	

12. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?	Information taken from the NHS Tayside Director of Public Health Annual Report 2023. Deprivation across Tayside varies. More than one in three people (37%) who live in Dundee City are living in areas of greatest deprivation in Scotland compared to only one-in-14 people (7%) in Angus and one- in-17 people (6%) in Perth & Kinross. Premature mortality in Tayside is three times greater in the most deprived areas than in the least deprived areas. Drug and alcohol-related deaths and suicide disproportionately impact people in the most deprived areas of Tayside. Fewer than one third of the Tayside population are of health weight, with this proportion being lower in males and in people living in more deprived areas. Alcohol-related hospital admissions are five times higher for people in the most deprived areas compared to the least deprived, while drug-related admissions are 16 times higher. People in the most deprived areas in Tayside are 1.8 times more likely to have repeat hospital admissions within 365 days, be hospitalised with asthma (2.3 times), coronary heart disease (1.7 times) or mental illness (4.1 times), and be diagnosed with cancer (1.2 times) than people in the least deprived areas. Lung cancer is three times more common in the most socio-economically deprived areas compared with the least deprived areas in Scotland. The

	incidence rate for lung cancer is considerably higher in Dundee City than Scotland overall. Deprivation is strongly linked to life expectancy. Currently males born in the most deprived areas in Dundee City and anticipated to live on average 14.1 years fewer than people in the least deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.0 and 7.9 years respectively. While the inequality gap in females is less prominent, it has widened slightly. The current difference in life expectancy for females is 11.2. The number of years that males and females are expected to live healthy lives in Tayside is similar to the national average, however there is variation across Tayside. Comparing the premature mortality rate over time, there has been a widening of the gap between people living in the most and least deprived areas. In Tayside the gap closed slightly in 2020 and data for 2021 show that despite overall premature mortality rates increasing, the difference in rates between the most and least deprived areas (820 v 448) has closed very slightly. There are difference in the main causes of death when the most and least deprived areas in Tayside are examined. While lung cancer and myocardial infarction (heart attack) were the most common cause of death in the least deprived areas, substance use (drugs) followed by lung cancer were the most common drivers of premature mortality in the most deprived areas. Mental health is strongly influenced by social, environmental and economic conditions. Poverty and deprivation are key determinants of children's development and subsequent adult mental health. Symptoms of anxiety and depression are over twice as common and self-harm and suicide over four times as common in the most deprived quintile compared to the least deprived quintiles. Psychiatric hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside four times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness. Many factors influence mental health and wellbeing, e.g. diet, physical activity, sleep, substance use, social relationships, the school experience, as well as deprivation. Children from socio-economically deprived backgrounds are 2-3 times more likely to develop mental health issues. These children are also more likely to encounter adverse life circumstances which, in turn, will affect their mental health. Participation in physical activity and sport also varies with deprivation with people in the most deprived areas of Scotland less likely to be physically active than people in the least deprived areas (57% compared to 77% in 2021). Healthy weight also varies by deprivation. Data for Scotland by SIMD shows that in the most recent year (2021), 40% of adults in the least deprived quintile were estimated to be of healthy weight compared to 31% of people living in the most deprived areas in Scotland. While the inequality gap has closed in the most recent year, it remains wider than it had been prior to 2015. Children's healthy weight also varies by deprivation and data show that while the inequality gap had closed in the proportions of healthy weight

	children in 2016/17 in Tayside, they widened again in the subsequent two years. Data in the most recent year show a slight closing of that gap once again with 79% of children being of healthy weight in the least deprived areas and 68% in the most deprived areas. While 62% of P1 children in Tayside had no obvious tooth decay experience in the most deprived areas, this proportion increased to 86% in the least deprived areas. Poverty is a significant driver for ill health and is a key factor in health inequalities. The negative impacts of rising costs are being felt across Scotland including in Tayside. Poverty is set to worsen as high inflation makes the cost of living unaffordable for many, both increasing the level of poverty for people already living in deprived areas but also bringing more people living in Tayside into poverty. Alongside this, health inequalities have also increased with the gap between the least deprived and the most deprived widening across Scotland. There is a strong association between screening uptake and deprivation, with women from more deprived areas less likely to attend for breast screening. The target uptake rate of 80% has been surpassed in least deprived areas but the minimum standard of 70% has not been met in the most deprived areas. The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 54% in the most deprived areas of Tayside.

Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:

	Potential Neutral Impact (X)	**Potential Positive Impact (X)**	**Potential Negative Impact (X)**	**Please provide evidence on your selection**
Low and/or No Wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future		**X**		The TPCS objectives are that services should be accessible for everyone, with the ambition to remove barriers to accessing services and a focus on adopting a 'getting it right for everyone' approach to service redesign.
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance leisure and hobbies		**X**		As above
Area Deprivation (where people live (e.g. rural areas), or where they work (e.g. accessibility of transport)		**X**		As above
Socio-economic Background (social class including parents' education, people's employment and income)		**X**		As above

Unpaid Carers		**X**		As above
Homelessness, Addictions and Substance Use		**X**		As above
Children's, Family and Justice		**X**		As above
Other (please specify)				

13. EVIDENCE OF DUE REGARD

Public Sector Equality Duty: The responsible officer should be satisfied that the group, service or organisation behind the policy, practice or project has given 'due regard' to the below duties. Please evidence which parts of the General Equality Duty have been considered. To 'have due regard' means that AHSCP have a duty to consciously consider the needs of the general equality duty: eliminate discrimination; advance equality of opportunity and foster good relations. How much regard is 'due' will depend on the circumstances and in particular on the relevance of the needs in the general equality duty to the decision or function in question in relation to any particular group. The greater the relevance and potential impact for any group, the greater the regard required by the duty.	
Eliminate unlawful discrimination, victimisation and harassment.	
Advance equality of opportunity	
Foster good relations between any of the Protected Characteristic groups	

14. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No

15. SIGN OFF and CONTACT INFORMATION

Head of Service Responsible		**Lead Officer Responsible**	
Name:	Jillian Galloway	Name:	Sally Wilson
Designation:	Head of Health and Community Care Services, AHSCP	Designation	Service Manager – Integration, AHSCP

Signature of Lead Officer:	**Date:**
Signature of Head of Service:	**Date:**

For further information on this EQIA and FSDA, or if you require this assessment is an alternative format, please email: tay.angushscp@nhs.scot

16. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	**April 2024**

17. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed		
Lead Officer responsible for review		
Date of this review		
Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.		**Status of action (with reasoning)** • **Complete** • **Outstanding** • **New** • **Discontinued etc.**
Action 1 -		
Action 2 -		
Action 3 etc. -		

PERTH AND KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

NOTICE BY VICTORIA PRACTICE, GLOVER STREET MEDICAL CENTRE, PERTH TO CEASE THEIR METHVEN BRANCH SURGERY CONTRACT

Report by Chief Officer, Perth & Kinross HSCP
(Report No. G/23/158)

PURPOSE OF REPORT

The purpose of this report is to inform the Integration Joint Board (IJB) of the intention of Victoria Practice at Glover Street Medical Centre in Perth to cease their Methven Branch Surgery contract from 1 January 2024.

This report also sets out the findings of the consultation and engagement exercise along with proposals by the Perth and Kinross Health and Social Care Partnership (HSCP) to mitigate the impact of the proposed change.

1. RECOMMENDATION(S)

It is recommended that the IJB:

- Acknowledges that Victoria Practice at Glover Street Medical Centre has given notice to close their branch surgery premises in Methven and to provide all General Medical Services (GMS) for their registered patients from Perth;
- Notes the work carried out by NHS Tayside Primary Care Services to consider possible options to support continuation of General Medical Services (GMS) in the Branch surgery and the outcome that this application cannot be declined;
- Notes the outcomes of the consultation carried out by the Victoria Practice, Glover Street Medical Centre which was supported by the Perth and Kinross HSCP and the outcomes of the Equality & Fairness Impact Assessment; and
- Approves the mitigations proposed by Perth and Kinross HSCP to support/fund a community transport solution to assist patients to travel from Methven to Perth for GP appointments.

2. BACKGROUND

The Tayside Primary Care Improvement Plan 2018 - 2021 set out the challenges for delivery of general practice services. A three-year Tayside

Primary Care Strategy is under development, led by the Chief Officer of Angus IJB as Lead Partner and as set out in the Integration Scheme and aims to address the future sustainability of primary care and gaps in the available workforce, such as general practitioners, nurses, pharmacists and allied health professionals to meet growing demand. The GMS contract and related Memorandum of Understanding are intended to improve this situation over the coming years.

Some of the service developments will replace services currently provided by General Practitioners (GPs). GPs will, however, remain at the core of general practice. The aim to recruit more doctors into the profession is one which is unlikely to improve the workforce challenges significantly within 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 that would normally attract a high number of applicants.

As set out in the three tayside Integration Schemes approved in June 2022, the lead partner role for Primary Care Services (excluding the NHS Board administrative, contracting and professional advisory functions) has been delegated to the Chief Officer of the Angus HSCP. The Angus HSCP Chief Officer co-ordinates strategic planning and seeks approval from all Integration Joint Boards on proposed strategy having regard to all localities in the Tayside area.

NHS Tayside Primary Care Services holds the contracts for all GMS providers across all three HSCPs. The responsibility of ensuring adequate GMS provision / access for the people of Tayside sits with the NHS Tayside Primary Care Services Manager and the NHS Tayside Director of Primary Care. The NHS Tayside Chief Executive has delegated the role of Director of Primary Care to the Chief Officer of Angus Health and Social Care Patnership. This role was carried out by Gail Smith until her retirement in early November 2023 and is carried out by Dr David Shaw in an interim capacity until such times as a new permanent Chief Officer for Angus is appointed.

NHS Tayside Primary Care Services confirmed that the option of a 2c practice or another GP Practice taking over a branch surgery cannot be considered as the branch does not have a registered patient list and the contractural obligation for patients to have access to GMS services is fulfilled by their main surgery.

The Victoria Practice holds the GMS contract to provide GMS to all of its registered patients. These services can be provided in two locations, the Victoria Practice or at the Methven branch surgery. The Methven branch surgery contract states the requirements that must be met to ensure the premises are fit to deliver GMS and the minimum number of hours of access that need to be provided for the branch surgery to receive financial and IT support from GMS funding. This requirement is for 20 hours per week.

The proposed closure of the Methven Branch Surgery has been the subject of significant concern for elected members of Perth and Kinross Council.

Following a motion passed at a meeting of Perth and Kinross Council which articulated concerns about the significant inconvenience and disruption to patients and drew attention to those who rely on public transport or are mobility impaired. The Council also drew attention to the increasing population migration to West Perth. This resulted in a meeting between the Leader and a cross section of elected members of the Council, Tayside Primary Care Services and HSCP met on 10 November 2023 to review the contractural arrangements and to ensure patients will continue to receive appropriate GMS services. There were a range of key questions and suggestions that were raised including:

- Confirmation that Primary Care Services has explored alternative options to closure with the Victoria Practice including a potential compromise to deliver a reduced service from 20 hours per week. This has not resulted in a change of intention by the Victoria Practice to cease operating from 1 January 2024.

- Confirmation about the quality of GMS provision and how this is monitored and assurance about the ongoing quality of GMS services for Methven patients and primary care services more generally.

  Primary Care Services confirmed the Victoria Practice file had been reviewed and there have been no issues of quality or concern. The file dated back to 2013. The difficulties in delivering GMS over 2 sites has been noted over the past 2 years.
  Primary Care Services gave assurances regarding monitoring of the national contract and this is reported via the NHS Tayside Audit and Performance Committee.

  No formal complaints have been received by NHST Primary Care Services from any registered patients regarding the service provision.

  P&K HSCP confirmed that the Primary Care Strategic Delivery Plan was approved by P&K IJB in June 2023 and this is supported by a local Perth and Kinross Performance Monitoring Framework which will now be reported to P&K IJB annually. There is also regular reporting to the P&K Primary Care Board. Key Perfomance Indicators are also being developed.

- Questions around the efficacy of the call handling arrangements to ensure that Methven patients are responded to – this question arose as a result of issues raised by local constituents.

  The Victoria Practice has confirmed that the call queue is limited to a maximum of 12 to prevent lengthy queue times and that they are exploring the purchase a new telephony system which enable faster appointing; enhanced patient identification features; and queue prioritization for vulnerable identified patients such as palliative care. This will provide an improved service and give greater confidence to patients.

- Discussion around the potential for community transport options. It was acknowledged that there has already been exploration of a willingness from community groups to establish or support such a scheme but there has not been interest expressed from the Methven Community.

  The HSCP continues to pursue other alternatives to secure support for transport to and from GP appointments for vulnerable Methven residents.

- Discussion on the potential to site existing health and social care services such as care and treatment services; social prescribing and community mental health staff in the Methven Branch Surgery Premises.

  The HSCP has explored this and this is not a viable option. Details are set out in section 5 Option 2.

- Suggestion that the release of funds from the GMS contract associated with premises costs of running the Methven premises is redirected towards mitigations required to reduce the impact of the branch surgery closure on Methven residents.
  The HSCP agreed to look into this positive suggestion.

3. THE SITUATION / PROPOSAL

The GP Partner, Victoria Practice, wrote to Primary Care Services in March 2023 to formally give notice of their intention to cease to provide GMS from the branch surgery in Methven from 1 January 2024. The practice intends to continue to operate the contract that they have for GMS from the Victoria Practice in Glover Street in Perth and that all registered patients will only have access to GMS from that location. The practice boundary will remain unaltered. The Methven premises used for the Branch Surgery is owned by the Victoria Practice.

The list size overall is 11,002 with approximately 1,500 registered patients resident within the village of Methven and the surrounding area. All patients are registered under the Victoria Practice GMS contract. The Covid-19 pandemic necessitated a change to the Victoria Practice GMS service provision, with services being centralised, in the early stages of the pandemic. Methven patients attended Victoria Practice in Glover Street, Perth for all urgent and routine care during the period March 2020 – September 2021.

The factors leading to the termination of the branch contract as listed by the Victoria Practice are summarised as;

- Equitable quality of care for all registered patients;
- Patient Safety; and
- Sustainability.

The practice describes the challenges they face in their ability to continue to provide access to contracted GMS within the Methven branch surgery as follows:

- increased workload across the Primary Care Team, which has been exacerbated by the impact of Covid 19 on the practice;
- lack of available GP sessions to cover the Methven branch surgery;
- the retiral this year of one of the full time GPs and recruitment issues for general practice;
- difficulties securing locum cover;
- concerns regarding the safety of GPs lone working when at Methven branch surgery;
- the service provided at Methven branch surgery is limited to a maximum of 20 hours per week dependant on the number of appointments requested;
- the availability of the full range of GP and community-based primary healthcare services provided from larger purpose-built premises in Perth; and
- costs involved in maintaining 2 sites.

The contractual arrangement is for the branch surgery to provide 20 hours of service a week over 5 mornings. The staff required to provide this service is one GP at 4 morning sessions from 8 – 12 noon. The Tuesday morning clinic is provided by a Practice Nurse. A Receptionist also attends each session in Methven to prevent lone working.

Due to ongoing staffing shortages, the current service is restricted to two mornings per week on a Monday and Friday which are GP led. The retiral of a GP at end of March 2023 and other partners reducing sessions further compounded the current staffing issues. A new part time salaried GP commenced with the practice at the end of August 2023. The practice is now operating with 8 less available GP sessions per week.

Victoria Practice currently has 6 GP Partners working 45 sessions a week and 2 Advanced Nurse Practitioners /Practice Nurses working 16 sessions a week. The practice cannot provide an exact number of how many appointments are provided in Methven as this fluctuates depending on GP holidays, absences, training, etc. The practice, due to GP/nursing staffing and IT difficulties, has been unable to operate a full 20 hour per week service since it re-opened post covid. The number of patients per session is higher than average for stand alone practices and very high for a practice that also tries to support a branch surgery.

GP consultations in Methven mainly consist of telephone appointments and on average only 1 or 2 patients are seen face to face per week. This is considered to be an inefficient use of GP time in terms of workload and travel time, and as a result Perth patients are disadvantaged by being asked to travel to Methven to make full use of empty appointments in Methven.

It has been found that having staff on one site increases the flexibility to support the range of demands on the Victoria Practice team, reduces travel

time and therefore increases available appointments for patients whilst allowing all team members to have consistent support on site.

Without travelling to Methven, the same GP would be able to offer a further 6 patient appointments as appointment slots are 10 minutes and travel to and from Methven takes approximately 60 minutes per day. These appointments would be provided from the main surgery at Victoria and accessible to all patients registered with the practice. The practice plans to optimise, where clinically appropriate, the range of support available via digital technology, recognising this does not meet the needs of all patients, and is not intended to replace face to face consultations where they are indicated. The change would also optimise clinical capacity within the team.

The implication of the branch closure is that patients would remain registered with Victoria Practice and would continue to access health care with the GP team with which they have been consulting. There will be no change to home visiting.

The practice recognises that there may be an increase in the need for home visits for vulnerable patients that live in the Methven area. The practice has also committed to facilitating appointment times in line with public transport timetables.

Methven has a growing population. The current Methven housing development has capacity for another 54 houses as determined by the 2022 Housing Land Audit. They anticipate building 10 a year over the next few years and these are likely to be housing association properties. With 54 new houses identified and an average of 2.16 individuals per household this would suggest that a population increase of 117 people is likely to materialse.

4. CONSULTATION FEEDBACK ON NOTICE TO CLOSE THE BRANCH SURGERY

The Perth and Kinross HSCP advised the practice to carry out a consultation with patients and offered its assistance with the process. A four week period of engagement with patients registered with the Victoria Practice took place between 7 August 2023 and 4 September 2023 with the outcomes of the consultation presented in this report.

Engagement with other key stakeholders (community, community council, councillors and clusters) has continued to take place at appropriate stages throughout the process. Two public engagement events were also carried out by the Victoria Practice. The event on 24 August 2023 was attended by 12 people and the event on the 31 August 2023 was attended by 21 people.

In order to assess the impact of the closure, a range of methods has been used to seek feedback from patients, local residents and the public about any concerns they have and any mitigation they would like to see put in place (see Annex section 4.1).

The notice to close Methven branch surgery has received 76 comments from the public and this included 64 comment cards and 12 electronic comments.

In addition, a response from MSP Liz Smith was submitted which echoes these comments.

The reasons for Methven and surrounds residents' objections to the notice to permanently close the Methven branch surgery are detailed below:

1. Travel barriers: 72% (55/76) raised concerns regarding the lack of public transport between Methven and Victoria Practice. There is difficulty with connecting buses and financial implications attached to public transport/private taxi costs for people who do not hold a National Entitlement Card. Methven branch surgery also serves patients who live in smaller settlements in the surrounding rural area who have no transport links to rely on and have to depend on the good will of friends to help with transport. Moreover, it was felt that patients with poor mobility, poor physical and mental health would find public transport incredibly difficult to access and would avoid attending the GP practice which in turn may exacerbate symptoms of poor health and require more reliance on acute services such as hospital admission.

2. Ageing demographic: 29% (22/76) expressed concerns regarding there being a high percentage of elderly population in Methven, 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.

3. Increasing village population: 21% (16/76) are concerned that the impact of the expansion of housing in the area means there is a greater need for the Methven branch surgery now.

4. Difficulty accessing appointment: 17% (13/76) have expressed concerns over accessing a GP practice appointment. Difficulty is found in contacting the practice to arrange an appointment and also lengthy time to wait for an available appointment which is often a telephone appointment in the first instance. This is not an issue that is unique to Methven and is consistently highlighted as one of the main problems for patients across the UK.

5. Environmental concern: 4% (3/76) raised concerns relating to increased use of cars to access a GP appointment that would increase carbon emissions. The Scottish Government has set climate change ambitions to become a net zero greenhouse gas emitting nation by 2045, with interim targets of 75% by 2030 and 90% by 2040, against 1990 baseline levels. Methven residents having to travel into Perth to see a GP will likely require an increased use of personal vehicles which in turn would increase carbon emission. This may have an effect on climate change and air pollution.

6. No concerns, 4% (3/76) of respondents expressed no concerns in relation to the closure of the Methven branch surgery.

Liz Smith MSP for Mid Scotland and Fife raised objections to the notice to close the Methven branch surgery which are detailed below.

1. Transport issues: Concerns about the impact some elderly patients are facing because of difficult bus journeys, most especially in the southern rural hinterland which has lost its 155 bus service. Concerns that some of the voluntary services which assist with transport to and from GP and hospital appointments are reducing.

2. Patient safety: Concerns that it has been asserted that it is more difficult to ensure patient safety at Methven branch surgery than at the Glover Street Medical Practice premises.

3. Growing Population: Concerns about the logic of seeking to close the Methven branch when there is an expanding population as a result of new housing.

4. Home visits: assurance sought that any changes to the services provided will not have an impact on home visits for the housebound.

5. CONSIDERATION OF OPTIONS & MITIGATION

The Victoria Practice has informed NHS Tayside Primary Care Services of their plans to cease to deliver GMS from the Methven branch surgery and two options to retain GMS and/or health and social care services within the Methven premises have been explored. Both options have been discounted on the basis that they are not viable.

Option 1

Victoria Practice to provide less than the minimum (20 hours) per week with additional Community Care and Treatment Service (CCATS) and General Practice Clinical Pharmacy support.

- Unfortunately, the practice could not commit to a further reduced GMS service and therefore this is not a viable option.

Option 2

The Perth & Kinross HSCP has worked with the practice to consider the potential of potentially leasing the premises for alternative provision of primary care managed services once the branch surgery is closed. This option included consideration of siting sessional Community Care and Treatment Services, Social Prescribers and some Primary Care Mental Health and Wellbeing / South Adult Community Mental Health teams.

- Unfortunately, the cost prohibitive as the premises are privately owned by Victoria Practice.
- Additionally, this was not deemed suitable as on closer examination, this would require a relocation of existing staff/services to a location in which there is not an equivalent requirement/demand for those services. Relocating services to Methven would not be in line with the strategic health needs assessment and is likely to result in a net reduction in services elsewhere which have a higher population /

catchment/ It would also serve to increase the travel time and costs of health and social care staff who may relocate to Methven.

Impact Assessment

The responses to the consulation indicate that this termination of contract 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 Methven to Perth and back 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 Equality & Fairness Impact Assessment (EFIA) is attached.See Appendix 1.

Perth & Kinross HSCP is actively exploring with Perth and Kinross Council the potential for the work to improve public transport to consider additional services/routes for Methven residents and community transport options. This would be at specific times aligned to the previous provision of two half days at Methven to mitigate the impact of closure and provide support to those identified within the EFIA.

Providing access to warm waiting spaces either in the Victoria Practice itself or adjacent to the building has been identified as an option. This would provide Methven patients with somewhere warm to wait for their appointment and / or transport home, with access to hot drinks, toilets and changing facilities.

The Victoria Practice is commited to;

- Offering suitable appointment times in line with public transport if required;
- Exploring the use of digital technology and consideration will be given to providing digital skills training and linking with partner organisations to develop a digital equipment loan service; and
- Supporting home visiting for those patients with an identifed clinical need.

6. CONCLUSION

The Victoria Practice is of the view that it is no longer able to fulfil the contractual obligations for the provision of the Methven branch surgery. The view of the Victoria practice is that the closure of the branch surgery would improve the overall sustainability of the practice. Following consultation and feedback from patients and community residents and consideration of possible options proposed by the Primary Care Services and the HSCP the Practice intends to close the Branch Surgery from 1 January 2024. Primary Care Services confirm that, in line with national guidance, there is no option

other than to accept the proposal of closure. The HSCP has carried out an Equalities and Fairness Impact Assessment which highlights the negative impact on groups of people resident in Methven with protected characteristics and proposes a number of key mitigations which are developed with the cooperation of the Victoria Practice. These include the potential for a community transport option to coincide with adaptations and improvements to the appointment scheduling arrangements and facilities provided by the practice in the Glover Street premises to accommodate the needs of Methven patients.

Author(s)

Name	Designation	Contact Details
Deborah McGill	Service Manager, Primary Care, NHS Tayside	tay.pkijbbusinesssupport@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	**YES**
Workforce	**NO**
Assessments	
Equality Impact Assessment	**YES**
Risk	**YES**
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	**YES**

1. Strategic Implications

1.1 Strategic Commissioning Plan

N/A

2. Resource Implications

2.1 Financial

There are no direct financial implications for Victoria Practice in relation to the GMS contract arising from this application as the Medical Centre will continue to provide the same level of medical services at the single site.

There is a potential financial impact should the option to introduce a Community Transport Service proceed. The Perth and Kinross HSCP intends to redirect GMS funding for this purpose and awaits approval from the Tayside Primary Care Premises and Infrastructure Group.

2.2 Workforce

There are no direct workforce implications in relation to the GMS contract arising from this application as all staff will remain in the practice team. Some staff may have further to travel while others will have reduced travel. It is anticipated there will be a positive impact on staff wellbeing in the practice

due to increased capacity having been created by working on one site, as well as the support the team can give each other by being co-located.

3. Assessments

3.1 Equality Impact Assessment

Attached in Appendix 1.

3.2 Risk

The following risks have been identified in determining the Practice decision to close the Methven branch surgery.

PRACTICE:
The Practice would have significant periods where they cannot safely staff two sites, with a negative impact on the service patients receive. It would potentially reduce the likelihood of recruiting new partners. It would also lead to ongoing issues in terms of safety for patients and staff in the branch surgery building. The financial risk involved in maintaining 2 sites.

The following risks have been identified in relation to the impact of the practice decision to close the Methven branch surgery:

There may be a potential increase in the number of home visits in the area for patients who cannot travel which would reduce the number of appointments available within the practice premises for other patients.

PATIENT:
A key risk is the potential difficulty for some patients to access services at Victoria Practice from the Methven area, a distance of approximately 6 miles.

Whilst there are public transport options in this rural area there is the potential for increased travel costs and journey time could have a negative impact on some patients. The options would include 1 bus journey plus a 10 minute walk to the Practice or 2 bus journeys.

There is a risk that, as a result of perceived travel difficulties, patients may be deterred from seeking medical attention, potentially exacerbating health issues over the longer term.

HSCP:

There is a potential financial impact should the option to introduce a Community Transport Service proceed. It is not anticipated that this would exceed £20k.

3.3 Other assessments

N/A

4. Consultation – Patient/Service User first priority

4.1 External

The Victoria Practice wrote to all its patients registered to seek feedback about its proposals to close its Methven branch. The letter also enclosed some Frequently Asked Questions (FAQ's). Patients were able to feedback their concerns and any comments through a number of options.

- an email address for electronic written responses
- comment boxes located in:
  - Methven Practice
  - Victoria Practice
  - Methven Post Office
  - Methven's Own Convenience Store
- Social Media Platforms and the practice website
- The practice hosted two open public engagement events
- Community Council Meeting on 22 August 2023
- P&K Council meeting on 30 August 2023 where this was discussed
- Elected Members, Primary Care Services and P&K HSCP met on 10 November 2023

4.2 Internal

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

4.3 Impact of Recommendation

Work will be undertaken to mitigate the identified impact to patients through the potential introduction of a community transport service. The HSCP will fully assess the implications of introducing this service.

5. Legal and Governance

5.1 The governance arrangements for Primary Care Services are set out in this report.

6. Directions

This is not relevant for a branch surgery closure

7. Communication

7.1 NHS Communication department will assist in developing a communication plan and associated media releases. The Victoria Practice will be responsible for informing the registered patients on progress and will respond to feedback from the consultation.

2. BACKGROUND PAPERS/REFERENCES

N/A

3. APPENDICES

Appendix 1 – Equality & Fairness Impact Assessment (EFIA)

Equality and Fairness Impact Assessment (EFIA) Form and Guidance

If the *'policy or practice'** you are developing or going to develop is assessed as relevant after undertaking the online screening process (the Integrated Appraisal Toolkit) - that is, it will have an impact on people - you should complete an Equality and Fairness Impact Assessment (EFIA).

This form (which includes accompanying guidance) should be completed.

*see definition below on Page 5

EFIA – Guidance

The purpose of the EFIA is to ensure that decision makers are fully informed, at a formative stage in the decision-making process.

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Under Part 1 of the Act 'The Fairer Scotland Duty', the Council is required to actively consider how it can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.

The online Integrated Appraisal Toolkit (IAT) has been developed within the Council to assess all proposals against criteria for reducing poverty and socio-economic disadvantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups.

The IAT should first be used at the initial stages of proposal development to **screen** the proposal for any likely positive or negative effects in relation to equality, fairness and human rights. After completing the IAT, it should be evident if your proposal is likely (or not) to have significant implications for: reducing poverty and socio-economic advantage, eliminating discrimination, advancing equality of opportunity, and fostering good relations between equality groups. **If the screening process identifies that there are implications then this full Equality and Fairness Impact Assessment (EFIA) should be undertaken.**

When should I carry out an EFIA?

In order to fulfil our general duty it is critical that the all services conduct an EFIA in the following circumstances:

- **All** significant policies, strategies and projects* should have as a minimum an EFIA screening inbuilt as part of the risk assessment process.
- **All** budget options for the each financial year will require to be EFIA screened. (It is possible to group individual options if they relate to one particular service area)
- **All** Reports to Committee now require Equalities Impacts to be reported either as a screening or full EFIA. Significant service reforms **may** require a Full Report to be completed, or as a minimum, a justification in a Screening Report as to why the Full Report was unnecessary.

Equality and Fairness Impact Assessment Screening

A screening can be undertaken as part of a scoping exercise prior to a full report, or it can stand alone as final summary if no significant Equality and Fairness Impacts are identified or arise subsequently in the policy or plan implementation. This is done using the online Integrated Appraisal Toolkit.

Equality and Fairness Impact Assessment Full Report

A full report (using this form) should be conducted where a Screening indicates an area or areas that require more detailed consideration.

*see full definition Page 5

Stage 1: Screening

As noted above, a screening should ideally be carried out at the outset of a policy, service reform, or budget proposal* in order to embed consideration of equalities and fairness at the earliest part of the project plan or process.

In order to complete screening please follow the guidance provided within the online Integrated Appraisal Toolkit

A Screening Report should be conducted prior to identifying if a Full Impact Assessment is required, and the findings of the report should inform the introduction to the assessment; and provide the context and background, to outline the purpose and direction of the Full Impact Assessment.

Stage 2: Full Impact Assessment

If there are any areas that arise as part of the screening process that require further investigation or highlight areas of concern with regard to likely impacts across any or all protected characteristics, then a Full Impact Assessment report be conducted.

*see full definition Page 5

EFIA Form

Complete this for all *relevant policies*
***'Relevant'* means it will have an impact on people**
***'Policy or Practice'* - see definition below**

Definition of policy or practice for the purposes of EFIA:
For the purposes of an EFIA the term 'policy or practice' covers Service delivery and Employment. This can include a Policy, a Plan, a Strategy, a Project, a Service Review, a function, practice or service activity or a Budget option.

Section 1: Policy Details *(see definition of 'Policy'or Practice' above)*

Name of Policy or Practice:

General Practice Provision in Perth & Kinross (P&K) – notification given by the Victoria Medical Practice, Glover Street, Perth to close their branch surgery premises in Methven, in accordance with Part 8 – Variation and Termination of Contracts of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018.

Service and Division/Team:

Methven Branch Surgery / Victoria Medical Practice, Glover Street, Perth
Perth & Kinross Health & Social Care Partnership (HSCP)

Owner/Person Responsible *(include your Name and Position):*

Lisa Milligan, Service Manager, Primary Care, P&K HSCP

Impact Assessment Team *(include your Names and Positions).* This team can consist of two people or more as appropriate:

Ruth Buchan, Programme Manager, Primary Care & QSEP, P&K HSCP
Beverley Finch, Programme Manager, Primary Care, P&K HSCP
David McPhee, Equality Team Lead, P&K Council
Alan Butler, Practice Manager, Victoria Medical Practice
Mark Dickson, Clinical Governance & Risk Co-ordinator, P&K HSCP
Lisa Milligan, Service Manager, Primary Care, P&K HSCP
Deborah McGill, Service Manager, Primary Care Services, NHS Tayside

Is the *'policy' or practice'* being impact assessed new or existing? *Please tick the appropriate box below to indicate.*

x☐ New ☐ Existing

What are the main aims of the policy or practice?

Notification has been given by Victoria Medical Practice to close its branch surgery in Methven. The Victoria Medical Practice team seeks to demonstrate that they are able to continue to provide safe, person centred care for patients registered with them and resident in Methven from their registered practice in Glover Street, Perth.

Who are the main target groups/beneficiaries?

The population groups affected are all Victoria Medical Practice patients currently resident in Methven, a total of 1482 individuals* at November 2023, which can be broken down as follows:

AGE	FEMALE	MALE	TOTAL
0-16 YEARS	111	127	238
17-64 YEARS	429	453	882
≥65 YEARS	192	170	362

Data on the breakdown of this subset of the practice population between protected characteristics other than age are not currently available.

*the practice does not have a separate patient list and there is no clear boundary of where the cut-off point is so have excluded areas like Almondbank which is equidistant between Methven and Glover Street.

What are the intended outcomes of the policy or practice?

The intended outcome of the application is the permanent closure of the Methven branch surgery. Prior to the Covid-19 pandemic, the Methven branch surgery operated for twenty hours per week.The branch surgery was temporarily closed during the outbreak of Covid-19 (March 2020 – September 2021) due to a range of factors, including increased workload as a result of the pandemic, recruitment difficulties, and lone working concerns. The branch subsequently re-opened but due to GP staffing and IT difficulties has not been operating to the full twenty hours.

The building in Methven used for the purposed of the branch surgery does not house any other NHS or HSCP services. Currently, general practice services are provided for the entire population of the Victoria Practice from the main surgery situated in Glover Street in Perth. The principal intended outcome is to ensure general practice services are provided for all patients in an appropriate, fit for purpose and safe environment and ensure sustainability for the Victoria Practice. Home visiting will not be affected by this proposed change and will be provided as it is currently based upon clinical need.

Section 2: Information Gathering

You should list here the sources of information used to assess the impact of the relevant policy or practice. This can include local sources such as reports, information and data, relevant partners' information, data and reports, other Council's relevant information, data and reports, national information, research outcomes, data profiles and any other evidence which has led to the development of this policy. You may wish to refer to Appendix 1 for reference when gathering information relating to Equality Monitoring Data,

Information/Evidence Gained and Used to Shape this Policy or Practice	**List Details, Source and Date** ***(continue on a separate sheet if necessary – tick to indicate this has been done*** ☐
Community consultation/involvement outcomes from earlier contacts - this usually includes formally arranged contact with individuals or community, voluntary sector and other relevant interest groups	A public consultation was undertaken between 7 August and 4 September 2023 which included direct communication via a patient letter, frequently asked question leaflet to those who had attended Methven within the past five years (c 1200 Methven area patients), posters and comment cards in four local venues. The practice also advertised this through social media and the practice website. Two public engagement open events were held in

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date *(continue on a separate sheet if necessary – tick to indicate this has been done* ☐
	August and GPs / Practice Manager were available to answer any questions or concerns the public raised. A total of 33 people attended the two events which lasted for over an hour each time. A total of 76 written comments were received, either via comment cards or email. The Practice did not receive any phone enquiries or comments on social media. Of the 76 responses: • Three (4%) expressed no concerns about the closure, and were positive about their experiences of accessing GP services; • Fifty five (72%) expressed concerns about the lack of public transport between Methven and Perth. Supplementary concerns were highlighted that the prospect of relying on irregular public transport to travel the seven miles to Perth might deter people from seeking medical attention, potentially exacerbating health issues over the longer term; • Twenty two (29%) expressed concerns about the ability of the predominantly elderly population of Methven to access public transport – particularly over the winter months – due to mobility issues; • Sixteen (21%) expressed concern regarding the impact of expansion of housing in the local area means a greater need for local services for an increasing village population; • Thirteen (17%) expressed concern about lack of access for appointments and difficulty in contacting the practice. • Three (4%) raised concerns regarding the impact to the environment due to increased use of cars / carbon emissions. Practice representatives engaged with local elected members / Methven Community Council in August 2023.
Employee involvement/consultation feedback *(e.g. survey, focus groups)*	The Methven branch surgery has no dedicated staff; as such there were no staff to consult with. Staff at the main surgery in Perth, who previously travelled to Methven to provide GP services, indicated that they felt extremely vulnerable both physically and in terms of their clinical practice due to not being co-located with other clinical colleagues. There are also

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date *(continue on a separate sheet if necessary – tick to indicate this has been done* ☐
	implications for patient safety and practice sustainability where the workforce needs to be divided to enable cover away from the main practice site. GP services are provided by one GP for a maximum of twenty hours per week. All other health services are provided by the main surgery in Perth.
Research and information list main sources	Main sources for the compilation of this EFIA are the consultation report and a literature search which was conducted to ascertain the extent of available evidence on the impact of GP surgery closures on population groups with protected characteristics. In combination, these have indicated that the main areas of concern are accessibility of the main surgery in Perth, and the costs associated with getting there.
Officer knowledge and experience	Officers conducting the EQIA comprised of two service managers, equalities operational manager, risk co-ordinator, practice manager and three programme managers who jointly have many years of NHS operational and strategic experience, and significant experience of conducting EQIAs.
Equality monitoring data	Practice records provided some data on current demand for home visits, based on age, infirmity and disability. No data was available regarding home visits requested by patients with other protected characteristics; it is not anticipated that these patients would be disproportionately affected by the planned closure of the branch surgery.
Service user feedback (including customer contact, services and complaints)	A total of 76 written comments were received, either via comment cards or email. The Practice did not receive any phone enquiries or comments on social media. Of the 76 responses: • Three (4%) expressed no concerns about the closure, and were positive about their experiences of accessing GP services; • Fifty five (72%) expressed concerns about the lack of public transport between Methven and Perth. Supplementary concerns were highlighted that the prospect of relying on irregular public transport to travel the seven miles to Perth might deter people from seeking medical attention, potentially exacerbating health issues over the longer term; • Twenty two (29%) expressed concerns about the ability of the predominantly elderly population of Methven to access public transport – particularly over the winter months – due to mobility issues; • Sixteen (21%) expressed concern

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date *(continue on a separate sheet if necessary – tick to indicate this has been done* ☐
	regarding the impact of expansion of housing in the local area means a greater need for local services for an increasing village population; • Thirteen (17%) expressed concern about lack of access for appointments and difficulty in contacting the practice. • Three (4%) raised concerns regarding the impact to the environment due to increased use of cars / carbon emissions.
Partner feedback	MSP Liz Smith's objections to the proposed permanent closure of the Methven branch surgery: 1. Transport issues: Concerns about the impact some elderly patients are facing because of difficult bus journeys, most especially in the southern rural hinterland which has lost its 155 service altogether. 2. Patient safety: The most frequent concern raised relates to the comments made in your official letter which states that patient's safety can be better guaranteed at Glover Street than it can in Methven. 3. Growing Population: patients do not understand the logic of seeking to close the Methven practice when there is an expanding population as a result of new housing. **4.** Home visits: seeking confirmation from the Practice that any changes to the services provided will have no impact on home visits for the housebound. **Confirmation has since been provided by the Practice that there will be no impact on home visits to housbound patients.**
Other - this may be information gathered in another Council area, nationally or in partner organisations which is considered to have relevance	The previous EQIA prepared for Blair Atholl which relates to the closure of a branch surgery was referenced when drafting this EQIA.. The team also had access to an EQIA conducted by Dundee HSCP with a similar background context, which found that the risks inherent in the closure of a branch surgery were small, and related to impacts on patients with reduced mobility (who would have to travel slightly further to reach the surgery); those with low incomes (who would also have to access public transport more frequently); and the potential

Information/Evidence Gained and Used to Shape this Policy or Practice	List Details, Source and Date *(continue on a separate sheet if necessary – tick to indicate this has been done* ☐
	for a slight increase in home visits. The practice has been unable to monitor these impacts and has not seen any evidence of increased home visit requests, or of their patients experiencing undue hardship as a result of having to travel to Perth for GP appointments. Neither has there been any issues with vaccination provision; eligible patients have travelled to Perth with no evidence of disproportionate environmental impact.

Section 3: Consultation/Involvement

Consultation with key stakeholders can be undertaken throughout the whole of the equality and fairness impact assessment process. This section can include details of outcomes from current, earlier or ongoing consultation/involvement activities. This activity **can also** help to **reach people not previously involved** with these processes, but who will be affected by this policy or practice when it is implemented.

The Consultation/Involvement process can also help **identify or agree changes** that need to be made to ensure the policy or practice will be inclusive when implemented.

The Equalities Team Leader (equalities@pkc.gov.uk) may be able to provide advice relating to potential contact with consultees from equality protected characteristic groups via existing mechanisms such as the Community Equalities Advisory Group (CEAG) or Equalities Strategic Forum.

A summary of the replies received from individuals and stakeholders consulted/involved. Include any previous feedback or complaints relating to equality and diversity issues and the policy or practice currently being assessed.

Equality Protected Characteristic	**Specific Characteristics**	**Date**	**Outcome of Consultation/Involvement** ***(continue on a separate sheet if necessary – tick to indicate this has been done*** ☐
Age	Older People (65+)		Feedback, as outlined in Section 2 (above) indicated some concerns that older patients may have greater difficulties in attending the main surgery at Perth due to a combination of mobility issues, costs and accessibility of public transport, and issues with digital access and literacy (reducing their ability to participate in online consultations with the GP). There is some evidence that adults aged ≥65 years consult their GP at least once a year[1], and are likely to have at least one long term condition[2]. Additionally, there is evidence that mental wellbeing, although reportedly high around retirement age, declines as people get older[1,2]. As such, there is potential for the closure of the branch surgery to impact negatively on this population group in terms the additional costs and stress of access to GP care. Consideration should be given to remedial actions to mitigate these impacts.

[1] Harding O; Hay L; Mackie P. *Health and social care needs of older people in Scotland: an epidemiological assessment* ScotPHN, 2013
[2] Scottish Government *A Fairer Scotland for Older People: a framework for action* Scottish Government 2019

	Younger People (16-64)		Feedback indicated some concerns about the impact of increased transport costs to attend GP appointments in the context of the current cost of living crisis. Concerns were also raised about the practicality and affordability of attending the main surgery in Perth for low income families with small children. As such, there is some potential for the proposed closure to impact negatively on this population group in terms of the increased costs and difficulty of accessing GP care. Consideration should be given to remedial actions to mitigate these impacts.
	Children (0-16)		Feedback received from the community council indicated concerns about the costs and practicalities of accessing the main surgery by public transport, and the potential impact of this on both childhood vaccination rates and on the finances of low income families who might have to attend repeat GP appointments with a sick child. As such, there is some potential for the proposed closure to impact negatively on this population group in terms of the increased costs and difficulty of accessing GP care. Consideration should be given to remedial actions to mitigate these impacts.
	Looked After Children (Corporate Parenting)		Feedback did not raise any issues or concerns specific to looked after children. Similarly, there were no indications found in the wider literature that closure of the branch surgery would disproportionately affect this particular patient group.. As such, there is some potential for the proposed closure to impact negatively on this population group in terms of the increased costs and difficulty of accessing GP care. However, all looked after children receive an enhanced level of health monitoring and assessment via NHS Tayside's looked after children's health services. Perth and Kinross Council's Services for Children, Young People and Families are responsible for coordinating a child or young person's plan which will have detailed actions relating to health care and ensures that each looked after child is supported to have their health care needs met including the provision of transport and support to attend all necessary appointments. Consultation with Services for Children, Young People and Families confirms that the closure of the Branch Surgery will not

			negatively impact on looked after children residing in Methven.
Disability	Physical Disability		Feedback did not raise any specific concerns around accessibility of the main surgery with regard to people with physical disabilities. The wider literature, however, indicates that this population group are more likely to suffer financial hardship; as such feedback comments relating to the increased costs of attending the GP are relevant here and there is some potential for the proposed closure to impact negatively on this population group in terms of the increased costs and difficulties of accessing GP care, and the potential inaccessibility of public transport for this population group. As such, consideration should be given to remedial actions to mitigate these impacts.
	Sensory Impairment		
	Mental Health		
	Learning Disability		
Gender Reassignment	Male transitioning to female		Feedback did not identify any concerns specific to patients undergoing gender reassignment. Similarly, there were no indications found in the wider literature that closure of the branch surgery would disproportionately affect this particular patient group.
	Female transitioning to male		
Marriage/Civil Partnership	Women		Feedback did not identify any concerns specific to patients who were married, whether in mixed or same sex relationships. Similarly, no indications were found in the wider literature that the proposed actions would disproportionately affect these patient groups.
	Men		
	Same Sex Couple (Male)		
	Same Sex Couple (Female)		
Pregnancy / Maternity/Paternity	Women		Consideration was given to the potential for this closure to impact negatively on women who are pregnant or who have (or Care for) newborns and small children, particularly where they are living in circumstances of socioeconomic deprivation. Particular concerns were raised about the costs and practicalities of travelling to Perth with small children, and these are likely to be similar for pregnant women. It should be noted that the branch surgery in Methven, when

			open pre-Covid-19, did not offer any appointments for pregnancy or maternity care; women have always had to travel to Perth for these services. As such, the impacts on pregnant women and new mothers are likely to be negligible.
	Men (Paternity)		Given the information above, it is not anticipated that there will be any negative impacts on men who wish to support their partners at pregnancy / maternity appointments.
Race	A list of categories used in the census is here		No information is currently available on the ethnic breakdown of the practice population living in Methven. It is not anticipated that the proposed closure will have any significantly different or worse impacts on patients from non-white ethnicities; however, this can be revisited as part of the review process if additional data on ethnic breakdown are made available.
Religion / Belief	A list of categories used in the census is here		No information is currently available on the recorded religious beliefs of the practice population living in Methven. It is not anticipated that the proposed closure will have any significantly different or worse impacts on patients as a direct consequence of their belief system; however, this can be revisited as part of the review process if additional data on religion and belief are made available.
Sex	Female		The proposed closure has the potential to impact negatively on sex-based differences in access to healthcare. Evidence shows that women tend to consult healthcare professionals more frequently than men[3,4] for a range of conditions. This effect is particularly pronounced where women are living in circumstances of socioeconomic deprivation and / or have additional unpaid caring responsibilities. Consultation has identified additional concerns related to access to digital technology, although this was focused on socioeconomic circumstances rather than broken down by biological sex. As such, there is potential for the proposed closure to disadvantage women living in the Methven community, and consideration should be given to remedial actions to mitigate

[3] Carretero et al "Primary health care use from the perspective of gender and morbidity burden" *BMC Womens Health* 2014 Noc 30;14:145
[4] Bertakis et al "Gender differences in the utilization of health care services" *J Fam Pract* 2000 Feb; 49(2):147-152

			these disadvantages.
	Male		As identified above, men tend to consult healthcare practitioners less often than women; however, the proposed closure does have the potential to impact negatively on men living in circumstances of socioeconomic deprivation in terms of the additional costs incurred in attending GP appointments in Perth. Consultation has identified additional concerns related to access to digital technology, although this was focused on socioeconomic circumstances rather than broken down by biological sex. As such, there is some potential for negative impacts on men living in the Methven community and consideration should be given to remedial actions to mitigate these impacts.
	Other Gender Identity		Beyond the impacts on patients living in circumstances of socioeconomic deprivation and / or with limited digital access and literacy – which are likely to affect patients regardless of biological sex or gender identity – no specific impacts have been identified pertaining to this particular population sub-group.
Sexual Orientation	Lesbian		In general, no significant impacts have been identified which will disadvantage patients based on their sexual orientation. Information on the sexual orientation of patients registered with the practice and living in Methven is not currently available, however; should this data become available, this section of the EQIA can be revisited as part of the review process.
	Gay		
	Bisexual		
Socio-economic(fairness)	Options detailed in Appendix 2		The proposal is to provide all services at the main surgery in Glover Street in Perth (as had previously been the case when GMS services were temporarily suspended from the Methven branch surgery as a result of the Covid-19 pandemic), and all patients will have to attend the main surgery in Perth. Some concerns have been raised via the consultation process, and are underpinned by evidence from the wider literature, about the impact of the proposed closure on patients with particular protected characteristics and living in circumstances of low income and / or socioeconomic

			deprivation. Potential mitigating actions which should be considered by the practice are: 1. The feasibility of providing community transport for the Methven patient cohort. This could include developing a volunteer driver car pool (with payment for additional mileage for the drivers), or tapping into existing volunteer transport options; 2. The Practice will offer appointments to Methven patients in line with bus timetabling to minimize travel and waiting times for those attending in Perth; 3. Providing access to warm waiting spaces either in the Perth medical centre itself or adjacent to the building. This would provide Methven patients with somewhere warm to wait for their appointment and / or transport home, with access to hot drinks, toilets and changing facilities. 4. Consider providing digital skills training and linking with partner organisations to develop a digital equipment loan service.

I the Positive and/or Negative Impacts or Tick to Indicate No Impact Identified

Key Questions to Address
The Assessment should highlight areas of interest covering the following:
> Positive and Negative impacts across all protected characteristics.
> Scale of the Impact: An indication of the degree of potential impact, and whether this is judged to have a High, Medium or Low impact potential.
> Anticipated duration of the impact if relevant
> Whether there is a specific differential impact to a particular protected characteristic or characteristics
> Or if the impact is more wide ranging and general in its effect.
> Whether any impacts identified would/could be mitigated by an amendment to the policy, practice budget decision or service reform proposal

This information will be indicated by activities at Section 2 and Section 3 above.

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
Age	Older People (65+)	Access to a wider range of GMS services; a full range of	1. Travel to Perth from Methven; Patients	

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	Younger People (16-64)	health services are available at the Perth Glover Street surgery compared to the limited GP only service which had previously been available in Methven.	can take the Stagecoach Number 15 from Crieff which runs hourly until 6pm and takes approximately 23 minutes then a further bus or a 10 minute walk to the practice from the city centre. 2. Lack of access to digital tools, and a low rate of digital literacy among this age group. These are judged to have a medium impact potential on this population group, which could be mitigated by: provision of community transport, access to warm spaces and provision of digital skills training.	
	Children (0-16)			
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.	1. Travel to Perth from Methven; Patients can take the Stagecoach Number 15 from Crieff which runs hourly until 6pm and takes approximately 23 minutes and then a further bus or a 10 minute walk to the practice from the city	
	Sensory Impairment			
	Mental Health			
	Learning Disability			

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
			centre Lack of access to digital tools, and a low rate of digital literacy among this age group. These are judged to have a medium impact potential on this population group, which could be mitigated by: provision of community transport, access to warm spaces and provision of digital skills training.	
Gender Reassignment	Male transitioning to female	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
	Female transitioning to male			No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
Marriage/Civil Partnership	Women	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
	Men			No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
	Same Sex Couple (Male)			No significant impact identified specific to this population group

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
				either as a result of the consultation process or from the wider literature.
	Same Sex Couple (Female)			No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
Pregnancy / Maternity/Paternity	Women	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven. No pregnancy / maternity appointments were ever offered in the Methven branch surgery.	Negative impacts are likely due to: 1. Increased costs of attending more frequent GP appointments as a result of pregnancy and / or with small children. This is judged to have a low impact on this population group. Mitigating actions would include the provision of low cost / free community transport, provision of a warm space in or near the surgery with access to hot drinks and toilet / baby change facilities and access to digital skills training.	
	Men (Paternity)			
Race	A list of categories used in the census is here	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
Religion / Belief	A list of categories used in the census is	Access to a wider range of GMS services; a full range of		No significant impact identified specific to this population group

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
	here	health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		either as a result of the consultation process or from the wider literature.
Sex	Female	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.	Evidence from the literature suggests this will have a significant negative impact on women, particularly those living in circumstances of socioeconomic deprivation and with additional unpaid caring responsibilities. These impacts include: 1. Increased costs of attending GP appointments; 2. Lack of access to digital tools and low digital literacy. These are judged to have a medium, level of impact on women living in the Methven area. Mitigating actions would include the provision of low cost / free community transport, provision of a warm space in or near the surgery with access to hot drinks and toilet / baby change facilities, and access to digital skills training.	
	Male		Evidence from the literature suggests this will have a negative impact on men who wish to support their partners	

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
			through pregnancy / maternity appointments, particularly those living in circumstances of socioeconomic deprivation and with additional unpaid caring responsibilities. These impacts include: 1. Increased costs of attending GP appointments; 2. Lack of access to digital tools and low digital literacy. These are judged to have a medium, level of impact on women living in the Methven area. Mitigating actions would include the provision of low cost / free community transport, provision of a warm space in or near the surgery with access to hot drinks and toilet / baby change facilities, and access to digital skills training.	
	Other Gender Identity			No significant impact identified specific to having a gender identity other than biological sex.
Sexual Orientation	Lesbian	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.		No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
	Gay			No significant impact identified specific to this population group

Equality Protected Characteristic	Specific Characteristics	Positive Impact (it could benefit the group concerned)	Negative Impact (it could disadvantage the group concerned)	No Impact
				either as a result of the consultation process or from the wider literature.
	Bisexual			No significant impact identified specific to this population group either as a result of the consultation process or from the wider literature.
Socio-economic(fairness)	Options detailed in Appendix 2	Access to a wider range of GMS services; a full range of health services are available at the Perth surgery compared to the limited GP only service which had previously been available in Methven.	Evidence from the literature suggests this will have a negative impact on patients, living in circumstances of socioeconomic deprivation and with additional unpaid caring responsibilities. These impacts include: 1. Increased costs of attending GP appointments; 2. Lack of access to digital tools and low digital literacy. These are judged to have a medium, level of impact on women living in the Methven area. Mitigating actions would include the provision of low cost / free community transport, provision of a warm space in or near the surgery with access to hot drinks and toilet / baby change facilities and access to digital skills training.	

Section 5: Recommendations and Actions

As a result of this equality impact assessment, please **clearly describe practical actions** you plan to take to:

- ❑ *reduce or remove any identified **negative impact***
- ❑ *promote any **positive impact** or*
- ❑ ***gather** further information/evidence*

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
Age	Older People (65+)	1. Offer patients appointments which fit with the timetable of the (limited) local bus service. 2. Consider the provision of a free / low cost community transport service and / or volunteer driver service; 3. Work with partners to arrange access to warm spaces close to the surgery building, where patients can access hot drinks and toilet / changing facilities; 4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.	Practice P&K HSCP	Ongoing
	Younger People (16-64)			Ongoing
	Children (0-16)			Ongoing
	Looked After Children (Corporate Parenting)			
Disability	Physical Disability	1. Offer patients appointments which fit with the timetable of the (limited) local bus service. 2. Consider the provision of a free / low cost community transport service and / or volunteer driver service; 3. Work with partners to arrange access to warm spaces close to the surgery	Practice P&K HSCP	Ongoing
	Sensory Impairment			Ongoing
	Mental Health			Ongoing
	Learning Disability			Ongoing

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
		building, where patients can access hot drinks and toilet / changing facilities; 4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.		
Gender Reassignment	Male transitioning to female	No action required		
	Female transitioning to male			
Marriage/Civil Partnership	Women	No action required		
	Men			
	Same Sex Couple (Male)	No action required		
	Same Sex Couple (Female)			
Pregnancy / Maternity/Paternity	Women	1. Offer patients appointments which fit with the timetable of the (limited) local bus service. 2. Consider the provision of a free / low cost community transport service and / or volunteer driver service; 3. Work with partners to arrange access to warm spaces close to the surgery building, where patients can access hot drinks and toilet / changing facilities;	Practice P&K HSCP	Ongoing
	Men (Paternity)			

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
		4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.		
Race	A list of categories used in the census is here	No action required		
Religion / Belief	A list of categories used in the census is here	No action required		
Sex	Female	1. Offer patients appointments which fit with the timetable of the (limited) local bus service. 2. Consider the provision of a free / low cost community transport service and / or volunteer driver service; 3. Work with partners to arrange access to warm spaces close to the surgery building, where patients can access hot drinks and toilet / changing facilities; 4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.	Practice P&K HSCP	Ongoing
	Male			
	Other Gender Identity	No action required		
Sexual Orientation	Lesbian	No action required		
	Gay			
	Bisexual			

Equality Protected Characteristic	Specific Characteristics	Action	Who is responsible	Date for completion
Socio-economic(fairness)	As detailed in Appendix 2	1. Offer patients appointments which fit with the timetable of the (limited) local bus service. 2. Consider the provision of a free / low cost community transport service and / or volunteer driver service; 3. Work with partners to arrange access to warm spaces close to the surgery building, where patients can access hot drinks and toilet / changing facilities; 4. Consider the provision of digital skills training and the potential to set up a digital technology lending scheme.	Practice P&K HSCP	Ongoing

Section 6:Outcomes

When the evidence has been considered in relation to the proposed Policy, Practice, Project, Service Reform or Budget Option, it will be apparent what the likely impacts are. The type, scale, duration, and specificity of the likely impacts will inform the direction of the outcome of the EFIA.

There are four potential outcomes as follows:

1. No major change required The Policy, Practice, Project, Service Reform or Budget Option is robust and can continue without amendment
2. Continue the Policy, Practice, Project, Service Reform or Budget Option. A justification is required for continuing despite the potential for adverse impact
3. Adjust or Amend the Policy, Practice, Project, Service Reform or Budget Option. Remove barriers, make changes to better advance equality or remove or mitigate negative impact
4. Stop, or Remove the Policy, Practice Project, Service Reform or Budget Option if adverse effects cannot be justified and cannot be mitigated.

Adjust or amend the policy, practice, project, service reform or budget option. Remove barriers, make changes to better advance equality or remove or mitigate the negative impact.

Section 7: Authorising the Assessment

The following signatures are required:

Service Manager

Signed Name Lisa Milligan Date 16/11/23

Quality Assured by PKC Equality and Fairness Impact Assessment Trained Officer (within service)

Signed Name David McPhee Date 16/11/23

Section 8: Publishing the Assessment

The completed and authorised EFIA should be added to your Service pages on the internet.

Date Action Completed Date for Review of EFIA

Section 9: Committee Reporting

Ensure your Committee **report** to accompany this policy **includes information** about any **actions** taken to reduce or remove **negative impacts** identified, or include any **positive impacts** expected when the policy is implemented.

Section 10: Review and Monitor

Note of Action required (from Section 5)

Offer patients from Methven suitable appointments for travel, as far as possible, in conjunction with the feasibility of providing low cost / free community transport (e.g. a volunteer driver pool) and also by the practice offering appointment at suitable times for those attending by public transport.

Date completed
Appointments which fit with the limited local bus service are already offered wherever possible. Work to commence with partners including the community council on the feasibility of providing other transport options.

Note of Action required (from Section 5)

Explore the potential to offer digital skills training and the feasibility of setting up a local digital technology lending service to support access to online medical consultations.

Date completed

Note of Action required (from Section 5)

Work with partners to provide access to warm waiting spaces, with access to hot drinks, toilets and changing facilities (for babies and adults with continence issues).

Date completed

Note of Action required (from Section 5)

Date completed

Add more sections as required

Appendix 1 – Equality Monitoring Data Guidance

The Equality Protected Characteristics in Our Area

There are nine protected characteristics in the Equality Act and these are disability, sex, race, sexual orientation, gender reassignment, age, marriage and civil partnership, pregnancy and maternity and religion and belief.

The Scottish Government Equality Evidence Finder is updated twice a year with data surrounding equality evidence from a wide range of policy areas. Some key local statistics should be noted:

Disability - 28% of the Perth & Kinross population consider themselves to have a long term physical or mental health condition, compared to 22% for Scotland overall. *(Scottish Household Survey 2016)*

Sex - 49% of the Perth & Kinross population identify as male, the same as Scotland overall. *(Scottish Household Survey 2016)*

Race - 98% of the Perth & Kinross adult population classify themselves as 'White', compared to 96% for Scotland as a whole *(Scottish Household Survey 2016)*

Sexual orientation - 99% of the Perth & Kinross adult population identify as Heterosexual, compared to 98% for Scotland overall. *(Scottish Household Survey 2016)*

Gender reassignment - The Registrar General for Scotland maintains a Gender Recognition Register in which the birth of a transgender person whose acquired gender has been legally recognised is registered showing any new name(s) and the acquired gender. This enables the transgender person to apply to the Registrar General for Scotland for a new birth certificate showing the new name(s) and the acquired gender. The Gender Recognition Register is not open to public scrutiny. Local information is not available. *(NRS Registration Division 2016)*

Age - Young people under 16 currently make up 16% of the population in Perth & Kinross, compared to the national average of 17%. People aged 65 and over account for 23% of the total population, higher than the national average of 19%. By 2039 this proportion is set to increase to 30%. *(ONS Population data)*

Marriage and civil partnership - 58% of the Perth & Kinross adult population are married or in a civil partnership, compared to 47% for Scotland as a whole. *(Scottish Household Survey 2016)*

Pregnancy and maternity - In 2016, the birth rate was 53.5 per 1000 women aged 15-44. In other words, broadly 5.4% of women of child bearing age were pregnant in 2016 in Perth and Kinross, compared to 5.2% for Scotland as a whole. *(NRS Vital events 2016)*

Religion and belief - 52% of the Perth & Kinross adult population consider themselves to have a religious belief, compared to 49% for Scotland as a whole. *(Scottish Household Survey 2016)*

National data sources have been used to provide this information but it should be noted that the Scottish Household Survey is only based on a sample of respondents so variations may not be statistically significant.

Appendix 2– Socio-economic (Fairness)

Socio-Economic Disadvantage:

- Low Income – (in comparison to most others) – can be measured in a range of ways e.g. relative poverty (after housing costs) looks at number of individuals living in households with incomes below 60% of UK median income. Statistics on absolute poverty (household living standards over time) and persistent poverty (where households live in poverty for 3 years out of 4) are also available. Poverty statistics can also be broken down by gender, disability, ethnicity, tenure and urban/rural.

- Low/No Wealth – having access to wealth e.g. financial products, equity from housing and a pension, provides some protection from socio-economic disadvantage. Single adult households (including single parent households) have very high risks of low wealth; households with lower educational qualifications and in routine or manual occupations have significantly higher risks of low wealth.

- Material deprivation – refers to households being unable to access basic goods and services and tends to focus on families with children.

- Area deprivation - living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.

- Socio-economic background – the structural disadvantage that can arise from parents' education, employment and income (i.e. social class) is more difficult to measure.

Inequalities of Outcome – any measurable differences for communities of interest or communities of place such as:

- Poorer skills and attainment
- Lower quality, less secure and lower paid work
- Greater chance of being a victim of crime
- Lower healthy life expectancy
- Less chance of a dignified and respectful life

Communities of Place – refers to people who are bound together because of where they reside, work, visit or otherwise spend a continuous proportion of their time. Poverty is often hidden in smaller rural communities with issues such as cost of living and accessibility of transport, education and employment impacting more negatively.

Communities of Interest – refers to people who share an identity e.g. an equality protected characteristic. Consideration of the impact on those groups can help develop a deeper understanding of socio-economic impact, particularly by talking to people with lived experiences.

For further information refer to Fairer Scotland Duty -Interim Guidance for Public Bodies

Appendix 3– Human Rights Based Approach

A Human Rights approach should also be an embedded consideration in an EFIA.

In summary; we need to consider, where applicable, to what (if any) extent policies, practices, projects, Service Reforms, or Budget Options impact on three key strands of Human Rights:

Absolute rights:
> the right to life,
> the right to freedom from inhuman and degrading treatment

Limited rights:
> the right to liberty,
> the right to a fair trial

Qualified rights
> the right to respect for private and family life, home and correspondence
> the right to freedom of thought, conscience and religion
> the right to freedom of assembly and association
> the right to protection of property

Any restriction of Qualified Rights must be:
> In accordance with the law: have a basis in domestic law, safeguards against arbitrary interference, foreseeable
> In pursuit of a legitimate aim: including "the economic wellbeing of the country"; "the protection of health", "protection of the rights and freedoms of others"
> Necessary
> Proportionate
> Not discriminatory

There is further guidance on integrating human rights into the equality impact assessment process available on the Scottish Human Rights Commission website following previous pilots with local authorities: http://eghria.scottishhumanrights.com/

PERTH & KINROSS INTEGRATION JOINT BOARD

29 November 2023

APPOINTMENT OF CHIEF FINANCE OFFICER FOR PERTH & KINROSS INTEGRATED JOINT BOARD

Report by Chief Officer/director of integrated health and social care (Report No. G/23/159)

PURPOSE OF REPORT

The Chief Officer and Chief Finance Officer roles for the IJB are set in statute within The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) and as such are appointments which are agreed by the Perth and Kinross Integration Joint Board. The IJB approved the arrangements for the appointment of an Interim Chief Finance Officer in October 2022 and the interim position has been filled since January 2023.

This report therefore proposes the recruitment of a permanent Chief Finance Officer role and seeks agreement from the IJB to proceed to secure this within a new role of Chief Finance Officer/Head of Performance & Governance.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board

- Approves the commencement of the recruitment and appointment process for the Chief Finance Officer/Head of Governance and Performance post.

2. SITUATION/BACKGROUND/MAIN ISSUES

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires NHS Boards and Local Authorities to integrate the planning and delivery of health and social care services. These arrangements are further outlined in the revised Integration Scheme approved by both Perth and Kinross Council and NHS Tayside Board in June 2022 and reflect partnership working between the parties on integrated leadership roles and joint appointments in order to give effect to statutory duties and to support integration.

2.2 The Public Bodies (Joint Working) (Scotland) Act 2014 requires two statutory posts to be appointed by the Integration Joint Board and these are the Chief Officer and the Chief Finance Officer. There is no other requirement in relation

to the management and staffing arrangements to support integration. However, the Local Authority and the Health Board must provide the Integration Joint Board with support services to carry out its functions and make available such professional, technical, or administrative resources as are required to support the development of the Strategic Plan and the carrying out of delegated functions. They must also ensure that the Chief Officer will have appropriate corporate support and a senior team of 'direct reports' to fulfill their accountability for the Strategic Plan and for the safe delivery of integrated services.

2.3 The Chief Finance Officer of the Integration Joint Board is accountable to the Chief Officer and the Integration Joint Board for the Annual Accounts, Financial Plan (including the Annual Financial Statement as required under Section 39 of the Act) and providing financial advice to the Integration Joint Board. In Perth and Kinross this equates to a total budget of circa £280m. 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 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. It is important therefore to secure this key role permanently as soon as practically possible ensuring that there is strong professional and technical expertise in the recruitment process.

2.4 The Chief Officer has reviewed the senior leadership structure for the Health and Social Care Partnership and reported the outcomes and proposals to NHS Tayside and Perth and Kinross Council. A separate briefing will be provided by the Chief Officer for members of the IJB. As part of this review, the Chief Officer has reviewed the job description and portfolio of responsibilities that are required to meet the requirements of the IJB and the HSCP in relation to finance, risk, governance, and performance. A revised role profile has been agreed and evaluated for a new role of Chief Finance Officer and Head of Governance and Performance which includes:

- Leadership, management, and direction on all aspects of financial governance and financial management to the IJB/Partnership as the statutory section 95 Officer
- Accountable Officer for the financial management and administration of the Integrated Joint Board (Section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014).
- Development of a 3-year financial plan for the IJB to support strategic direction and priorities.
- Responsibility for all strategic financial advice, information and support to the Integrated Joint Board and Chief Officer and for financial administration and governance.
- Leadership and accountability for sound corporate governance and risk management arrangements to maximise the IJB's success in delivering its strategic priorities.

- Leadership and management of high-quality integrated functions within the HSCP for finance, performance management, commissioning, and business support to the IJB.
- Compliance with legislation and best practice in financial management, financial administration, performance, risk, and corporate governance.

2.5 The IJB will recall that the post of Interim Chief Finance Officer was appointed in January 2023 at the time of the resignation of the Head of Finance and Corporate Services, report G/22/157 refers. The statutory Chief Finance Officer role has been filled on an interim basis since then. 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. Following consultation with HR representatives of both NHS Tayside and Perth &Kinross Council and agreement with relevant trade unions and staff side, it is proposed that the appointment process for the Chief Finance Officer commences directly following the IJB meeting on 29 November 2023. The role has been graded by both Perth & Kinross Council and NHS Tayside and there are no financial implications for the IJB.

2.6 It is intended that both partner organisations will advertise the new post of Chief Finance Officer/Head of Governance and Performance according to current recruitment policy and procedures with either the Council or NHS Tayside taking the lead role for the recruitment process. A panel comprising of senior/executive representation from Finance and Human Resources of both organisations, the Chief Officer, the Chair of the IJB, Chair of the Audit and Performance Committee along with a representation from the Strategic Planning Group will form the appointment panel.

3. PROPOSALS

3.1 The IJB is asked to consider the report and the recommendations therein, remitting the Chief Officer/Director – Integrated Health & Care to progress appointment of the new Chief Finance Officer/Head of Governance and Performance role.

4. FINANCIAL IMPLICATIONS

There are no financial considerations for the IJB arising from this report.

5. DIRECTIONS

Direction Required to Perth & Kinross Council, NHS Tayside, or Both	**Direction to:**
No Direction Required	√
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	

6. CONCLUSION

This report provides the IJB with proposals for securing a permanent appointment to a new role of Chief Finance Officer and Head of Governance and Performance and recommends approval to commence the recruitment process.

Author(s)

Name	Designation	Contact Details
Jacquie Pepper	Chief Officer/Director Integrated Health and Social Care	tay.pkijbbusinesssupport@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	**No**
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	**No**
Corporate Governance	**No**
Directions	
Communication	
Communications Plan	**No**

1. Strategic Implications

1.1 Strategic Commissioning Plan

This proposal enables the IJB to meet its legislative responsibilities.

2. Resource Implications

2.1 Financial

There are no financial implications arising from this report as the post is already budgeted for.

2.2 Workforce

HR leads for Perth and Kinross Council and NHS Tayside are consulted on the proposals contained within this report. Union and Partnership Representatives are informed. The HR policies and procedures of the respective employers have been and will continue to be applied.

3. Assessments

3.1 Equality Impact Assessment

Assessed as **not relevant** for the purposes of EqIA as the respective recruitment policies of each organisation apply.

3.2 Risk

The proposals outlined in this paper address the strategic risks to the partnership associated with a lack of capacity/stability within the HSCP senior leadership/management team. These are referenced within the IJB's strategic risks reported to the Audit and Performance Committee.

3.3 Other assessments

Not applicable.

4. Consultation – Patient/Service User first priority

4.1 External

Not applicable.

4.2 Internal/External

Chief Executives of the Council and NHS Tayside; HR leads for NHS Tayside & Perth & Kinross Council; Executive Leadership Teams for NHS Tayside & Perth & Kinross Council; unions and staff side representatives have all been consulted on the recommendations set out in this report.

4.3 Impact of Recommendation

This proposal enables the IJB to meet its legislative responsibilities.

5. Legal and Governance

Not applicable

6. Directions

Not applicable.

7. Communication

Not applicable.

2. BACKGROUND PAPERS/REFERENCES

There are no background papers.

3. APPENDICES

Appendix 1 - process for appointment of Chief Finance Officer/Head of Governance and Performance post.

Appendix 1

Perth & Kinross Health and Social Care Partnership

Recruitment: Chief Finance Officer and Head of Governance and Performance

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 ***of Chief Finance Officer and Head of Governance and Performance***.

The post ***of Chief Finance Officer and Head of Governance & Performance*** is a permanent appointment.

The salary grade for the post will depend on whether the successful candidate is employed by the Council or by NHS Tayside. The NHS grade is 8D. The Council Grade is CO34.

Recruitment to the role is a joint Perth & Kinross Council and NHS Tayside process and requires significant technical and professional expertise. The selection panel will consist of Chief Officer Perth & Kinross Health & Social Care Partnership, Director of Finance NHS Tayside, Head of Finance (Section 95 officer) Perth & Kinross Council; Chair of the Perth and Kinross Integration Joint Board (IJB); Chair of the IJB Audit and Performance Committee and a representative of the IJB Strategic Planning Group. Senior HR officers for NHS Tayside and Perth & 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.

Given the seniority and level of responsibility for this post, this 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 and to gather evidence that essential criteria and certain competencies for the post are met. The process will be administered by the Recruitment Team within NHS Tayside in line with recent discussions on joint recruitment and include:

- Panel interview with the selection panel
- Presentation
- References – for the successful candidate

The successful candidate can 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 choose to be employed by. 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.

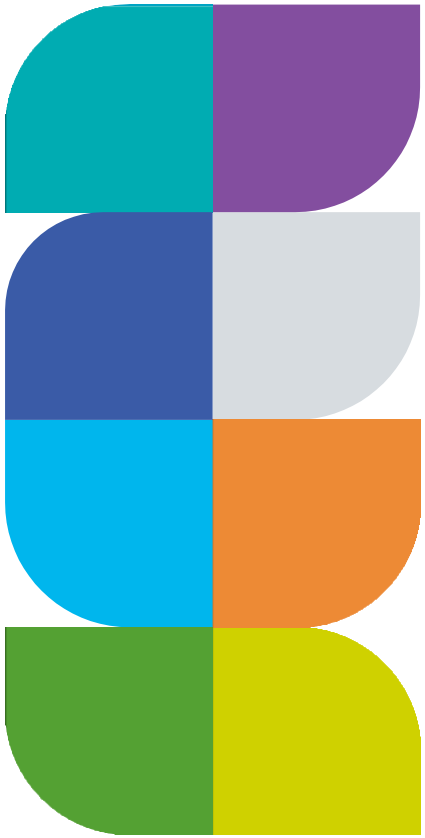
(Report No. G/23/160)

Perth and Kinross Integration Joint Board

Audited Accounts 2022/23

Perth and Kinross Health and Social Care Partnership

Supporting healthy and independent lives



SECTION 1: MANAGEMENT COMMENTARY

INTRODUCTION

This publication contains the financial statements of Perth and Kinross Integration Joint Board (IJB) for the year ended 31 March 2023.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2022/23 and how this has supported delivery of the IJB's priorities. This commentary also looks forward, outlining the IJB's plans and the challenges and risks it faces in meeting the needs of the people of Perth and Kinross.

ROLE AND REMIT

The IJB is a legal entity with responsibility for strategic planning and commissioning of a broad range of integrated health and social care services within Perth and Kinross.

The functions delegated to the IJB are detailed in the formal partnership agreement between Perth & Kinross Council and NHS Tayside, referred to as the Integration Scheme . It defines the main purpose of integration as follows:

- To improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, and which require support from health and social care at the same time;
- To improve the wellbeing of those for whom it is necessary to provide timely and appropriate support in order to keep them well;
- To promote informed self-management and preventative support to avoid crisis or ill health; and
- To jointly deliver on the national health and wellbeing outcomes.

The Integration Scheme has recently been revised and was given Ministerial Approval in November 2022.

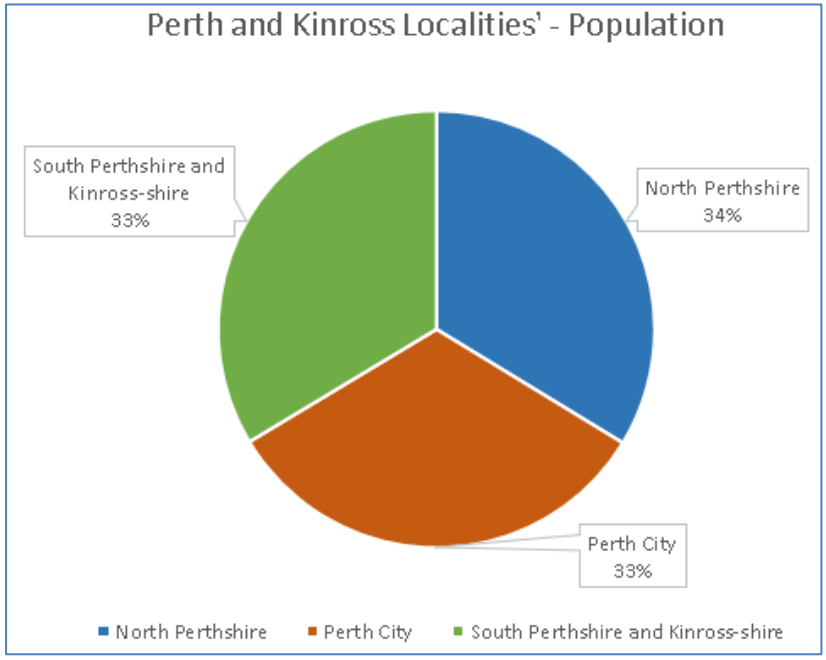
The IJB sets the strategic direction for delegated services via the preparation and implementation of the Strategic Commissioning Plan and seeks assurance on the management and delivery of integrated services through appropriate scrutiny, oversight and performance monitoring.

SECTION 1: MANAGEMENT COMMENTARY

PERTH AND KINROSS POPULATION CONTEXT

Perth and Kinross is a geographically large Local Authority area with the total population of 154,810 split across 3 localities North Perthshire (population 51,847), South Perthshire (51,696) and Perth City (50,267).

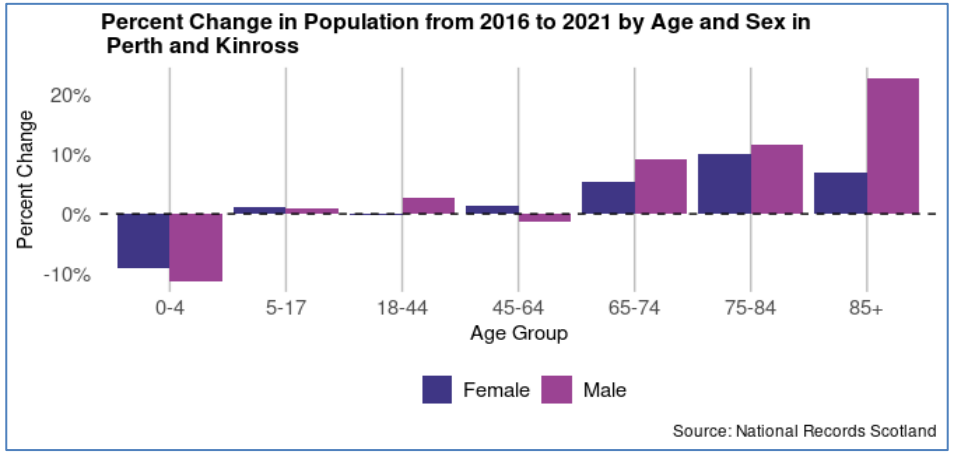
Chart 1



The population of Perth and Kinross is older compared to Scotland with 24.1% over 65 compared to 19.6% for Scotland. We are projecting that the number of people over 85 will increase by 111% over the next 20 years. Considering the Scottish Index of Multiple Deprivation, 23.2% of our population live in the least deprived quintile and 6% in the most deprived. Access to services is a major contributor to exclusion and inequality due to the rural and remote rural nature of large parts of Perth and Kinross.

The population of Perth and Kinross has changed substantially over recent years. Chart 2 sets out the growth in the older population, and combined with rurality, and minimal change in the size of the working population, this presents substantial challenges in the delivery of Health and Social Care Services.

Chart 2



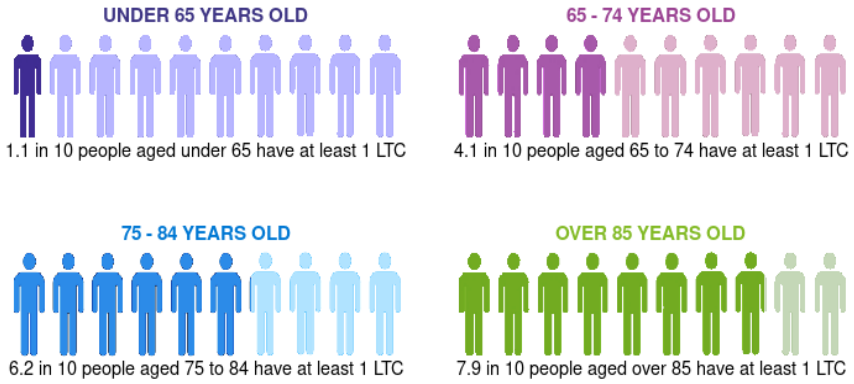
SECTION 1: MANAGEMENT COMMENTARY

Life expectancy in Perth and Kinross is above the Scottish average, 79 years for males and 82.9 years for females compared to 76.8 years and 81 years respectively.

The number of people supported in the treatment of Long Term Conditions provides some additional context on the health of our population and the consequential need for Health and Social Care support. It is estimated that 21.6% of the population had at least one physical long-term condition (LTC). These include: cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (namely liver disease and renal failure), arthritis, cancer, diabetes, and epilepsy. Please note that estimates for this section are based on people who had contact with NHS services

Chart 3 shows how our population is affected by LTCs overall. We can see that the prevalence of LTCs increases with age and with an increasingly elderly population this increases pressure on Health and Social Care services.

Chart 3



STRATEGIC PLAN AND KEY ACTIVITIES FOR THE YEAR

The Strategic Commissioning Plan covering 2020-25 sets out the following priorities and strategic aims of the IJB.

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.

SECTION 1: MANAGEMENT COMMENTARY

To deliver against these priorities and strategic aims, we established Care Groups to ensure sufficient focus on the needs of our population. To date the IJB has approved Care Group strategic delivery plans for:

- Community Mental Health and Wellbeing
- Learning Disabilities and Autism
- Older Peoples Services

Strategic delivery plans for Primary Care and Carers will be presented to the IJB during 2023/24.

These plans provide more detail on how we deliver our services and they are underpinned by outcomes focussed Performance Management Frameworks which are strongly linked to the National Health and Wellbeing Outcomes.

PRINCIPAL ACTIVITIES & KEY ACHIEVEMENTS IN 2022/23

Community Mental Health and Wellbeing

- A collaborative approach to reducing suicide deaths and tackling causes. Two Suicide Prevention Coordinators are supporting a whole age/family approach.
- Holistic health monitoring for people experiencing mental health issues through weekly health clinics across Perth and Kinross.
- Introduced a perinatal mental health service to support the 27% of new and expectant mothers who develop mental health problems.
- Improved mental health crisis response in partnership with The Neuk, a peer-led, therapeutic space which aims to be a place where people can come and feel emotionally safe, supported, and receive person centred help for their immediate mental health needs during a crisis.
- Increased capacity for discharge planning, primary care mental health provision, early intervention, and prevention support for people.
- Developed a Multi-Agency Mental Health Triage approach to respond timeously and in a person-centred way for people experiencing distress.
- Developed a new pathway for people experiencing difficulties relating to both mental health and substance use. This ensures people receive appropriate care and treatment and contributes to the delivery of Medically Assisted Treatment (MAT) Standards.

Learning Disability and Autism

- Established a multidisciplinary team (SCOPE) to support people with autism and/or a learning disability and which focuses on assisting people to remain in the community, avoiding admission to specialist inpatient settings and working to provide appropriate accommodation for people in their local communities.
- Continued to work with our Housing partners to build Core and Cluster developments and deliver care and support to those living in Perth in Kinross with a learning disability and/or autism.
- Developed new Complex Care Commissioning Models, ensuring individuals and their families are truly at the heart of our assessment and planning activity using the flexibility offered by all Self-Directed Support options.
- Engaged in the development of the Tayside Mental Health and Learning Disability Whole System Change Programme.

SECTION 1: MANAGEMENT COMMENTARY

Older People Services

- Embedded the Integrated Enhanced Care Home Support team to work directly and collaboratively with our Care Home sector. The team encourages proactive working and focuses on quality and clinical evidence to support change. The team delivers education with a co-production ethos and has ensured we are able to implement the recommendations within the https://www.gov.scot/publications/health-care-home-healthcare-framework-adults-living-care-homes/
- In partnership with our third sector developed new ways of supporting older people to undertake regular physical activities, this is now embedded within hospital sites, care homes and in communities.
- We are redesigning Urgent Care services, developing and embedding Hospital at Home.
- Invested in the community alarm and telecare service, to meet growing demand and implement an end-to-end digital telecare service. Increased digital technology for consultation particularly in rural areas and to reduce the number of people waiting for appointments.
- Further embedded our Locality Integrated Care Service (LInCS) approach through multi-disciplinary teams embedded in each locality, providing rapid support to older people who are frail and whose health is deteriorating at home.
- Piloted an Early Discharge Project with a commissioned care at home provider, to provide the Acute Frailty Unit with dedicated care at home provision to support flow and rapid discharge.

Primary Care

- We have developed a Strategic Delivery Plan for Primary Care in Perth and Kinross and also a Premises Strategy which identifies key priorities for Primary Care.
- We have continued to develop Community Care and Treatment Centres, (CCATS), expanding the services provided and now all localities also have access to Chronic Disease Monitoring, Minor Injury appointments and ear care.
- We have expanded the First Contact Physio Service.
- Supported P&K practices to secure Improvement Grants improving elements of their premises in 2022/23.
- Secured funding for GP Practices to have their medical records for patients back scanned, increasing efficiency and reducing storage requirements.
- All GP practices have access to Medlink for routine online clinical review for a wide range of long-term conditions.
- A health needs assessment for Bridge of Earn is underway in collaboration with the Community Council to support patient engagement on the health and care services.
- The QSEP (Quality, Safety, Efficiency in Prescribing) Programme has been restarted with a new Programme Lead.

Partnership-wide activity

- We have undertaken a review of our community engagement in line with the newly published https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance/ and this will lead to a refresh our Community Engagement Strategy, and to ensure people and

communities are at the centre of care service design and change, to deliver the best results.

- Commissioned "Care Opinion" to support the gathering of feedback from the people that use our services. To date we have received over 117 stories from a wide array of services including dentistry, podiatry, social prescribing 97% of which are positive and helping shape the delivery of services.
- Maintained a high performing adult protection response validated in the outcomes of a joint inspection of our multi-agency arrangements to protect and support vulnerable adults.

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PERFORMANCE MANAGEMENT

The IJB has delegated the authority for Performance, Risk and Audit to the Audit and Performance Committee (A&PC). The A&PC meets five times per year and routinely receives performance reports. In the last year the A&PC has received the following performance reports:

Annual Performance Report covers the performance of Health and Social Care services in pursuance of IJB ambitions in 2021/22. It describes a challenging year with mixed performance as we continued to cope with, and recover from, the significant impact the pandemic has had and continue to have on our services.

Key National Indicator Report covering the first quarter of 2022/23, this report describes a continued mixed picture in relation the Core National Indicators. Performance which varies most from targets relate to emergency admission, emergency bed days, falls and delayed discharge.

Key performance indicator report KPIs covering the first half of 2022/23, this report shows that performance continued to be mixed overall. The report provides a further breakdown of some of the Core National Indicators and provides a broader understanding of the underlying position. There is a greater propensity for emergency admission in older populations and the demographic make-up of our population is influencing performance against this indicator. In respect to Delayed Discharges performance compares well to Scotland.

SECTION 1: MANAGEMENT COMMENTARY

Latest Performance

Performance reporting is at a strategic level reflecting the Core Suite of National Indicators. Table 1 below provides a summary of our performance for 2022/23 against key indicators.

This reflects a period when services continued to recover from the impact of the pandemic and when capacity, supply and demand for services remained significantly different to that experienced pre-pandemic. The Annual Performance Report for 2022/23 was approved by the Audit and Performance Committee on the 31st July 2023 and provides more context and detail on performance for this period (please see Section 2, pages 3 to 8).

Table 1

Indicator	21/22 P&K	22/23 P&K (or latest)	Latest Data Available	How we compared to 21/22 %	How Scotland compared to 21/22 %	How we compared to Scotland 22/23 %	How Peer compared to 21/22 %	How we compared to Peer 22/23 %
Premature Mortality Rate per 100,000	357.3	N/A	Dec-21	N/A	N/A	N/A	N/A	N/A
Rate of emergency admissions per 100,000 population for adults (18+ all specialities)	11,312.6	12,221.1	Dec-22	8.0	-4.1	8.7	-3.9	12.8
Rate of emergency bed day per 100,000 population for adults (18+)	106,861.8	114,470.6	Dec-22	7.1	0.2	1.2	2.5	3.9
*Readmissions to hospital within 28 days of discharge per 1,000 discharges (18+)	128.8	135.8	Dec-22	5.4	-5.0	N/A	-3.2	N/A
Proportion of last 6 months of life spent at home or in a community setting	90.6%	89.0%	Dec-22	-1.6	-0.5	-0.3	-0.7	-0.7
Falls rate per 1,000 population (65+)	22.6	25.5	Dec-22	12.7	-1.8	12.8	-1.8	21.5
Proportion of Care Services rated good or better in Care Inspectorate inspections	76.5%	73.4%	Mar-23	-3.2	-0.6	-1.8	-2.0	-3.2
Percentage of 18+ with intensive social care needs receiving Care at Home	55.5%	57.6%	Dec-22	2.1	-1.0	-5.9	-0.5	-6.6
Number of days people aged 75+ spend in hospital when they are ready to be	593.8	939.2	Mar-23	58.2	22.9	2.1	39.2	12.7

SECTION 1: MANAGEMENT COMMENTARY

Indicator	21/22 P&K	22/23 P&K (or latest)	Latest Data Available	How we compared to 21/22 %	How Scotland compared to 21/22 %	How we compared to Scotland 22/23 %	How Peer compared to 21/22 %	How we compared to Peer 22/23 %
discharged per 1,000 population								
Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency	N/A	N/A	Mar-20	N/A	N/A	N/A	N/A	N/A
*A&E attendances per 100,000 population	14,673.9	16,276.3	Mar-23	10.9	1.0	-32.6	4.9	-2.6

*Source: Public Health Scotland Core Suite Integration Indicators. July 2023 update. *A&E Source PHS Ministerial Strategic Group Indicator Update.*
Note: The figures presented are rounded to one decimal place, while calculations are done using the data as published by PHS.
**Comparisons for this indicator should not be undertaken against Scotland or the peer group, due to differences in Tayside recording practices.*
N/A = no data 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

As we continued to recover from the effects of pandemic, investment has continued in community services, in line with our strategic ambitions and to meet rising demands.

With an aging population, the need for urgent and emergency care is likely to increase and as such we saw emergency admissions rise by 8% compared to 2021/22. This indicator is linked closely to the rate of A&E Attendances which increased by 10.9%. Specific investment was made in new frailty models/pathways to help address the flow of patients into hospital. This new approach may take some time to evidence improvement.

The higher rate of admissions impacted on our rate of emergency bed days which increased (7.1%) in the past year. Although we saw higher levels of more complex, frailer, people requiring hospital care, and this led to an increased rate of delayed discharges (58.2%), 96% of people were discharged without delay.

The main reason for delayed discharge related to the supply of Social Care services, specifically care at home which was directly attributed to a lack of available workforce.

When people are discharged from hospital it is important that they are able to access community-based services which meet their needs so as to reduce any need for readmission. The rate of readmission within 28 days did increase by 5.4% however this overall figure masks good performance with the rate of readmissions for people +75, beyond 8 days from discharge, reducing by 11.8% as reported in the APR.

SECTION 1: MANAGEMENT COMMENTARY

The proportion of the last 6 months of life spent at home or in community setting remained broadly stable with a marginal reduction of 1.6%.

The rate of falls resulting in an admission increased by 12.7%. This remains a key area of focus for improvement but is indicative of an increasingly frail and elderly population with an increased risk of falls.

The increase in this indicator and others outlined above comes after a period when services operated at very different levels of demand and activity as a consequence of the pandemic.

The A&PC also considered Key Performance Indicator reports for:

- Community Mental Health and Wellbeing : There are 5 key outcomes that the Strategy seeks to deliver. These are measured using a series of KPIs and at the time of reporting, 6 green, 1 amber, 8 red. A further 8 were not reportable due to a lack of data.

- Learning Disability and Autism Care Groups: There are 7 key outcomes that this strategy seeks to deliver. These are measured using a series of KPIs and the time of reporting, 8 green, 1 amber, 2 red. A further 3 were not reportable due to a lack of data.

Scrutiny of these Care Group performance reports was welcomed by the A&PC and this further develops our approach to performance management and reporting. A Care Group KPI report will be considered at each meeting of the Committee.

SECTION 1: MANAGEMENT COMMENTARY

FINANCIAL OVERVIEW

Financial Performance

The Financial Plan, approved by the IJB in March 2022, projected a break-even position across Health and Social Care after the application of reserves. The IJBs financial performance compared to the Financial Plan for 2022/23 is summarised in the table below.

	2022/23 Financial Plan Position Over/(Under)	2022/23 Year-End Out-Turn Over/(Under)	Movement from Plan Over/(Under)
	£m	£m	£m
Health	0.786	(0.219)	(1.005)
Social Care	-	(3.789)	(3.789)
Sub-Total	**0.786**	**(4.008)**	**(4.794)**
PKIJB Reserve	(0.786)	4.008	4.794
Total	**0**	**0**	**0**

Finance updates have been presented to the Audit & Performance Committee throughout 2022/23, reporting on the projected in year position. 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.

The main movements from plan relate to:

- *The significant investment by Scottish Government into health and social care in 2022/23. This included funding for care at home capacity, adult care social work capacity, multi-disciplinary team working and additional health care support staff. At the time of the investment, operational and management capacity continued to be heavily impacted by Covid-19 related activity, also the effect of recruitment challenges facing health and social care meant a higher underspend against staffing than planned. The IJB Strategic Delivery Plans, supported by this investment, are being implemented and recruitment is underway.*
- *In addition to the core position, the IJB has utilised earmarked reserves. This has provided additional capacity and ensured resilience across services, whilst the Strategic Delivery Plan actions are being implemented.*
- *The number of people choosing Older People Care Home Placements continued to be below planned levels, leading to an underspend on this budget. This reduction has been considered as part of the 2023/24 Budget to support the Older People Strategic Plan objectives.*

Reserves

Throughout 2022/23 there has been a significant decrease in reserves. The main movement is within the Covid-19 reserve. During 2022/23, the Scottish Government reclaimed surplus Covid-19 reserves to be redistributed across the sector to meet Covid-19 priorities.

IJB reserves balance as at 31 March 2023 is £16.8m, of this £11.1m is earmarked. The funding has been earmarked to meet

Scottish Government objectives, local priorities and to balance the 2023/24 Budget. The balance of un-earmarked reserves remaining is £5.7m. This reserve balance allows the IJB to meet its Reserves Policy that sets a level of contingency general reserve at 2% of IJB net expenditure.

FINANCIAL STATEMENTS

The 2022/23 Annual Accounts comprise:

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

This shows a deficit of £16.415m. The underlying operational out-turn is a £4.008m underspend of which Health Services are £0.219m and Social Care £3.789m. In line with the Integration Scheme, this surplus has been added to the IJB reserve to carry forward into 2023/24. The remaining deficit of £20.423m relates to the net decrease in reserves. Further detail is provided in section (b) and (c) below and in Note 6.

(b) **Movement in Reserves -**

In 2022/23 earmarked reserves had an opening balance of £33.249m, this has decreased by £16.415m, providing a closing balance of £16.834m. During 2022/23, 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, there are various specifically earmarked funds.

(c) **Balance Sheet -**

In terms of routine business, the IJB does not hold assets, however the balance of £16.834m 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 2022/23 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

FINANCIAL OUTLOOK

In March 2023, the IJB approved a budget for 2023/24 and provisional budgets for 2024/25 and 2025/26. The budget requires the use of reserves to balance in year 1 and identified recurring shortfalls in years 2 and 3. The IJB is faced with significant and increasing financial challenges due to inflation, a growing ageing population, increasing demand and complexities, and funding uncertainty. In setting this budget the IJB remained committed to supporting the Strategic Plan by prioritising and ensuring best use of available resources. The IJB understands there are key risks and uncertainties that require to be monitored and managed closely throughout 2023/24. It will need to consider additional funding solutions and reductions in overall expenditure to ensure the budget can be balanced in future years.

SECTION 1: MANAGEMENT COMMENTARY

STRATEGIC RISKS AND OUTLOOK FOR FUTURE YEARS

The Strategic Risk Register records the identified risks that may impact on Perth and Kinross IJB's ability to deliver its Strategic Commissioning Plan. The Audit and Performance Committee has delegated responsibility from the IJB for reviewing the adequacy and effectiveness of the systems and processes in place to manage the risks. Strategic Risks are therefore reported to each A&PC meeting. PKHSCP's Executive Management Team (EMT) routinely considers and reviews the IJB's strategic risks to make a collective and balanced assessment of the nature, and extent, of the key risks to which the IJB is exposed and is willing to take in pursuit of its objectives.

The following risks were regularly monitored during 2022-2023:

	Risk	Risk Status end March 23
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 and retaining sufficient suitably skilled and experienced staff, there is a risk that the Partnership will be unable to maintain its workforce appropriately leading to unsustainable services and ability to deliver key corporate support functions.	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
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

SECTION 1: MANAGEMENT COMMENTARY

Risk		Risk Status end March 23
7	**Leadership Team Capacity** Without a new permanent and integrated senior management team there is a risk of instability in leadership within the Health and Social Care Partnership	**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.	**Risk Archived**
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**

SECTION 1: MANAGEMENT COMMENTARY

Councillor Colin Stewart
IJB Chair
30 October 2023

Jacqueline Pepper
Chief Officer
30 October 2023

Donna Mitchell
Interim Chief Finance Officer
30 October 2023

SECTION 2: STATEMENT OF RESPONSIBILITIES

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

RESPONSIBILITIES OF THE INTEGRATION JOINT BOARD

The Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board's Audit & Performance Committee on 30 October 2023.

Signed on behalf of the Perth and Kinross IJB

Councillor Colin Stewart
IJB Chair
Date: 30 October 2023

SECTION 2: STATEMENT OF RESPONSIBILITIES

RESPONSIBILITIES OF THE INTERIM CHIEF FINANCE OFFICER

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

In preparing the Annual Accounts, the Interim Chief Finance Officer has:

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

The Interim Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Perth and Kinross Integration Joint Board as at 31 March 2023 and the transactions for the year then ended.

Donna Mitchell
Interim Chief Finance Officer
Date: 30 October 2023

SECTION 3: REMUNERATION REPORT

INTRODUCTION

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

The information in the tables 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

At 31 March 2023, Perth and Kinross IJB had 8 voting members and 12 non-voting members. One Non-Executive position was vacant as at 31st March 2023, following the resignation of Associate Nursing Director representative, Sarah Dickie. The position as at 31st March 2023 is as follows:

Voting Members:

Bob Benson (Chair)
Councillor Colin Stewart (Vice-Chair)
Councillor Sheila McCole
Councillor Michelle Frampton
Councillor David Illingworth
Beth Hamilton (Non-Executive Member)
Jacquie Jensen (Non-Executive Member)
Martin Black (Non-Executive Member)

Non-voting Members:

Jacqueline Pepper (Chief Officer)
Donna Mitchell (Interim Chief Financial Officer)
Dr Lee Robertson (Secondary Practitioner Representative)
Dr Sarah Peterson (GP Representative)
Vacant (Sarah Dickie, Associate Nurse Director left 31st March 2023)
Maureen Summers (Carer Public Partner)
Sandra Auld (Service User Public Partner)
Ian McCartney (Service User Public Partner)
Lyndsay Hunter (Staff Representative)
Stuart Hope (Staff Representative)
Sandy Watts (Third Sector Representative)
Dave Henderson (Independent Sector Representative)
Dr Emma Fletcher (Public Health Representative)
The Chief Social Work Officer position held by Jacqueline Pepper is an advisory position rather than a non-voting position and is therefore excluded from the above non-voting members.

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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 2022/23.

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 Chief Finance Officer adheres to the legislative and regulatorygovernance of the employing partner organisation. The Chief Finance Officer is included in the disclosuresbelow.

Total 2021/22 £	Senior Employees	Salary, Fees & Allowances £	Total 2022/23 £
113,523	**Gordon Paterson** Chief Officer (left 6th March 2022)	-	-
8,378	**Jacqueline Pepper** Chief Officer	127,786	127,786
83,585	**Jane Smith** Head of Finance & Corporate Services (left 12th January 2023)	64,352	64,352
-	**Donna Mitchell** Interim Chief Finance Officer (started 23rd December 2022)	18,012	18,012
205,486	**Total**	**210,150**	**210,150**

Donna Mitchell was appointed to the position of Interim Chief Finance Officer on the 23rd December 2022. The previous Chief Finance Officer, Jane Smith, left the organisation on 12th January 2023, therefore there was small overlapping hand-over period.

SECTION 3: REMUNERATION REPORT

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 31/03/22 £	For Year to 31/03/23 £		Difference from 31/03/22 £	As at 31/03/23 £
Jacqueline Pepper Chief Officer	1,424	21,724	Pension	7,462	43,837
			Lump sum	7,133	33,268
Jane Smith (left 12th Jan 2023) Head of Finance & Corporate Services	16,651	13,352	Pension	3,112	32,831
			Lump sum	1,508	57,330
Donna Mitchell (started 23rd Dec 2022) Interim Chief Finance Officer	-	3,062	Pension	N/A	15,832
			Lump sum	N/A	8,224
Gordon Paterson (left 6th Mar 2022) **Chief Officer**	**19,299**	**-**	Pension	**0**	**0**
			Lump sum	**0**	**0**
Total	**37,374**	**38,138**	**Pension**	**10,574**	**92,500**
			Lump Sum	**8,641**	**98,822**

SECTION 3: REMUNERATION REPORT

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 2021/22	Remuneration Band	Number of Employees in Band 2022/23
0	£60,000 - £64,999	1
1	£80,000 - £84,999	0
1	£110,000 - £114,999	0
0	£125,000 - £129,999	1

EXIT PACKAGES

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

Councillor Colin Stewart
IJB Chair

Jacqueline Pepper
Chief Officer

Date: 30 October 2023

SECTION 4: ANNUAL GOVERNANCE STATEMENT

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 appropriate standards, and that public money is safeguarded, 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. The governance arrangements are broadly consistent with the principles of CIPFA and the Society of Local Authority Chief Executives (SOLACE) framework "Delivering Good Governance in Local Government".

Reliance is also placed on the NHS Tayside, Perth & Kinross Council, Dundee IJB and Angus IJBs systems of internal control that support compliance with each organisations' policies and promotes achievement of each organisations' aims and objectives including those of the IJB.

The system can only provide reasonable and not absolute assurance of effectiveness.

THE GOVERNANCE FRAMEWORK

Perth and Kinross IJB comprises of eight voting members, four nominated from Perth and Kinross Council and four from NHS Tayside. IJB membership also includes non-voting members including a Chief Officer, Chief Finance Officer, professional advisers for health, social work and social care along with stakeholder members from carers groups, service user representatives, the third sector and trade unions. The IJB has an Audit and Performance Committee which is chaired by an IJB voting member. The Audit and Performance Committee met four times during 2022-23.

The governance framework comprises the systems, processes, culture and values the IJB has in place to help achieve its strategic objectives. The IJB recognises that the following are fundamental elements of good governance within public sector organisations: -

- Leadership, Culture & Values
- Stakeholder Engagement
- Vision, Direction & Purpose
- Decision Making
- Organisational Development
- Scrutiny & Accountability
- Internal Controls

SECTION 4: ANNUAL GOVERNANCE STATEMENT

The system of internal control is a crucial part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on a continuous process designed to identify and prioritise risks in relation to the achievement of Perth & Kinross IJB's intended outcomes. These risks are evaluated based on likelihood and impact and they need to be mitigated and managed proportionately.

The key features of the governance arrangements that were in place during 2022/23 are summarised below, along with the improvement activity that has been undertaken during the year to increase effectiveness.

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 which are reviewed on a regular basis. The standards officer provides advice and guidance to Members of the Board on issues of conduct and ensures that a Register of Interests is kept. 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. The Strategic Commissioning Plan provides a clear and shared direction and purpose across the IJB membership and the Perth and Kinross Health and Social Care Partnership (PKHSCP) Executive Management Team.

The IJB Chair is supported to carry out the role with independent legal and governance support and effective committee secretariat services. The Chief Officer is a Director in the partner organisations, a member of their Executive Leadership Teams, attends the NHS Board and Council meetings and is directly accountable to both Chief Executives.

Over the last year, the Chief Officer has also undertaken the role of Chief Social Work Officer which provides independent professional leadership for social work and social care. It has been recognised that this dual role is not sustainable in the long term and there is a potential conflict. This has been addressed by Perth and Kinross Council's Chief Executive via a leadership review and revised structure which included new permanent arrangements for the statutory role of Chief Social Work Officer. The independence of the professional advice to the IJB and leadership of the social work and social care professions will be strengthened as a result.

Health Care Professionals who are members of the board also provide support to the IJB.

The Chief Officer has recognised the need to become more integrated in terms of the management structure within the Health and Social Care Partnership and is committed to implementing revised leadership arrangements in 2023/24. This will also address the risks identified in relation to senior management stability and capacity.

Improvement activity during the year:

(a) The Executive Management Team supported the Tayside wide review of the Integration Scheme by statutory partners with regular progress reports provided to the IJB. The revised scheme was submitted to Scottish Ministers in June 2022 and received approval in November 2022.

(b) The governance and accountability arrangements concerning Inpatient Mental Health Services has been clarified via the approval of the revised Integration Scheme. The Lead Partner role for coordinating strategic planning for inpatient mental health services is being actively taken forward by the Chief Officer and regular reporting has been re-activated across all three IJBs.

(c) A series of Perth and Kinross Offer Sessions have been delivered with staff. These were led by the Chief Officer and focused on values-based leadership and behaviours.

(d) What Matters to You? events have contributed to our positive culture and ethos relating to ambition, compassion and integrity.

STAKEHOLDER ENGAGEMENT

The IJB Meetings are held in public and online. Membership includes wide stakeholder representation including carers' representatives, service users, the third sector and the independent sector.

We have dedicated support for communications through our partner bodies which supports communication with staff and wider stakeholders.

Our Engagement and Participation Strategy is being reviewed and will be refreshed to strengthen stakeholder engagement and the evaluation of the impact we are making.

The HSCP has a dedicated Community Engagement Team who play a key role in delivering community engagement and participation across the Partnership area.

The Strategic Commissioning Plan 2020–2025 was published following engagement with local people. The Strategic Planning Group meets regularly throughout the year and this group has a broad and diverse membership which represents all localities and service user groups to ensure the voice of all is represented in our Strategic Planning work. We maintain close links with the Community Planning Partnership and Local Action Partnerships.

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

The Partnership has engaged with elected members of Perth & Kinross Council around the Financial Plan and the challenges facing the IJB.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Improvement activity during the year:

- The involvement of Public Partners in the Integrated Joint Board has been enhanced with a public partner now taking on the co-chair role in the Strategic Planning Group.
- We have effectively engaged with elected members of Perth and Kinross Council during 2022/23 with a development session in June 2022 which ensured newly elected members gained a full understanding of the IJB and the challenges faced.
- All members of the IJB were involved in the budget development for 2023/24.
- We have built better engagement, linkages and relationships with the Community Planning Partnership with HSCP Heads of Service now routinely attending each meeting.
- We have developed a Communications Protocol in partnership with PKC and NHST Communications Teams, which has been shared across the IJB.

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 our care groups. Each has a performance management framework which is outcome focused and underpins the delivery of the strategy. Our strategic plans for Older People, Mental Health & Wellbeing and Learning Disabilities reflect future requirements and set out programmes of work.

Progress will be overseen by Strategy Groups, HSCP Transformation Board and Executive Management Team. Strategic delivery plans have been approved by the IJB and closely aligned to the 3 Year Financial Plan and Workforce Plan. Performance reports are considered at each IJB Audit and Performance Committee meeting.

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

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Improvement activity during the year:

- Progress against implementation of our Strategic Commissioning Plan and Strategic Delivery Plans is routinely reported to our IJB/Audit and Performance Committee.
- The effectiveness of our Strategy Groups has been strengthened with the development, consultation and finalisation of Terms of Reference for all of the Groups.

DECISION-MAKING

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

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

Development sessions have taken place throughout the year to support informed decision making by IJB members.

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

The Partnership's Business Improvement Team is a key project and programme management resource supporting the leadership team in reviewing strategic and service priorities where business improvement and transformation is required.

Improvement activity during the year:

- Development sessions with IJB members to assist them in directing medium to long-term term strategic plans.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

ORGANISATIONAL DEVELOPMENT

The IJB Members are supported by a programme of training throughout the year. Induction is provided for any new IJB Members when required.

Over the year, a program of development sessions has been provided to the IJB to inform and support ongoing decision-making. An extensive development programme is scheduled in advance to ensure IJB members remain fully informed of significant developments.

In addition to this, the IJB has met on four occasions to ensure members are informed in relation to prioritisation of financial resources and budget setting.

The HSCP has an approved 3-year workforce plan in place with an action plan underway to support implementation.

Improvement activity during the year:

- A 3 Year Workforce Plan was approved by the IJB in June 2022. Governance arrangements are now in place to support the monitoring and implementation of the plan.

SCRUTINY AND ACCOUNTABILITY

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. The Annual Performance Report details our activity, reports on our success and outlines further areas for improvement and development.

Our performance against the core set of integration indicators is reported quarterly to the Audit and Performance Committee and to the Executive Management Team.

We have a robust process in place to capture and encourage service user feedback via Care Opinion and our SUPER Survey platform and will begin to include stories in our formal reporting to highlight individual experiences and outcomes.

Our Partnership Improvement Plan is presented regularly to the Audit and Performance Committee and provides an update on implementing improvement actions/recommendations arising from our Annual Review of Governance and other self-assessments as well as internal and external audit recommendations and other external inspections.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

We have included an assessment of how we are delivering against our Best Value responsibilities within the Annual Performance Report.

Improvement activity during the year:

- We have enhanced our approach to obtaining regular patient/service user feedback via Care Opinion and SUPER Survey (Service User Patient Experience).
- Scrutiny, transparency and efficiency have been strengthened. Actions in our Audit Recommendations Update Paper are now amalgamated with our Partnership Improvement Plan, providing a single report for progress on improvement actions.
- Performance Management Frameworks have been approved for each of our Care Group Strategic Delivery Plans. The Audit and Performance Committee has approved a schedule of reporting which will see a Care Group KPI report considered by the Committee at each meeting where this is possible.

INTERNAL CONTROL FRAMEWORK

The governance framework 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. During 2022/23 this included the following:

The development of a 3-year financial plan 2023 to 2026 informed by the financial frameworks underpinning our Strategic Delivery Plans. The 3-year financial plan has been developed and considered with engagement from all IJB members via Budget Development Sessions.

The IJB's approach to risk management is set out in the Tayside IJB's Risk Management Strategy. During 2022/23, the Audit and Performance Committee has overseen and provided robust scrutiny on the IJB's strategic risk register and its associated risk improvement plan.

A schedule of strategic risk reporting to the Executive Management Team is in place. The overall strategic risk profile is reviewed and a balanced assessment is made.

Our approach to strategic risk continues to mature with a development session on the IJB's risk appetite

The annual work plan for the IJB sets out clear timescales for reporting on key aspects of strategy implementation and transformation. A work plan is also in place for the IJB's Audit and Performance Committee. An annual report from this Committee is presented to the IJB providing assurance that the Committee has met its remit throughout the year.

A Directions policy and procedure is now in place with enhanced governance arrangements being practiced.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

Regular review of service quality against recognised professional clinical and care standards is provided by the PKHSCP Care and Clinical Governance Forum. This provides assurance to NHS Tayside Care Governance Committee and Perth and Kinross Council Performance and Scrutiny Committee. Assurance is then provided to the IJB from its partners on the effectiveness of the clinical and care governance arrangements in place.

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

We have an agreement with Perth & Kinross Council to the appointment of their Data Protection Officer to the IJB to ensure our GDPR requirements are met.

The HSCP has business continuity plans in place which are regularly reviewed in accordance with processes in place with Partner organisations and any applicable national guidance.

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 lead partner services.

The following 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 through review of Governance Statements and Internal audit Annual Reports.*

Improvement activity during the year:

- **Assurance reporting to the IJB in relation to Clinical and Care Governance has been strengthened with assurance reporting to Perth and Kinross Council now in place.**
- **Reciprocal assurance reporting concerning Adult Social Care Services Care Governance systems is being provided from Perth and Kinross Council to the IJB.**
- **A Directions policy and procedure has been approved by the IJB and is now being implemented.**
- **Risk sharing arrangements between statutory partners have been agreed via the approval of the Perth and Kinross Integration Scheme. The risk share is clearly stated as in proportion to the spending direction for each party**

SECTION 4: ANNUAL GOVERNANCE STATEMENT

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.

Areas that require further development are highlighted in the Partnership Improvement Plan. This includes areas identified via our self-assessment as well as recommendations received from other external or internal auditors during 2022/23. 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 governanceframework 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 haveresponsibility for development and maintenance of the governance environment;*
- *the Annual Report by the Chief Internal Auditor;*
- *reports from Audit Scotland and other review agencies;*
- *self-assessment against the FTF Internal Audit Service's Governance Self- Assessment Tool 2022/23;*
- *progress reported against PKHSCP's Partnership Improvement Plan to the IJB's Audit and Performance Committee;*
- *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 2022/23, 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 2022/23 received by the IJB's Audit and Performance Committee on 26 June 2023 concluded, in the Chief Internal Auditor's opinion, that reasonable reliance can be placed on the IJB's risk management and governance arrangements and systems of internal control for 2022/23, subject to management implementation of agreed actions.

SECTION 4: ANNUAL GOVERNANCE STATEMENT

ACTION PLAN FOR 2022/23

18 actions were identified in 2022/23 to strengthen governance arrangements. Of these, 8 have been fully completed with the remainder remaining on the Partnership Improvement Plan. The Partnership Improvement Plan is routinely monitored by the Executive Management Team and scrutiny provided via the Audit and Performance Committee.

ACTION PLAN FOR 2023/24

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

Leadership, Culture and Values

- *Develop and implement an improvement plan that ensures full and demonstrable compliance with the Public Sector Equality Duty.*

Stakeholder Engagement

- *Refresh of our Participation and Engagement Strategy to expand engagement, roles and the different sectors involved in Health & Social Care.*

Vision, Direction and Purpose

- *Refresh of our Strategic Commissioning Plan.*
- *Development of a P&K Primary Care Strategic Delivery Plan detailing the priorities required to achieve the objectives relating to our Strategic Commissioning Plan and connecting these actions to the Financial Framework.*
- *Development of a P&K Primary Care Premises Strategy setting out the current position, the challenges to ongoing sustainability and the vision for Primary Care Premises in Perth & Kinross.*
- *Re-establishment of the Transformation Board to deliver an appropriately robust governance structure which will provide approval, oversight, scrutiny and assurance on the significant health and social care transformation and improvement which is taking place.*

Scrutiny and Accountability

- *Conduct a self-assessment to ensure we are complying with the characteristics of Best Value in accordance with the Local Government in Scotland Act 2003 Best Value Guidance.*

Internal Controls

- *Undertake a review of the IJB's reserves policy.*
- *Ensure greater clarity in the consideration of risks in IJB decision making.*
- *Establish a process for monitoring the implementation of Directions issued by the IJB.*
- *Production of an annual Strategic Risk Management Assurance report for consideration by the IJB.*
- *Seek clarification of the Memorandum of Understanding for*
- *The sharing of data with Perth & Kinross Council and NHS Tayside.*
- *Conduct a self-assessment to ensure P&K IJB are meeting their statutory obligations as a Category 1 responder. Undertake a review of financial regulations.*

SECTION 4: ANNUAL GOVERNANCE STATEMENT

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;*
- *Ensure compliance with the NHS National Whistleblowing Standards.*
- *Review the appropriateness of the current arrangement where the Chief Officer also has the role of Chief Social Work Officer to ensure that independent professional leadership in this area is strengthened.*

The above areas will form the key elements of the Partnership Improvement Plan as it rolls forward to 2023/24.

CONCLUSION AND OPINION ON ASSURANCE

Whilst recognising that improvements are required, as detailed above, we consider that the internal control environment operating during 2022/23 provides 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.

Councillor Colin Stewart
IJB Chair

Jacqueline Pepper
Chief Officer

SECTION 5: ANNUAL ACCOUNTS

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

2021/22 Net Expenditure £000		2022/23 Net Expenditure £000
39,470	Community and Hospital Health Services	48,495
26,114	Hosted Health Services	28,337
26,932	GP Prescribing	28,054
48,549	General Medical/Family Health Services	51,231
16,721	Large Hospital Set aside	25,752
302	IJB Operating Costs	309
87,071	Community Care	94,277
245,159	**Cost of Services**	**276,455**
(264,508)	Taxation and Non-Specific Grant Income (Note 4)	(260,040)
(19,349)	**(Surplus) or Deficit on Provision of Services**	**16,415**
(19,349)	**Total Comprehensive (Income) and Expenditure (Note 3)**	**16,415**

This statement shows a deficit of £16.415m, which includes the balances remaining on various Scottish Government and Partnership funds and constitutes the Movement on Reserves in year. This deficit has been included within reserves at 31st March 2023 (as per Movement in Reserves Statement and Note 6 below).

SECTION 5: ANNUAL ACCOUNTS

MOVEMENT IN RESERVES STATEMENT

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

Movements in Reserves During 2022/23	General Fund Balance £000
Opening Balance at 1 April 2022	**(33,249)**
Total Comprehensive Income & Expenditure	16,415
(Increase) or Decrease in 2022/23	16,415
Closing Balance at 31 March 2023	**(16,834)**

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)**

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.

SECTION 5: ANNUAL ACCOUNTS

BALANCE SHEET

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

31 March 2022 £000		Notes	31 March 2023 £000
33,249	Short Term Debtors	5	16,834
33,249	**Current Assets**		**16,834**
-	Short-Term Creditors		-
-	**Current Liabilities**		**-**
-	Provisions		-
-	**Long-Term Liabilities**		**-**
33,249	**Net Assets**		**16,834**
(33,249)	Usable Reserve: General Fund	6	(16,834)
(33,249)	**Total Reserves**		**(16,834)**

The unaudited annual accounts were issued on 26 June 2023, and the audited annual accounts were authorised for issue on 30 October 2023.

Donna Mitchell
Interim Chief Finance Officer
Date: 30 October 2023

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

A GENERAL PRINCIPLES

The Financial Statements summarise the Integration Joint Board's transactions for the 2022/23 financial year and its position at the year-end date of 31 March 2023.

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 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The Chief Finance Officer 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 commissions specified health and social care services from the funding partners for the benefit of service recipients in Perth and Kinross.

D CASH AND CASH EQUIVALENTS

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

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

E EMPLOYEE BENEFITS

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

The IJB has a legal responsibility to appoint a Chief Officer and a Chief Finance Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employingpartner 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.

No contingent assets or liabilities have been identified in respect of 2022/23.

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.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

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.
An estimate is used for the funding contribution and net expenditure and is based on 2022/23 activity and direct cost per occupied bed day, uplifted for inflation.
The figure of £25.752m for 2022/23 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Perth & Kinross IJB annual accounts. This is consistent with the treatment of Large Hospital Set-Aside in 2021/22 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.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

K SUPPORT SERVICES

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

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Chief Finance Officer on 30 October 2023. 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 2023, 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

2021/22 £000		2022/23 £000
87,071	Services commissioned from Perth & Kinross Council	94,277
157,786	Services commissioned from NHS Tayside	181,869
268	Other IJB Operating Expenditure	275
3	Insurance and Related Expenditure	3
31	External Audit Fee	31
(264,508)	Partner Funding Contributions and Non-Specific Grant Income	(260,040)
(19,349)	**(Surplus) or Deficit on the Provision of Services**	**16,415**

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

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2021/22 £000		2022/23 £000
(65,458)	Funding Contribution from Perth & Kinross Council	(79,034)
(199,050)	Funding Contribution fromNHS Tayside	(181,006)
(264,508)	**Taxation and Non-specific Grant Income**	**(260,040)**

The funding contribution from NHS Tayside shown above includes £25.752m 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.

NOTE 5: DEBTORS

2021/22 £000		2022/23 £000
26,917	NHS Tayside	7,825
6,332	Perth & Kinross Council	9,009
33,249	**Debtors**	**16,834**

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

NOTE 6: USABLE RESERVE: GENERAL FUND

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

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

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

As at March 2023, the IJB's Annual Accounts showed that Perthand Kinross IJB had reserves totaling £16.834m. The following table sets out the reserve balances as at 31 March 2023.

	Balance as at 1 April 2022	Transfers In/(Out)	Balance as at 31 March 2023
	£000	£000	£000
COVID 19 Fund	15,366	(14,724)	642
Winter Resilience Fund	3,440	(2,356)	1,084
Primary Care Improvement Fund	2,613	(2,167)	446
Primary Care Earmarked Reserve Fund	500	255	755
Alcohol and Drug Partnership Fund	1,318	(166)	1,152
Mental Health Recovery and Renewal Fund	687	(5)	682
Mental Health Action 15 Fund	349	(243)	106
Community Living Change Fund	505	(30)	475
Service Specific Earmarked Reserves	1,615	(237)	1,378
Health Reserves Fund (NHS Tayside)	1,400	(750)	650
Health Operational Underspend	1,790	219	2,009
Social Care Operational Underspend	3,666	3,789	7,455
Closing Balance at 31 March 2023	**33,249**	**(16,415)**	**16,834**

The above table shows the remaining balance of each funding stream as at 31 March 2023. The Transfers In/(Out) column represents the movement in funding i.e. the net of budget received and expenditure incurred in 2022-23.

The Primary Care Improvement Fund Reserve had an opening balance of £2.613m with receipts of £1.995m and expenditure of £4.162m, resulting in a closing balance of £0.446m.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Tayside area, Perth and Kinross IJB acts as the lead partner 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.

2021/22 £000		2022/23 £000
6,325	Expenditure on Agency Services	6,693
(6,325)	Reimbursement for Agency Services	(6,693)
-	**Net Agency Expenditure excluded from the CIES**	-

As was the case in 2021/22, National Services Scotland (NSS) have been supplying PPE to Scottish Health Boards free of charge during the financial year 2022/23. The value of this PPE issued to the P&K HSCP in 2022/23 was £0.010m. 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.

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

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

2021/22 £000		2022/23 £000
65,458	Perth & Kinross Council	79,034
199,050	NHS Tayside	181,006
264,508	**Total**	**260,040**

Expenditure - Payments for delivery of integrated functions

2021/21 £000		2022/23 £000
87,105	Perth & Kinross Council	94,311
157,786	NHS Tayside	181,869
268	NHS Tayside: Key Management Personnel Non-Voting Board Members	275
245,159	**Total**	**276,455**

This table shows that expenditure within Perth and Kinross Council is £15.277m greater than Perth and Kinross Council funding contributions. This represents IJB funding received from NHS Tayside being directed into Perth and Kinross Council (£18.090m), the PKC contribution towards IJB key management personnel (-£0.137m) and the transfer to reserves (-£2.676m) 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 Finance 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

2021/22 £000		2022/23 £000
6,332	Debtor balances: Amounts due from Perth & Kinross Council	9,009
-	Creditor balances: Amounts due to Perth & Kinross Council	-
6,332	**Total**	**9,009**

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

Balances with NHS Tayside

2021/22 £000		2022/23 £000
26,917	Debtor balances: Amounts due from NHS Tayside	7,825
-	Creditor balances: Amounts due to NHS Tayside	-
26,917	**Total**	**7,825**

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 not 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 and beyond.

The IJB is responsible for the planning of Inpatient Mental Health Services. This means that £10.829m has been included within the Hosted Services line in the CIES in 2022-23, which constitutes Perth & Kinross IJB's share of Inpatient Mental Health.

2021/22 £000		2022/23 £000
15,849	Expenditure on Hosted Services	17,508
10,265	Expenditure on Inpatient Mental Health	10,829
26,114	**Total Expenditure on Hosted Services**	**28,337**

SECTION 6: NOTES TO THE FINANCIAL STATEMENTS

NOTE 11: CONTINGENT ASSETS AND LIABILITIES

A review of contingent assets and liabilities has been undertaken on behalf of the IJB by Legal Services, and no contingent assets or liabilities have been identified at 31 March 2023.

NOTE 12: ACCOUNTING STANDARDS ISSUED BUT NOT YET ADOPTED

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. There are no such standards which would have a significant impact on the P&K IJB annual accounts.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Perth and Kinross Integration Joint Board for the year ended 31 March 2023 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 significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the 2022/23 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the body as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2022/23 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my 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. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 2 December 2022. My period of appointment is five years, covering 2022/23 to 2026/27 I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

Conclusions relating to going concern basis of accounting

I 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 I have performed, I 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, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Interim Chief Finance Officer and the Audit and Performance Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Interim Chief Finance Officer 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 Interim Chief Finance Officer 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 Interim Chief Finance Officer 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 Audit and Performance Committee is responsible for overseeing the financial reporting process.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

Auditor's responsibilities for the audit of the financial statements

My 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 my 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. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;
- inquiring of the Interim Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the body;
- inquiring of the Interim Chief Finance Officer concerning the body's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material 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 my 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 audit procedures 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 as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Interim Chief Finance Officer is responsible for the 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.

My 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 my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I 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.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

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

In my 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 I am required to report by exception

I am required by the Accounts Commission to report to you if, in my 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
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

SECTION 7: INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PERTH AND KINROSS INTEGRATION JOINT BOARD AND THE ACCOUNTS COMMISSION

Use of my 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 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth ACMA CGMA
Audit Director
Audit Scotland
4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

SECTION 8: GLOSSARY OF TERMS

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

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

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

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.

SECTION 8: GLOSSARY OF TERMS

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.

SECTION 8: GLOSSARY OF TERMS

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

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رقم هاتف للاتصال المباشر: 01738 475000

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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)*

NHS Tayside

Winter Resilience Plan

2023/24

Contents

Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have continued to take a collaborative approach towards preparedness and planning for winter 2023/24 supported by Tayside Unscheduled Care Board and the Winter Planning Advisory Forum.

The NHS Tayside Winter Resilience Plan is underpinned by the Unscheduled Care Collaborative and Redesign of Urgent Care Programme, taking full account of the Scottish Government's Winter 23/24 Preparedness Programme and Checklist.

The winter plan has been developed based upon the key areas highlighted in the checklist to ensure early prevention and response, to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services.

Improvement work continues with our Partner organisations to optimise hospital attendances, manage and avoid admissions, while our acute service areas focus on the flow through acute care, cancer, mental health and outpatient services, to deliver against national standards.

The focus on improved resilience over the festive period taking account of learning from previous winters will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multi-professional input to the safety and flow huddle infrastructure seven days per week.

The Winter Resilience Plan will be supported by a suite of data and information tools including use of Command Centre, Safe Care and the Winter Planning Heatmap. This will be further supported by weekly look back to encourage system learning and continuous improvement.

A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is through the Health and Social Care Partnerships.

Executive Leads for Winter

Chief Officer, Acute Services, NHS Tayside
Chief Officer, Angus, Health & Social Care Partnership
Chief Officer, Dundee, Health & Social Care Partnership
Chief Officer, Perth & Kinross, Health & Social Care Partnership

1. Introduction

1.1 Aim

The aim of the 2023/24 Winter Plan is to demonstrate collective and collaborative engagement between Acute Services and Health and Social Care Partnerships to improve capacity and system resilience through aligned planning. Setting critical improvement actions to effectively manage the challenges associated with the winter period whilst continuing to deliver against the national and local targets and standards for Health and Social Care. Using data modelling and learning from previous years to inform a system response to anticipated pressures.

NHS Tayside Winter Resilience Planning will continue to build upon the design and delivery of a whole system framework for predicting, responding to, and managing peak periods of unscheduled activity. This will include a focus on whole system communication and response to support both unscheduled demand and urgent, cancer and planned elective care as possible.

1.2 Planning Approach

The 2023/24 Winter Plan has been informed by external and internal sources, with a focus on delivery of the agreed Scottish Government Winter Plan priorities, with an emphasis on prevention to reduce avoidable demand:

1. **Where clinically appropriate, ensure people receive care at home, or as close to home as possible.**
2. **Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to better manage their own health and care, and that of their families.**
3. **Support delivery of health and social care services that are safe and sustainable.**
4. **Maximising capacity and support wellbeing of our workforce to meet demand.**
5. **Protect planned care with a focus on continuing to reduce long waits.**
6. **Prioritise care for the most vulnerable in our communities.**
7. **Work in partnership to deliver this Plan.**

NHS Tayside continue to develop a multi-disciplinary approach to building capacity and maintaining operational resilience aligned to national strategy:

Capacity	Capacity management to support winter surge response. This includes maximising capacity where possible through good practice, and increasing virtual capacity to support people in their own home
Improve	Throughout the year there have been a number of improvement programmes and initiatives to increase productivity and care within services.
Engage	Coordinating our communications across NHS Scotland will support better patient flow and provide reassurance to the public on where to get help when required. Internal communications across services will support whole-system working.
Resilience	Resilience planning and preparedness will support surge responses across services so protect services and provide coordinated response.
Monitor	Improved monitoring at a national level of NHS Scotland and social care systems will support greater response coordination.

The scope of the NHS Tayside Winter Resilience Plan is whole system with a focus on the following key areas in line with the Scottish Government Winter Preparedness Checklist - Areas of Assurance:

- Resilience Preparedness
- Urgent & Unscheduled Care
- Intermediate/Step Down Care
- Primary Care
- Primary Care Out-of-Hours
- Planned Care
- COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing
- Workforce
- Digital & Technology

1.3 Finance

Similar to last year, funding for 2023-24 is integrated across all Urgent and Unscheduled Care programmes to provide a holistic fund to support shared decision making and collaborative working that systematically works through the priorities. Therefore, there is no separate "Winter" funding allocation.

Scottish Government stated that funding must be used to support delivery of the Boards improvement plan for urgent and unscheduled care, reflecting the Delayed Discharge and Hospital Occupancy Plan and based on priority areas. Through the local Urgent & Unscheduled Care Board, agreement was reached that the funding received will be used to support the continuation of the workforce models to deliver the Flow Navigation Centre and Injury Assessment service models, providing the Board with the greatest opportunity to maximise delivery against the core set of measures.

The funding allocation for 2023/24 (before pay award uplift) is £2.254m. It should be noted that this funding presents a reduction of 18% (£0.495m) on the funding allocation provided in 2022/23 which the Board has had to absorb to ensure the performance of the 95% 4-hour emergency target is maintained.

1.4 Approval of Plan

The process and timeline for preparation, review and approval of this plan:

Date	Format	Committee / Board
13th October	Draft	Acute Leadership Team & Chief Officers of Angus, Dundee Perth & Kinross Localities
18th October	Draft	Winter Planning Advisory Group
18th October (virtual)	Draft	Unscheduled Care Programme Board
23rd October	Approval	Executive Leadership Team
26th October	Approval	NHS Tayside Board

The Health & Social Care Partnerships have contributed to the overarching plan and have taken their HSCP specific plans through their respective IJB's in October.

1.5 Governance Arrangements

- Development, delivery and monitoring of the Winter Plan is a key responsibility of the Urgent and Unscheduled Care Board and the Winter Planning Advisory Group. The Urgent and Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Community Health and Care Services, Angus Health & Social Care Partnership. The Winter Planning Advisory Group has whole system representation.
- An Urgent and Unscheduled Care Programme Team is in place led by a programme manager, these posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and a Winter Planning Tabletop Exercise is planned for 8 November.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow.
- Whole system Safety and Flow Huddle process including key partners 365 days per year. This will be extended through the winter period to include members from our HSCPs.
- A Communication Strategy for winter is in place and will inform the public and staff on our planning for winter, public health messages and where to go for access to services.

2. Lessons Learned from Previous Winter 22/23

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the 23/24 Winter Plan.

What worked well?

- Best 4 hour performance in Scotland, consistently
- Analysis of all 8/12 hour breaches with improvement action noted
- Heat Maps & Command Centre invaluable; flexible use of footprint and workforce to mitigate site pressure and safety
- Culture of collaborative working within and out with acute services
- Whole System Working; Tayside Tactical Cell introduced (multi-system reporting and response to system pressures)
- Alignment of escalation frameworks between the divisions in acute
- Resilience link invaluable and undertaken through various routes
- Alignment with existing structures
- Daily reporting to executive level to provide assurance any heat in the system is managed
- Daily planned care huddle to review elective cases based on bed capacity

What could be improved?

- Identification of a formal lead for acute for the whole winter period to ensure good coordination
- Tactics were often identified, worked up and not progressed; resulted in confusion at times and possible missed opportunities
- Lack of SG funding to support additionality
- Formulation and sign off of Winter Plan must be timely
- Testing of winter resilience before winter critical
- Introduction of seasonal model for planned surgery to reduce cancellations
- Virtual capacity pathways and UQ LoS to maximise patient flow (admission avoidance / discharge planning)
- Focus on PDD across all areas – increase morning / weekend discharges
- Consistency in approach to boarding; often mixed messages
- Alternative strategies to ensure safe staffing levels and reduce reliance on supplementary staff

Approach for 2023/24

- Agree strategic aims across the whole system
- Review and refine metrics and tolerances within data Heat Map
- Identify key leads in each area and ensure representation (both for planning and response)
- Agree timelines for completion/approvals
- Recognise plans will be *dynamic* and as such strategic and tactical plans should not be too detailed
- Align plans to existing work ongoing and ADP/MTP goals
- Review acute site safety and flow framework with a focus on communication and response
- Ensure visibility of plans prior to the start of winter

3. Winter Resilience Plan 2023/24

The Tayside Winter Resilience Plan 2023/24 is set out using the key headings aligned to the Scottish Government Winter Preparedness Checklist:

- Resilience Preparedness
- Urgent & Unscheduled Care
- Intermediate/Step Down Care
- Primary Care
- Primary Care Out-of-Hours
- Planned Care
- COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing
- Workforce
- Digital & Technology

An overview of the work progressing in each of these areas to support delivery of our Winter Plan aim is provided below. Detailed operational-level divisional plans are progressing to support delivery of the strategic ambitions. An example of this is attached in Appendix 1 and 2.

Through the Winter Planning Advisory Group, the performance and delivery of the operational plans and actions will be reviewed using RAG status methodology and exception reporting, seeking solutions from across the system and progress of the escalation framework as appropriate. Monitoring tool attached in Appendix 3.

3.1 Resilience Preparedness

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside wide groups involving all partner organisations such as the Local Resilience Partnership (LRP) meet regularly with a Winter Pressure Plan in place describing the structure and key areas to be addressed in the Tayside response to extreme winter pressure. The purpose of the Tayside Winter Plan is to:

- Provide information about the potential effects and local impact of the winter Pressure
- Identify early and longer-term actions for LRP
- Identify strategic objectives for LRP during winter pressures
- Describe the multi-agency structure for co-ordination and delivery outcomes

The LRP links directly with the Tayside Health Protection Team around the co-ordination, command, control and communication required in the event of a high consequence infectious disease winter pressure being triggered.

3.2 Adverse Weather

The annual review of NHS Tayside Adverse Weather Plan has been undertaken for 2023/24. Previous themes highlighted from the local review of winter in relation to the effects of adverse weather were staff transport and accommodation. The plan was updated to reflect the new on-call structure/roles and the addition of a Safety and Flow Hub Action Card. Areas for this coming winter include:

- Organisational procedure for 4x4 vehicles reviewed and policy in place
- List of available 4x4 vehicles, locations, access arrangements/keys etc
- List of lease owners who have 4x4 vehicles available
- There is a process for seeking additional 4x4 vehicles
- Accommodation arrangements for 'essential' staff in the event of adverse weather available
- Structure to monitor requests for extremis assistance
- Duty Manager/Executive awareness of status – linked into daily huddle meetings/Whole System Safety and Flow Framework
- Early and continued engagement with Local Resilience Partnership
- Links to existing plans, NHS Tayside Contingency Arrangements, Adverse Weather Policy
- Link to HR policies/Once for Scotland Policy: NHSScotland Once for Scotland Policy DL (2022) 35 Interim National Arrangements for Adverse Weather
- Ownership - operational rather than service specific

3.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP) Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances. For example, cancelling all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather: -

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

3.4 System Wide Escalation and Flow Huddle Framework

The Whole System Safety and Flow Triggers and Escalation Framework continues to evolve and assist in the management of health and social care capacity across Tayside and Fife when the whole system, or one constituent part of the system is unable to manage the demand being placed upon it.

The aim of this Framework is to provide a consistent approach to provision of care in times of pressure by:

- Enabling local systems to maintain quality and safe care
- Providing a consistent set of escalation levels, triggers and protocols for local services to align with their existing business as usual and escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

There are currently four huddles per day on the Ninewells and PRI hospital sites with a whole system huddle at 9am each day that includes Mental Health and SAS colleagues, through winter 23/24 members of our HSCP and Primary Care/Out of Hours teams will join this to encourage whole system awareness and escalation as required.

Flow Hubs on the Ninewells and PRI sites are now well established and continue to support real time flow management through collaborative working.

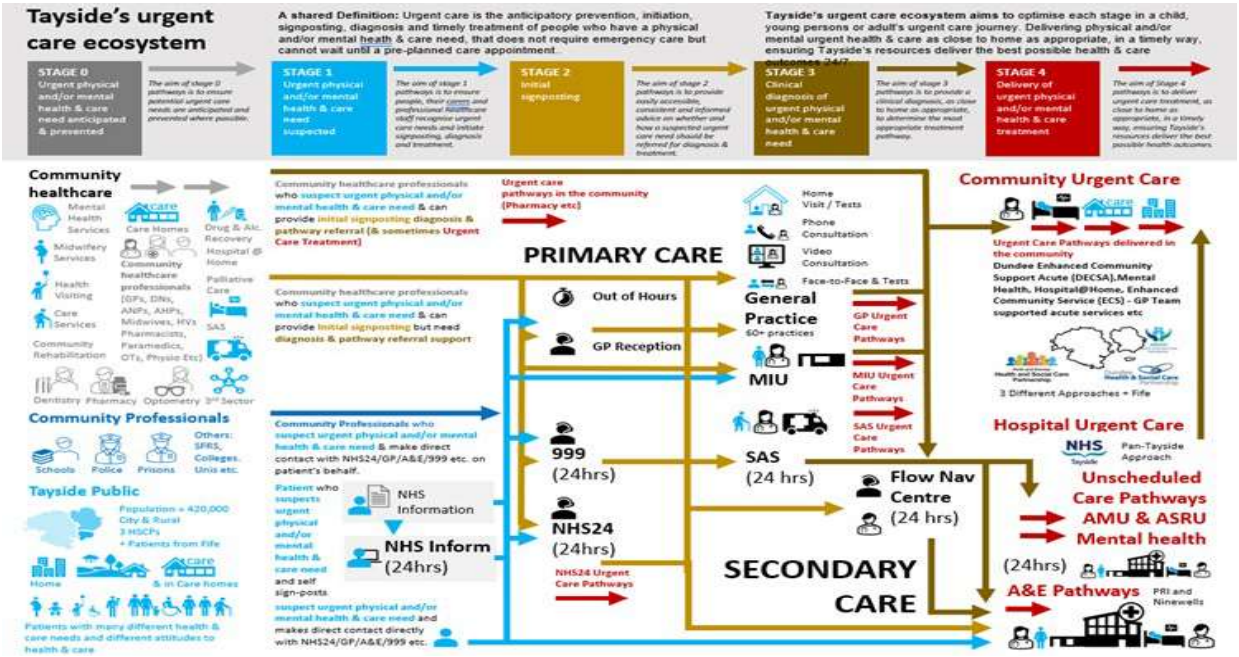
The Tayside Tactical Cell will be operationalised as required, as we move into the peak winter period December to February 2024. This whole-system real time forum to support immediate system pressures worked well through winter 2022/23.

3.5 Speciality-Level Escalation Plans/Winter Action Cards

Winter Planning action cards and escalation plans are being progressed across all key speciality areas to support consistent and effective decision making. These will support both the frontline teams and Safety and Flow Leadership teams in delivering a consistent and agreed approach to implementation of escalation measures. Example plan attached in Appendix 4.

The action cards/escalation plans will all be stored within a dedicated winter plan section in the NHS Tayside Resilience App for ease of access in and out of hours.

4. Urgent & Unscheduled Care



The vision for the Urgent and Unscheduled Care Board is to work across health and social care to sustainably improve the timeliness, quality and experience of care for people accessing urgent and unscheduled care across Tayside. Five key strategic aims have been agreed supported by key enablers and are detailed below:

1. Optimising Urgent and Unscheduled Care Access
2. Integrated Community Care
3. Care Closer to Home
4. Optimising In-Patient Flow
5. Performance 95

Each strategic priority has an associated workstream with key stakeholders and deliverables. They are supported by workplan/change packages and dashboards to demonstrate outcomes.

Key Enablers

1. Virtual Capacity
2. Discharge Without Delay
3. Winter Planning

1. Robust responsive operational management

Tayside acute hospital sites (PRI and Ninewells Hospital) have robust operational clinical

leadership and management arrangements in place 24 hours a day, 7 days a week. This ensures there is a strong, real-time understanding of the status of each site to support the delivery of high-quality, safe, and timely care and patient flow.

Each site has a dedicated duty 'Team of the Day' consisting of an operational manager and senior nurse; supported by a Duty Director. Medical input is provided through the Clinical Care Group structure, providing subject expertise which informs and supports further decision-making. Medical staff attend the site huddles and consultants also engage with the duty team for support as required. The team is available on site 8am to 8pm and located in the Patient Safety and Flow Hub on each site. In the out-of-hours period, a Duty Manager is on-call for each acute site to immediately respond to issues, supported by a Duty Director. The team is also supported by an Executive on Call.

2. Improve morning and weekend discharges and optimising patient flow (DischargeWithout Delay (DWD))

The hospital discharge team participate in the acute site huddles each morning and provide a detailed briefing to the Safety and Flow Team each day. NHS Tayside continues to have a strong focus on the DWD programme and has made significant investment in this.

Focussed workstreams continue to support Planned Date of Discharge (PDD) delivery on all major wards in Tayside, including Community Hospitals - 7-day working, and weekend discharges are key. Improving performance of discharges as early in the day as possible.

The final arm of the DWD programme is Optimising Patient Flow. The aim of this work is to deliver flow performance in all Tayside inpatient ward / speciality in line with Upper Quarter Length of Stay by April 2024. An Optimising Patient Flow programme, led by the Urgent & Unscheduled Care Senior Nurse, is in place. Success of this programme is central to NHS Tayside Winter plan.

This programme (aligned to other work) is aimed at significantly contributing towards the 4 partner agencies equally delivering on pre-agreed flow performance targets. Service and workforce plans this winter are based on meeting these upper quartile targets:

Medicine Ninewells LOS <4days
Perth Medicine LOS <5days
Surgical LOS < 4.5 days
Ortho LOS < 7 days
Step-down hospital LOS <28 days
Delayed discharge position RAG GREEN for acute but also total delays

These performance targets are all reliant and interdependent of all agencies working together and delivering against their specific actions.

3.Rapid assessment and streaming out of ED

Tayside acute services operate several "front doors" with acute admissions being referred directly into medical and surgical receiving areas, as well as directly to speciality wards, including stroke medicine, paediatrics, renal medicine, neurology, haematology, oncology and specialist surgery.

Some key areas are supported by a framework of pre-hospital decision support which facilitates Prof-to-Prof communication between Primary Care, SAS, Out of Hours Service, and hospital clinicians to ensure Right Care, Right Place, First Time. This provides a senior

clinical decision maker at the point of referral to ensure that patients are placed on the correct pathway first time and that alternatives to admission are considered.

The medicine pathway from ED to AMU involves a direct nurse-to-nurse referral to ensure there are minimal delays to patients moving from ED into Medicine pathways. Work is progressing to develop this within Surgery and Orthopaedics Pathways to reduce delays. Critically unwell patients are referred medic to medic to ensure safe transfer for ongoing management.

4.Monitor breach by reason, time and cause

All ED breaches are reviewed daily by the ED team, as well as being visible through the Command Centre at Executive level. A flash report is provided daily to detail all breach reasons and highlight any key themes and learning. Any themes identified are raised with Departments and Divisions to ensure improvement actions are identified. An 8 /12 breach report is also produced on a weekly basis and shared at Executive level.

5.Emergency Physician in Charge (EPIC)

There is an EPIC in charge from 0800 – 0100 Monday to Friday and 0800-2200 on weekends at the Ninewells site. This role is supported by a Stream 2 (Majors) Consultant 0800-0000 (Monday -Sunday).

In Ninewells Emergency Department, there is an 8 bedded Ward (Emergency Department Observation Unit), and Ward/FNC Consultant 0800-1700 and dedicated FNC Consultant 1400-2200 (Monday-Friday). The PRI site has a Consultant Monday-Friday 0900-1700. The Tayside Emergency Department provides a consultant-led pre-hospital Trauma Team and a Consultant-led Major Trauma response.

4.1 Target Operating Model

Aligned to the national approach, utilising performance data in our planning and preparedness, a target operating model for unscheduled care delivery has been progressed in NHS Tayside.

With the support of our HBI team, demand and capacity modelling has provided the basis for understanding and anticipating the required unscheduled acute hospital capacity through the anticipated winter peak periods, based on the principles of 95% occupancy levels and a 10% reduction in patient Length of Stay.

This has allowed our Clinical Care Group teams to work collaboratively to define a target operating model for both the Ninewells and PRI hospital sites to support increased unscheduled admissions while maintaining urgent and cancer care delivery.

The success of the target operating model is based upon consistent reduced length of stay and green status delayed discharge position. Whole system collaboration to achieve this will be critical.

5. Intermediate/Step Down Care

This year's winter period is expected to be busier due to increased demand across all health and social care services. The primary focus continues to be ensuring that individuals receive appropriate care, in a timely manner, in the most suitable setting, with the goal of preventing unnecessary hospital admissions and promoting swift discharge when readiness permits. This approach contributes to improved health outcomes and maximises resource utilisation.

Consistent and sustainable performance against the following key performance indicators will be essential:

1. RAG acute delays green

   Angus < /=3 delays
   Dundee </= 6 delays
   P&K </= 5 delays

2. Total reportable delays green

RAG status key:

	Red	Amber	Green
A	>30	15-30	≤15
D	>50	25-50	≤25
P&K	>50	25-50	≤25
T	>130	65-130	≤65

3. Community hospital LOS 28 days or less

5.1 Angus Health and Social Care Partnership

Outlined below are the specific actions for Angus HSCP.
The Angus HSCP plan involves matching capacity & demand within services but also emphasises optimising communication and relationships to make the most efficient use of these additional resources.

Key areas highlighted as part of the system-wide winter planning include:

- Business Continuity Plans in place across all services
- Angus is committed to maintaining a Green RAG status for Delayed Discharge, as per Tayside DWD programme, with:
  - 3 or less for acute Ninewells Hospital
  - 15 or less for all types of delays, including complex cases such as Mental Health, Learning disability, and Older Peoples Services.
  - No patients will wait for community hospital / step down bed this winter from acute
  - Arbroath Infirmary and Whitehills will continue to deliver LOS well within 28 day Tayside target
- Conduct proactive daily reviews of delayed patients by case holders and discharge teams across the HSCP, including those in community hospital beds, with support from Local MDT meetings.
- Actively assess social care ensuring efficient use of all resources to support.
- Enhanced recruitment into social care regarded as ‘Business as Usual’
- Interim care home placements funded on a ‘Business as Usual’ basis when necessary, when social care is unavailable
- Robust processes in place to ensure PDD is implemented across all community hospitals
- Winter Planning Partnership Contingency Group established
- Future Care Planning/ReSPECT – encourage conversations and completion of future care plans which may prevent hospital admissions for those patients most vulnerable.

- Evaluate service priority and RAG status reports and attendance at the whole system safety and flow huddles to establish effective communication protocols between services and senior managers, ensuring timely identification of potential system pressures and activation of escalation procedures.

There is an operational winter plan for Angus HSCP to support the actions described above as well as an escalation framework to support maintaining green RAG status.
Supporting staff health and wellbeing will continue to be supported throughout the winter period.

5.2 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning Dundee Health and Social Care Partnership include:

- Business Continuity Plans in place across all services
- Ongoing work to create manual data packs within community urgent care to demonstrate impact and carry out further testing – on the basis that IT infrastructures are disjointed
- Enhanced recruitment into social care regarded as 'Business as Usual'
- Surge capacity already enabled on RVH site
- Interim care home placements funded on a 'Business as Usual' basis when necessary, when social care is unavailable
- Partnership Oversight Report published weekly to monitor pressure areas and feed into the whole system heat map
- Intensive implementation of PDD policy across Tayside ongoing with dataset available to identify problematic areas – led by newly appointed Senior Nurse for Urgent & Unscheduled Care
- Plans in place to expand existing DECAHT service as a means of promoting earlier discharge and prevention of admission
- Development of multi-professional Transitions Team to support discharge of frail patients
- Lead ANP structure now established to support development of whole system pathways of care
- Early intervention and prevention approach remobilised within ECS to focus activity around GP clusters with support from inpatient geriatricians and DECAHT input
- Discharge Team now embedded fully in ward and working across pathways
- Adverse weather conditions policy ready to be invoked in community service
- Intensive programme of improvement work ongoing within social care to promote greater efficiency
- Social care service commissioned to focus on urgent care and front door areas
- GAP community discharge hub in place (Business as Usual)
- Additional band 4/5 staff recruited to AHP service to compensate partially for recruitment shortages in senior AHP staffing
- Winter Planning Partnership Contingency SLWG set up
- Dundee remains committed to meet RAG status green (6 or less acute delays and 25 or less total delays) and maximum 2 patients waiting step down bed from acute per day, as per previous RAG agreed delays position via Tayside DWD programme. Dundee remains committed to progressing RVH LOS towards 28 days

5.3 Perth & Kinross Health and Social Care Partnership

The key developments within the P&K Health and Social Care Partnership to support appropriate care, in a timely manner, in the most suitable setting are;

Business Continuity & Resilience

- Having maintained a consistent, low amber status over the summer months, PKHSCP remains committed to achieving and sustaining green RAG status over the winter period with the intention that no more than five Acute patients will experience delays in their discharge process, and no more than 25 patients will experience delays across the whole system. This will be a significant challenge in the context of our local demographics and without additional winter pressure funding this year. We will continue to assist in maintaining a length of hospital stay in community hospitals within the 28-day NHS Tayside target
- Reviewing, updating and testing Business Continuity Plans; Reviewing and updating lists of particularly vulnerable people across P&K;
- Encourage uptake of winter vaccines; and
- Working with home safety partners, community wardens and community organisations to provide simple home safety and winter resilience advice.

Community focused integrated care

- Community Flow Navigation: implementing a process to efficiently manage referrals from GPs, care homes, hospital front door, and hospital discharge to ensure people are directed to the right care from the right person at the right time;
- Integrated bases: forming integrated staff bases across Perth & Kinross to further support collaboration and more efficient working practices;
- End of Life Care: implementation of a structured and integrated approach for end of life care, to make sure people who are receiving this type of care can access it easily and receive the support they need quickly; and
- Advance Care Planning / ReSPECT: encouraging staff to initiate conversations with patients and families to create an understanding of what is important to that person for their future care.

Optimising Flow

- Ambulatory Care: working in partnership with Acute colleagues to support the opening of the Ambulatory Care area at PRI;
- Care at Home Transformation: streamlining of referral processes for HART and Care at Home. Increasing efficiency in HART through automated scheduling that will reduce travel time and increase direct contact time;
- Transfer the Living Well team resource to deliver core Care at Home services to support people returning home from Crieff and Blairgowrie Community Hospitals;
- Early Discharge Project: we will continue and expand (further 250 hours) the early discharge project to get people home from PRI emergency department and from all acute medical wards if they do not need to be in hospital to receive care. This extension will continue until March 2024;
- Surge beds: we will maintain Tay ward at increased bed level (+50%) until March 2024;
- Seven day discharge service: we are implementing a test of change for the Integrated Discharge Hub (IDH) to provide a seven day service;
- Interim placements: release of capacity for short-term placements from hospital to in-house care home provision.

Urgent Care

- Hospital at Home is currently operating Monday to Friday 0800-1800 at a start-up level from August 2023 in Perth City.
- Implementing Advanced Nurse Practitioner (ANP) single point of triage for urgent care; and

- Exploring ways to build Advanced Practice capability within our existing community teams.

Engagement with stakeholders

- Working with the NHS Tayside and Perth & Kinross Council communications teams to make sure our messaging is easily understood, accurate, consistent and accessible;
- Developing materials to share with staff, key statutory, third, and independent sector stakeholders and with the general public, which will set out our position for the winter 2023/24 period.

Staff wellbeing and culture change

- Staff wellbeing and culture change: investment in What Matters to You? events and the P&K Offer to promote a culture of collaboration and understanding and maintain staff wellbeing and resilience through the challenging winter period and beyond;
- Encouraging staff uptake of Covid and flu vaccinations, and sharing information on how they can access the vaccinations service.

5.4 Primary Care and Out of Hours

Primary care and Out of Hours (OOH) will continue to work across partnerships and interfaces to maximise efficiency and effectiveness of community care. This will be led by a strong collaboration both at partnership level and with NHS Tayside. We will continue to work both in hours and out of hours to champion and excel in community-based care through multidisciplinary teams, wherever this is the safest and most appropriate care option for patients. In OOH we are planning to accommodate an expected increase in activity of 15%.

We will:

- Complete predictive modelling for the winter period (November 2023 - March 2024) to ensure MDT staffing levels support the predicted demand - we have a 70% salaried workforce to rely upon over this period and we pay an enhanced rate for Christmas and NY PH
- Ensure senior clinical decision makers are available on all shifts to ensure effective clinical operational management / support
- Review and update service escalation and contingency plans
- Increase our usage of Near Me video consultations where clinically appropriate to do so
- In anticipation of increased paediatric contacts during the winter period, we will ensure sufficient GP coverage and utilisation of our Paediatric Advanced Nurse Practitioner in busier periods
- Continue to follow robust procedures for dealing with inclement weather
- Continue to work with NHS 24 and Pharmacy first to support signposting of patients to the most appropriate care setting
- Continue to deliver professional to professional advice
- Support Care homes and nursing homes in timely response to calls
- Continue to work with mental health services to ensure good access to mental health crisis teams and services
- Continue to populate heat map to support whole system planning

A detailed OOH Winter Action Plan was submitted to SG with the Winter Checklist response.
OOH Winter Action Plan

6.Planned Care

Throughout the winter period, NHS Tayside will continue to maximise theatre efficiency by focussing on treating urgent and cancer patients as a priority, and longer waiting routine elective cases where feasible.

To support delivery of the Unscheduled Target Operating Model, the surgical teams will focus on increased delivery of day case procedures through the peak unscheduled demand periods to minimise the need for inpatient beds.

Surgical teams will continue to optimise the elective only theatre resource at of Stracathro.

Key activities progressing to support elective care preparedness across main hospital sites include:

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent procedures as a priority
- Reduction in non-urgent elective surgery to create unscheduled care capacity, optimising day surgery
- Continue elective care prioritisation meetings to align to available capacity
- All elective orthopaedic operating will stop at the Ninewells site for peak unscheduled demand period, increasing bed availability on orthopaedic wards for trauma cases. Vacated theatre will support a 3rd trauma list to be shared by orthopaedics and plastic surgery
- Full day functional Theatre Admission Suite (TAS) by mid-November 2023 on the Ninewells Hospital site. This will support an increased level of day case work for all specialities as we reduce the level of inpatient elective work to support an increase in unscheduled admissions.
- Ambulatory Assessment area created in PRI through relocation of CIU
- Reduced elective medicine activity through peak winter period to support flow

NHS Tayside will continue to refer patients to Golden Jubilee and NHS Highland through the NTC Programme allocation for Orthopaedic and General Surgery procedures. We will also continue to link with the National Elective Co-ordination Unit (NECU) for any national capacity to support long waiting patients.

7.COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing

7.1 Infection Prevention and Control

The Infection Prevention and Control Team (IPCT)will continue to follow the National Infection Prevention and Control Manual (NIPCM) with regard to Winter 23/24. The delivery of Infection Prevention and Control education during this period will be in line with ARHAI Scotland and NHS Education for Scotland. This collaborative piece of work sees the relaunch of the set key messages with 9 Infographics. The IPCT have arranged Awareness Sessions for staff and public over the next few months with emphasis being on the 9 infographics. 9 Infographics

The IPCT will continue to be proactive with regard to the surveillance of Respiratory and GI infections. The Senior management Team will continue to be actively involved in the Winter

Preparedness Group and in doing so this will allow the sharing of local and national intelligence within the organisation.

7.2 Health Protection Team

Health protection team in NHS Tayside are planning for winter and are working with care homes to ensure ready for winter and potential surges of Covid-19, other respiratory viruses and norovirus. Outbreak plans are in place for outbreaks including respiratory viruses and norovirus.

7.3 Vaccination Programme

NHS Tayside central vaccination services provide staff access to vaccination across Tayside in -

- Staff only appointment-based clinics on acute sites
- Appointments for staff in all rural venues and central public clinics
- Flu vaccination at local pharmacies
- Drop-in clinics on all sites
- Peer vaccination for both flu and covid vaccinations being rolled out across acute areas again this year to support further opportunities for staff
- Occupational Health teams supporting vaccinations on Ninewells site for staff to access vaccination later in programme to support mop up

Clinics are advertised on internal staffnet, local social media and through regular staff bulletins as well as posters on wards with links to relevant information on NHS Inform.

A staff vaccination tracker will be shared and collated to provide individual areas as well as a whole system overview of uptake.

The public winter vaccination programme for Covid and Flu vaccinations commenced on the 4th of September with early rollout of flu to those 50 to 64 or under 65 at risk and then covid and flu to those aged 65 to 74. JCVI guidance for this winter campaign suggested later vaccination of those most vulnerable to provide maximum protection over the winter period. This was then rephased to bring vaccination of those at risk forward due to concerns regarding a new strain but this requirement has now been stood down. All vaccination appointments have now been circulated and teams have commenced vaccination of those aged over 75 and those with weakened immune systems. The majority of carehomes have received their first visit and the programme is on track to ensure all citizens are offered an appointment before 11th December. This will provide greatest protection over the winter and in advance of the Festive period. Uptake in Tayside is consistently above the Scottish Average in all areas.

Childrens Flu vaccinations in schools and pre-school clinics have progressed as planned and are on schedule to be completed by the beginning of December with some minor disruptions due to school strikes.

8.Mental Health

A Programme of work is underway to drive improvement towards 85% occupancy, reduced Length of Stay and reduction in the number of delayed discharge, all of which support winter planning. Actions to support this work include:

- Refresh of BCP
- Surge bed and escalation plan (10 additional beds available across MH estate)

- Development of HEAT map for mental health
- Use of data for forecasting and planning
- Safety and Capacity huddles embedded and involvement in wholesystem huddles now routine
- Appointment of Discharge Co ordinator August 2023
- Rapid Run-Down Plan implemented September 2023
- PDD fully embedded across GAP by end of October 2023
- Promote earlier in day discharges
- Launch of Hope Point in Dundee
- Improvements made to Early Supported Discharge
- Workforce Planning (focus on CRHTT Team and Intensive Home Treatment),
- Introduction of out of hours site co ordinator on Carseview site, October 2023
- Support NHST vaccination programme
- Introduction of revised admissions pathway to support step up/step down approach

9.Communication Strategy

The NHS Tayside Communications Team has a comprehensive communications strategy to cover the winter months. This includes planned staff and public communications on vaccination, prevention and self-care of seasonal illness and accessing services over the festive period.

The team works with the clinical lead for winter to produce regular videos with key messages for the public, focusing on topics relevant to the current situation in hospitals and the community. In addition, there are assets to be used as needed for incidents such as adverse weather.

As in previous years, the Communications Team supports the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience throughout the winter period. This is targeted at staff, patients, and the public alike. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the 'Keep Well in Winter' pages on the NHS Tayside website and the 'Winter Zone' on Staffnet with all relevant winter information. Ready Scotland is also promoted on the front page of its website.

The team will continue sharing the Right Care, Right Place messages around how and where to access the right healthcare for people's needs e.g., 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10.Workforce

The aim is to have the appropriate levels of staffing in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.
As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods.

Examples of this include:

- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy, Health roster are provided six weeks in advance. Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- Whilst every effort has been made cross system to ensure capacity for increased winter activity can be absorbed within the funded footprint, it is recognized there may be a period where unfunded capacity is required.
- Due to ongoing nursing workforce challenges, the senior nursing team will ensure in the event of requiring to utilise unstaffed beds, that a robust risk assessment of staffing to support realignment of resource is undertaken to safely care for patients using the toolkit available including Safecare; Roster perform and collapsible hierarchy models.
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Development of action card to aid decision-making to support implementation of collapsible hierarchy aligned to increased demand or reduced resource

10.1 Allied Health Professions (AHP)

The Allied Health Professions (AHP) directorate team have worked collaboratively with services managers and professional leads from across all professions and organisations to plan for a system of mutual support and professional prioritisation to maintain essential functions of AHP services whenever possible throughout winter 2023 / 2024. A comprehensive guide which details the escalation plans as agreed by all professions has been developed Tayside AHP Winter Contingency Plan 23-24, with the understanding this is subject to ongoing review for service demand and capacity.

The majority of AHPs in Tayside are employed by NHS Tayside (each council also employs Occupational Therapists) but the professions are operationally managed across the three health and social care partnerships and the clinical care groups of NHS Tayside. Some professions already work within the structure of a single Tayside wide service whilst Occupational Therapy and Physiotherapy are managed across all parts of the system. All AHPs working within integrated systems, already work to the principles within the AHP professional and operational interface guidance document which aims to support the role of the operational leader, the individual and the professional lead to navigate matters such as professional issues, practice development, personal development, workforce issues and capability.

This escalation plan simply applies the understanding of utilising the professional leadership available to support operational management decisions and actions to the challenges of workforce planning and winter contingency escalation.

It is well documented through strategic risks and all organisational structures that some of the professions are experiencing staffing shortages and are listed on the national shortage occupation list (SOL).

Whilst teams already work well within multi disciplinary structures for support and shared working, some essential tasks require the expertise of an individual from a specific registered profession.

This plan offers a clear process for considering mutual support as one solution to workforce or capacity challenges across the system. Whilst each operational area has systems for supporting workforce needs, we have recent and ongoing experience of areas having significant challenges with minimal solutions available to them within their operational structure. There is an established AHP bank but this has limited staff available at this point due to the National shortage of AHPs. Work is ongoing to further develop this. This solution limits the need to escalate to costly agency or bank recruitment and offers robust evidence of alternative solutions being considered before an agency solution is used.

Services can identify their workforce challenge and raise it to the Tayside AHP command group. This group will seek to agree any staffing capacity that can be released to support the need across Tayside in collaboration with service leads and professional leads. The plan employs a 5 tier escalation process and the group would seek support from services in lower tiers on a flexible, temporary or short term basis. A comprehensive communication strategy is employed to ensure all parties are kept informed of progress.

10.2 Staff Wellbeing

It is recognised that our staff are our greatest asset as we approach the winter period. Supporting their wellbeing requires to be a priority as part of our preparedness. The Staff Wellbeing Service and the Department of Spiritual Care will support staff in a proactive and timely manner.

We will meet weekly with the winter planning group:

- Giving the opportunity for managers to bring issues concerning staff support to our attention
- To remind managers that the support is available for them also
- To give reminders of how the service can be accessed over all inpatient sites 24/7

As a service we will undertake:

- To provide regular check ins with all wards and areas over Tayside
- To provide opportunities for proactive support to areas in need
- To develop resources to help staff over winter and share these through comms
- To support the work of the Staff Wellbeing Champions

10.3 Volunteer Service

Discharge services, supported by volunteers, can provide vital support to individuals when leaving the hospital environment. Historical research illustrates that, when receiving support from volunteer discharge services, patients feel safer, less lonely, less frightened, more reassured and more supported.

Following on from the 18-week pilot of a volunteer discharge support service in 2022/23, anticipates funding of this service being in place in key acute ward areas through the winter period – short stay and frailty wards – with further refinement and development of the model.

The service involved volunteers calling patients for up to five consecutive days following discharge. Calls included questions regarding their wellbeing, any medical needs or concerns and to make recommendations of community support services. Additionally, volunteers were able to provide support to the family members/carers of the patient to ensure that they were managing well with caring for their loved one post discharge.

The volunteer discharge service is an excellent example of where volunteers can make a positive difference to patients and their loved ones.

11.Digital & Technology

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning.

11.1 Command Centre & Heat Map

The Command Centre continues to evolve to meet planning and management of flow including: bed reconfiguration: viral illness rate and impact on resource availability; 4 hour wait position.

A short life working group has progressed a refresh of the whole system heat map for winter 23/24, copy attached Appendix 5. As we move to business as usual post-covid, the heat map has been revised and extended to include a more reflective range of measures for this winter period.

This will be generated and widely circulated on a weekly basis to inform the whole system position. This will be reviewed through the Winter Planning Advisory Group and subsequent escalation, or de-escalation of plans agreed and implemented.

11.2 Resilience App

To support winter planning arrangements, the NHS Tayside Alert App is to undergo a development change to add in a section on Winter Resilience. This will create a Section to be able to view our escalation plans and SOPs and will be available to all Safety & Flow staff who are responsible for managing optimal patient flow as well as our Mental Health H&SCP/ Primary Care & OOH colleagues who contribute to the safe and efficient management of our unscheduled care pathways. The Risk & Resilience Planning team are supporting with the creation of the broadcast group and associated documentation upload.

The intention is for this to move from 'winter planning' to business as usual over the next year or so. Accessibility to information in and out of hours as well as off site, will provide greater consistency in approach and decision-making, allowing the most efficient use of available resource.

11.3 Outcome and Performance measurement

The following measures will provide an overview of the whole system temperature and specific areas of pressure/challenge. The data will be reviewed daily and weekly through the Safety & Flow Huddles and Winter Planning Advisory Group and Tactical Cell forum:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Reduction in delayed discharges to meet green RAG status
- Early initiation of flu vaccination programme to capture critical mass of staff
- Achieve target operating model for unscheduled admissions
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand.
- Standardised approach to speciality – level escalation plans
- Monitor planned care cancellation rates

Performance against these measures will be provide within the Board Business Critical weekly reports and updates to the Board Business Critical Gold forum.

The 23/24 winter plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all our patients throughout winter and beyond

Appendix 1- Acute Services Divisional Winter Plan Example

Medicine Division – Winter Planning Action Plan

Plan / Month Anticipated RAG Status	September		October		November		1-17 December	18 - 31 December	January		1- 8 February	9 - 29 February	March	
Bed Base - Ninewells	265	90% Occ	265	90% Occ	265	90% Occ	269	295	295		295	269	269	90% Occ
Bed Base - PRI	125	90% Occ	125	90% Occ	125	90% Occ	131	95% Occ	131	95% Occ	131	90% Occ	125	90% Occ
Plan	CIU (PRI) relocated to Critical Care to allow development of Ambulatory Assessment Area (PRI)		Flow Team fully established (LL)		Ward 6 (Ninewells) substantive staffing establishment - 18 beds (LL)		Increased MFE workforce to support flow		Increased MFE workforce to support flow		Increased MFE workforce to support flow			
	Develop pathways for Ambulatory Assessment Area (PRI) (LL/MD)		Acute Frailty established (Ninewells) (LL/CAP)		Pan Tayside call handling for AMU implemented (MD) Possible Cost Implication - 10PA		Increase senior input on Public Holidays (exc. 25/12)		Increase senior input on Public Holidays (exc. 01/01)					
	Discussion required Point of Care Testing (Flu) (WA/MD)		Team based training focussing on use of Command Centre (Bed Base) (Medical staff) (MD) 31 October 2023		Medicine Ninewells LOS : 3.8 days		Review opportunity to open CIU on Public Holidays (exc. 25/12)		Review opportunity to open CIU on Public Holidays (exc. 01/01)					
	Winter Clinical Lead appointed		Define and socialise roles and responsibilities in relation to flow (LL/CF)		Medicine PRI LOS : <5 days		Cardiology / Respiratory elective activity reduced to support flow (from 18/12)		Cardiology / Respiratory elective activity reduced to support flow					
	Ward escalation plans / triggers to be defined (LL/CF): Ward 1 - 6 Complete, Ward 42 – Complete, ED – Complete, AMU – LN, SSM – LN, AME – CAP, CCU – Complete, PRI - Complete		Process in place to ensure ongoing training of Bleepholders (Flow) (LL/CF)		Face Fit Testing complete for all appropriate staff - accurate records available (ALL)		Additional Respiratory input to Front Door (from 18/12)		Additional Respiratory input to Front Door					
	Specialty escalation plans / triggers to be defined: Viral / Non-Viral (JG) Specialty: Respiratory – Complete, CIU – Complete, MFE - HE / CAP Stroke - ML / JB, General Medicine – Complete, Cardiology - Complete Gastroenterology - Complete Infectious Diseases - Complete		Senior Nurse role altered according to winter prediction and escalation to manage flow: Senior Nurses 07.30am - 07.30pm Monday - Friday (exc. PH) during amber and red periods Saturday / Sunday and overnight > Band 6 (LL/CF)				Extend Respiratoy in-reach to 8pm		Extend Respiratoy in-reach to 8pm					
	Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Ward 6 (Ninewells) bed base increased to 22 Beds (+4) (LL)		Ward 6 (Ninewells) bed base increased to 26 Beds (+4) (LL)		Ward 6 (Ninewells) bed base increased to 22 Beds (-4) (LL)			
	Full implementation of 'Green-Dot' process for patients transferring to downstream wards from AMU (LL/JG)		Ambulatory Assessment Area established (PRI) 9 October 2023 (LL/MD)				Delayed Discharges @ Green RAG Status		Delayed Discharges @ Green RAG Status		Delayed Discharges @ Green RAG Status			

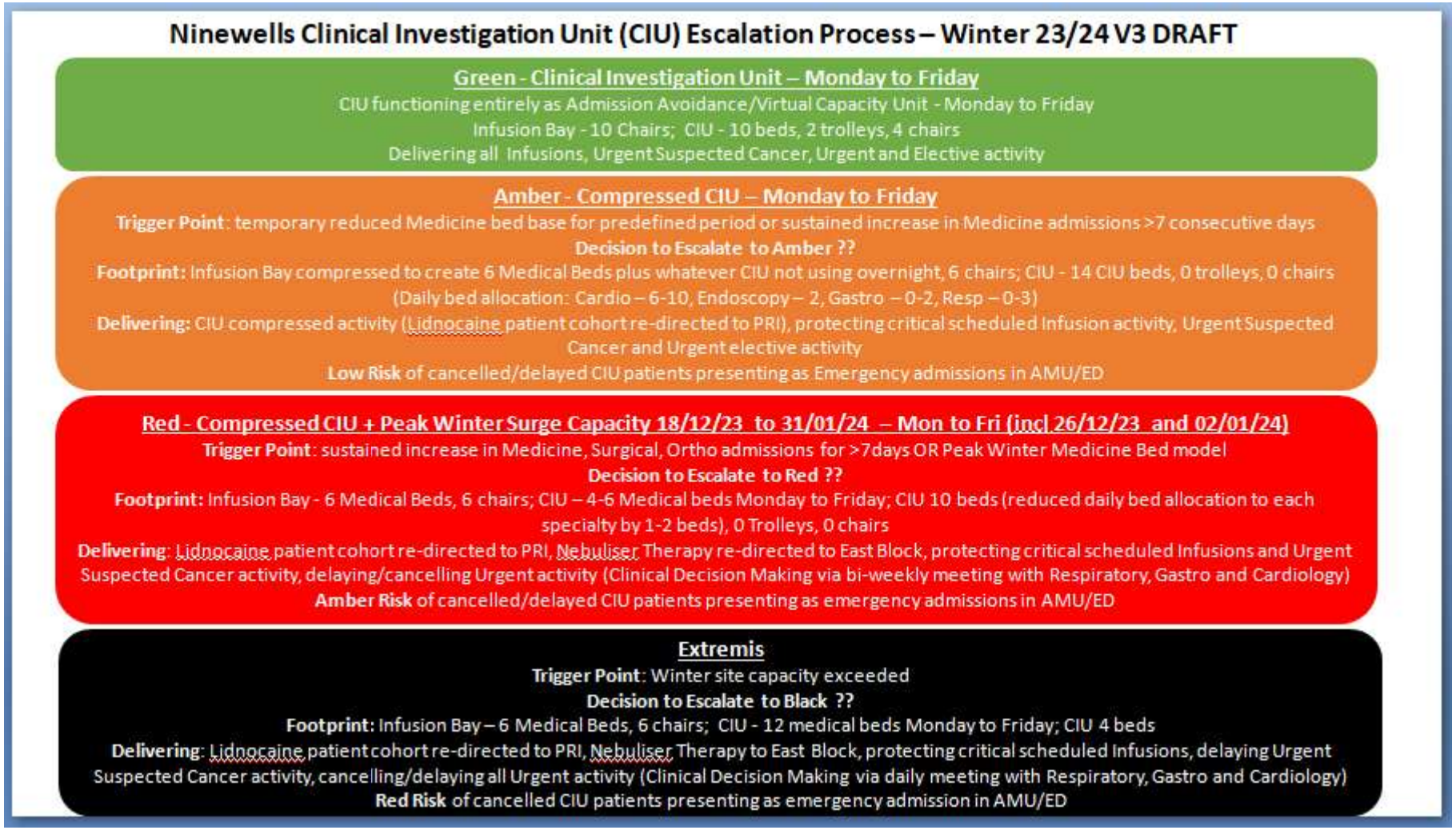
Appendix 2- Angus HSCP Winter Plan Example

Angus HSCP Winter Planning			
Action	**Lead**	**Target Date**	**Progress**
Support external Care at Home and Care Home providers to develop and implement Business Continuity plans.	Lindsey Foreman	31/10/2023	All Care homes and care at home providers have had a request to provide BCP to HSCP. Scottish Care can provide support re compiling a BCP.
Develop and implement a corporate Business Continuity Plan for Angus IJB.	Abigail Stewart	31/10/2023	
Review individual service business continuity plans (ensure workforce planning/ safe care covered).	All service leads	31/10/2023	On track. POA and MFE updated. Community nursing meeting next week. CTAC under development.
Review critical service activities.	All service leads	31/10/2023	On track
Develop and implement service escalation procedures.	All service leads	31/10/2023	Meeting 17th to map out escalation as per OPEL framework
Develop and implement winter communications plan for Angus, including public messaging and key partner communication protocols, e.g. joint planning with LA to increase frequency of gritting, etc.	Angus UUC Communication & Engagement Subgroup	31/10/2023	Awaiting national assets to be shared.
Implementation of Whole System Discharge Planning Local Improvement Plan.	Cindy Graham	30/09/2023	Complete.
Review metrics used in Heat Maps	Paul Feltham & Jenni Woods	31/10/2023	JG to discuss with PF and JW
Establish Angus Ambulatory Urgent Care Centre and test over winter period.	Scott Jamieson	30/11/2023	POC meeting held with key stakeholders 3/10/23. Design discussion meeting 11/10/2023 and follow up 17/10/2023
Strengthen links between SAS, MIIU, OOH, ANPs (Urgent Care) and the Respiratory Service to ensure people with an exacerbation are reviewed timeously. Explore the use of Medlink to provide remote monitoring for respiratory patients.	Lynn Shepherd Scott Jamieson	30/11/2023 30/11/2023	Discussions ongoing with SAS to raise awareness. OOH referral pathway under development.
Explore ways in which patients identified as being at high risk of admission can be identifiable on contact with GP OOH and acute services.	Scott Jamieson	30/11/2023	
Develop action plan to take forward recommendations from My Health, My Care, My Home.	Lindsey Foreman	31/10/2023	Meeting on 28th Sep to review actions and plan working groups for implementation. Working group established for recommendations relating to Urgent Care and meeting 23/10/2023.
Consider block booking external Care at Homes providers to provide enablement and response support to support prevention of admission and hospital discharge.	Lindsey Foreman	Ongoing	We already have IIC contract in place which is under utilised. There is no evidence of pressure on the market that we need to look at block contract.
Test a new approach for delivering integrated enablement, nursing and AHP support – utilising the Enablement & Wellbeing practitioners and aligning these practitioners to the Enablement & Response Team to support hospital discharges.	Eileen Smith	31/10/2023	This is not feasible as none of the practitioners have completed rotations across the services. To test this approach for practitioners once rotations across services are completed
Ensure Angus HSCP representation at cross site safety flow huddle meetings	Cindy Graham & Deborah McGill	01/10/2023	Cindy taking forward. Need to consider how these will be covered OOH for AHSCP.
Explore role of voluntary and third sector organisations to support care at home, end of live care and provide practical support to people who are ready for discharge. Increase interim care home beds to support assessment and rehabilitation.	Lindsey Foreman & Cindy Graham Cindy Graham & Lindsey Foreman	30/11/2023	Jeni shared details of the Maire Curie services that are on offer to support end of life care. Need to consider learning from Care about Angus funding last year. Request for Angus Carers reps to be included on ECS and Moving IIC provision from Cairnie Lodge to Seaton Grove and potential increasing capacity from 6 to 8 or 10 but this would have implications for
Primary Care, inc OOH Winter Planning			
Action	**Lead**	**Target Date**	**Progress**
Complete predictive modelling for the winter period (November 2023 - February 2024) to ensure staffing levels support the predicted demand	Debbie McGill	31/10/2023	15% increase in activity anticipated and shifts planned around this. Will be under continuous review.
Review and update service escalation and contingency plans.	Debbie McGill	31/10/2023	In progress. Will be included in escalation framework
Explore co-location of SW OOH / CA with OOH primary care / IONA.	Catherine Carrie & Lindsey Foreman	30/11/2023	Community alarm call hub are not mobile and would not be able to co-locate. This is due to the systems in use and equipment.

Appendix 3 - Winter Preparedness Checklist – Monitoring Tool

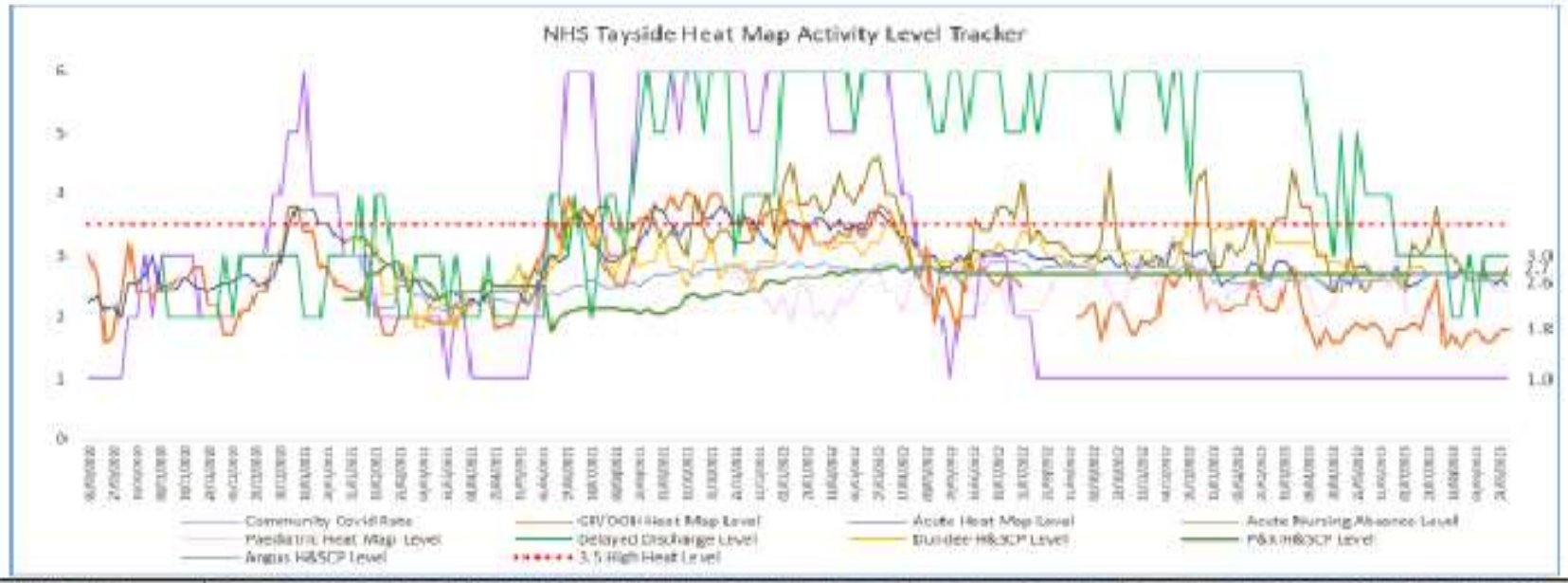
Subsection	SG Assessment	Current RAG
Overarching Principles	Partially Ready	
Resilience Preparedness	Ready	
Communication	Ready	
Step Up / Step Down	Ready	
Urgent & Unscheduled Care	Partially Ready	
Planned Care	Ready	
Digital Assets	Ready	
Primary Care	Ready	
Prisons	Ready	
Social Care	Ready	
Workforce	Ready	
Seasonal Outbreak	Ready	

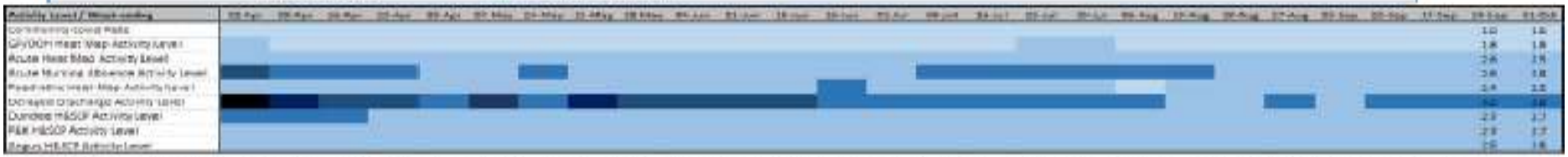
Appendix 4 - Service Level Escalation Plan Example



Appendix 5 - Whole System Heat Map

Tayside Whole System Heat Map Activity Level Tracker, as at 1st October 2023





- **GP/OOH = Activity level 1.8.** Rise in Covid Community Rate. OOH centre attendances remain high especially at the weekend. GP advice calls remain fairly static, with home visits increasing during the week and reducing at the weekend. % GP staffing availability at 97% during the week and 98% over the weekend.

Acute = Activity level 2.8. Covid positive patients in hospital increased from 9 to 27. Non-Covid medical ward midnight % occupancy at 78%. Ninewells AMU admissions at a daily average of 42 admissions, with midnight % occupancy at 86%. Ninewells ASRU admissions at a daily average of 30 admissions, with midnight % occupancy at 75%. 4 corridor walks last week: all Ninewells. ED attendances remain fairly static. 4-hour performance improved to 84.3% in Ninewells and 93.8% in PRI.

- **Paediatrics = Activity level 2.5.** High admission to NW20 on Tues. High % midnight occupancy NW20 Assessment Mon, Wed & Fri. High volume of ED attendances >16yr in PRI on Mon.
- **H&SCPs** = Dundee activity level 2.7 Amber, Angus activity level 2.8 Amber, P&K activity level 2.7 Amber. Staff shortages and bed closures creating ongoing pressures for step-down care. Delayed discharges within an acute hospital bed increased from 20 to 27.

Acute Nursing Absence = Activity level 2.8

PERTH & KINROSS INTEGRATION JOINT BOARD
WORKPLAN 2023-24

(Report No. G/23/162)

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	Standing Item	Non Standing Item	Responsibility	15 Feb 2023	9 Mar 2023	30 May 2023[1]	21 June 2023	20 Sept 2023	27 Oct 2023[2]	29 Nov 2023	14 Feb 2024	20 Mar 2024[3]	Comments
Minute of Meeting	✓		Chief Officer	✓	✓		✓	✓		✓	✓		
Action Points Update	✓		Chief Officer	✓	✓		✓	✓		✓	✓		
Matters Arising	✓		All	✓	✓		✓	✓		✓	✓		
Membership Update		✓	Clerk to the Board	✓				✓					
Delivering on Strategic Objectives													
Strategic Update	✓		Chief Officer	✓	✓		✓	✓		✓	✓		
Mental Health Services Improvement Plan		✓	Chief Officer		✓								For approval
Mental Health Services Update	✓		Chief Officer	✓	✓		✓	✓		✓	✓		
Older People's Strategic Delivery Plan		✓	Head of Health					✓					
Learning Disabilities & Autism Strategic Delivery Plan		✓	Head of Adult Social Work Operations	✓							✓		
Primary Care Strategic Delivery Plan		✓	Associate Medical Director				✓						For approval
Primary Care Premises Strategy		✓	Associate Medical Director				✓						For approval
Revised Carers Strategy		✓	Chief Officer				✓						For approval
Redesign of Substance Use Services		✓	Head of Adult Social Work Operations	✓				✓					
Strategic Planning Group Update	✓		Head of Adult Social Work Commissioning	✓	✓		✓	✓		✓	✓		
Community Adult Mental Health Services in P&K		✓	Senior Service Manager							✓			
Workforce Plan		✓	Head of Adult Social Work Operations		✓						✓		
Strategic Commissioning Plan Progress		✓	Head of Adult Social Work Commissioning							✓	✓		For approval Feb 24
Participation & Engagement Strategy		✓	Chief Officer								✓		For approval
Chief Social Work Officer Annual Report		✓	Chief Social Work Officer	✓							✓		For noting
Delivery of GMS at Invergowrie Medical Practice		✓	Chief Officer			✓							
Winter Planning Across Perth & Kinross 2023-24		✓	Chief Officer						✓				For approval
Methven Surgery Update		✓	Chief Officer							✓			
Director of Public Health Annual Report 2023		✓	Chief Officer							✓			
Adult Protection Committee Annual Report		✓	Chief Officer								✓		
Tayside Primary Care Strategy 2024-2029		✓	Chief Officer							✓	✓		Progress update Nov 23, Approval Feb 24
Finance / Audit and Performance													
Budget Setting		✓	Interim Chief Finance Officer		✓							✓	For approval
Audit and Performance Committee Update		✓	Chair of A&PC	✓	✓	✓		✓			✓		
Audit and Performance Committee Annual Report		✓	Chair of A&PC					✓					
Governance													
Review of Standing Orders		✓	Clerk to the Board	✓							✓		
Direction Policy		✓	Chief Officer					✓					
IJB Reserve Policy		✓	Interim Chief Finance Officer								✓		For approval
Financial Regulations		✓	Interim Chief Finance Officer								✓		For approval
Public Sector Equalities Duty		✓	Chief Officer								✓		
Appointment of Chief Finance Officer		✓	Chief Officer							✓			
For Information													
Future Meeting Dates	✓		For information	✓	✓		✓	✓		✓	✓		
Future Development Sessions	✓		For information	✓	✓		✓	✓		✓	✓		
Forward Planner	✓		For information	✓	✓		✓						
Work Plan	✓		For information					✓		✓	✓		
Annual Performance Report		✓	For information					✓					
Tayside Winter Planning Report 2023-24		✓	Chief Officer							✓			
Audited Annual Accounts		✓	For information							✓			

[1] Special Meeting
[2] Extraordinary Meeting
[3] Single Item Agenda