



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

25 September 2018

A meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chamber, 2 High Street, Perth, PH1 5PH** on **Friday, 28 September 2018** at **09:30**.

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

Robert Packham
Chief Officer

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

Voting Members

Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor E Drysdale, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Professor N Beech, Tayside NHS Board
L Birse-Stewart, Tayside NHS Board
R Peat, Tayside NHS Board

Non-Voting Members

Dr D Carey, Independent Contractor
J Foulis, NHS Tayside
R Packham, Chief Officer, Perth and Kinross Integration Joint Board
J Pepper, Chief Social Work Officer, Perth and Kinross Council
Dr C Rodriguez / Dr D Lowden, NHS Tayside
J Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board

Additional Members

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

Stakeholder Members

B Campbell, Carer Public Partner
A Drummond, Staff Representative, NHS Tayside
F Fraser, Staff Representative, Perth and Kinross Council
C Gallagher, Independent Advocacy Perth and Kinross (to be confirmed by the Board)
L Lennie, Service User Public Partner

Perth and Kinross Integration Joint Board

Friday, 28 September 2018

AGENDA

1 WELCOME AND APOLOGIES

2 DECLARATIONS OF INTEREST

Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).

3 FINANCE AND GOVERNANCE

3.1 ANNUAL ACCOUNTS 2017/18 **7 - 80**
Report by Chief Financial Officer (copy herewith G/18/135)

3.2 2018/19 FINANCIAL POSITION **81 - 88**
Report by Chief Financial Officer (copy herewith G/18/136)

There will be a short break for the signing of the Annual Accounts

3.3 MINUTE OF MEETING OF THE PERTH AND KINROSS **89 - 96**
INTEGRATION JOINT BOARD OF 22 JUNE 2018
(copy herewith)

3.4 ACTION POINTS UPDATE **97 - 104**
(copy herewith)

3.5 MATTERS ARISING

3.6 BOARD MEMBERSHIP UPDATE **105 - 110**
Report by Clerk to the Board (copy herewith G/18/147)

3.7 APPOINTMENT OF DATA PROTECTION OFFICER

Board members will be aware of the implementation of the EU General Data Protection Regulation (GDPR) which came into effect on 25 May 2018. GDPR introduces a new requirement for organisations to appoint a Data Protection Officer who will advise senior management and the Board on matters of compliance, will monitor and report on compliance to senior management, and will liaise with the Information Commissioner's office.

The Board is asked to agree that Donald Henderson, Data Protection Officer, Perth and Kinross Council, be appointed as Data Protection Officer for the Perth and Kinross Integration Joint Board.

3.8 AUDIT AND PERFORMANCE COMMITTEE

- (i) Verbal Update by Chair of Audit and Performance Committee
- (ii) In line with the recording of meetings of the Integration Joint Board, the Board is asked to consider whether it wishes to amend Standing Orders and record meetings of the Audit and Performance Committee for public viewing online following the meeting.

3.9	STANDING ORDERS	111 - 122
	In accordance with the Board's Standing Orders, revised Standing Orders are submitted for the approval of the Board (copy herewith)	

4 DEVELOPING STRATEGIC OBJECTIVES

4.1	CHIEF OFFICER STRATEGIC UPDATE	123 - 128
	Report by Chief Officer (copy herewith G/18/138)	

5 PROGRAMMES OF CARE

5.1	PRIMARY CARE IMPROVEMENT PLAN AND GENERAL MEDICAL SERVICES CONTRACT IMPLEMENTATION: PROGRESS UPDATE	129 - 140
	Report by Clinical Director and Programme Manager (copy herewith G/18/140)	

5.2	REVIEW OF DAY SERVICES UPDATE	141 - 156
	Report by Chief Officer (copy herewith G/18/139)	

6 INFORMATION

6.1 ANNUAL PERFORMANCE REPORT 2017/18

http://www.pkc.gov.uk/media/42439/Perth-and-Kinross-Health-and-Social-Care-Partnership-Annual-Performance-Report-2017-18/pdf/2018115_PKHSCP_Annual_Report_2017-18_FINAL_3.pdf?m=636675211195400000

- 6.2 PERTH AND KINROSS JOINT STRATEGY TO SUPPORT INDEPENDENT LIVING & QUALITY OF LIFE FOR ADULTS WITH A PHYSICAL DISABILITY AND/OR SENSORY IMPAIRMENT 2014 – 2017 AND ASSOCIATED IMPLEMENTATION OF THE NATIONAL SEE HEAR SENSORY IMPAIRMENT FRAMEWORK 2015 – 2018** **157 - 190**
 Report by Chief Officer (copy herewith G/18/243)
Note: The Board are asked to note the contents of the report and instruct the Chief Officer to provide a progress report to the Integration Joint Board in twelve months time.
- 6.3 CARE INSPECTORATE INSPECTIONS 2017/18** **191 - 202**
 Report by Head of Adult Social Care (copy herewith G/18/141)
- 6.4 ADULT PROTECTION COMMITTEE BI-ENNIAL REPORT 2016-18** **203 - 244**
 Report by Chief Social Work Officer and Independent Convener, Adult Protection Committee (copy herewith G/18/151)
- 7 FUTURE MEETING DATES 2018**
 Friday 26 October 2018 (Briefing Session)
 Friday 30 November 2018 at 9.30am (Board Meeting)
- 8 PROPOSED 2019 BOARD MEETING DATES**
 Wednesday 13 February 2019
 Wednesday 1 May 2019
 Wednesday 26 June 2019
 Wednesday 18 September 2019
 Wednesday 4 December 2019
 All meetings to take place at 2.00pm



PERTH & KINROSS INTEGRATION JOINT BOARD

28 September 2018

ANNUAL ACCOUNTS 2017/18

Report by Chief Financial Officer (Report No. G/18/135)

PURPOSE OF REPORT

This report presents the IJB's Audited Annual Accounts for the period to 31 March 2018 to the Integration Joint Board for approval.

1. BACKGROUND

The Unaudited Annual Accounts for 2017/18 were submitted to Audit Scotland on 30 June 2018. The Annual Accounts were prepared in accordance with the 2014 CIPFA Code of Practice on Local Authority Accounting ('the code'). These accounts also comply with the Local Authority Accounts (Scotland) Regulations 2014. The Unaudited Annual Accounts were available for public inspection between 2 July and 20 July (inclusive). KPMG, the IJB's external auditors, received no objections during this period. On 22 June 2018 the IJB approved the Unaudited Annual Accounts for 2017/18.

2. ANNUAL ACCOUNTS 2017/18

The audit of the Annual Accounts took place between July and August 2018 during which time KPMG considered whether the Annual Accounts 2017/18:

- Gave a true and fair view in accordance with applicable law and the 2014/15 Code of the state of the affairs of the IJB as at 31 March 2018 and the income and expenditure of the IJB for the year then ended;
- Had been properly prepared in accordance with International Financial Reporting Standards (IFRS) as adopted by the European Union, as interpreted and adapted by the 2014/15 Code;
- Had been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973 and the Local Government in Scotland Act 2003.

KPMG's findings are set out in the Annual Audit Report to members and the Controller of Audit attached at Appendix 1.

The key messages from the 2017/18 audit are set out at within the Executive Summary at Page 3 and are summarised as follows:

- Unqualified independent auditor's report on the 2017/18 financial statements;
- The IJB has robust controls over the monitoring of expenditure against budget, with regular reports going to public meetings of the IJB. KPMG recognise the increasing need for the Board to have timeous information in order to make effective and informed decisions;
- Financial capacity is appropriate for the purposes of delivering services. KPMG concur with management's assessment that further support is needed to ensure that there is adequate capacity to deliver on savings plans and effectively direct all services;
- The IJB faces ongoing financial pressures, reflecting those faced by its partner bodies. With both partner organisations forecasting overspends in their respective services, the integration scheme may require partners to contribute further to the IJB. KPMG remain satisfied that the IJB is financially sustainable in the short term as a result of the ongoing commitment of the two joint venture partners;
- KPMG are satisfied that the ongoing development of a three year revenue budget will help the IJB plan for future pressures, and will allow management to have quality conversations when discussing future budget settlements;
- The IJB has effective scrutiny and governance arrangements, supported by joint internal audit staff from both partners, and with adequate focus on risk management. The IJB conducts its business in an open and transparent manner;
- Overall, KPMG consider that the IJB has appropriate arrangements for using resources effectively and continually improving services;
- KPMG propose a recommendation in relation to the workforce plan.

The Audited Accounts are attached to this report at Appendix 2.

3. CONCLUSION AND RECOMMENDATION

KPMG's findings on the 2017/18 Audit are set out in the Annual Report to members and the Controller of Audit.

It is recommended that the Integration Joint Board:

- Note that the Audit and Performance Committee have considered the Audited Annual Accounts and KPMG'S Annual Audit Report at it's meeting on 20 September 2018;
- Consider the contents of KPMG's Annual Audit Report to Members of Perth & Kinross IJB and the Controller of Audit on the 2017/18 Audit;
- Approve the Audited Annual Accounts for 2017/18.

Author(s)

Name	Designation	Contact Details
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Appendix 1 - KPMG Annual Audit report to Members and the Controller of Audit on the 2017/18 Audit

Appendix 2 - 2017/18 Audited Annual Accounts



Perth and Kinross Integration Joint Board

Annual Audit Report to the Members of Perth and Kinross Integration Joint Board and the Controller of Audit
for the year ended 31 March 2018

20 September 2018

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About this report

This report has been prepared in accordance with the responsibilities set out within the Audit Scotland's *Code of Audit Practice* ("the Code").

This report is for the benefit of Perth and Kinross Integration Joint Board ("IJB") and is made available to Audit Scotland and the Controller of Audit (together "the Beneficiaries"). This report has not been designed to be of benefit to anyone except the Beneficiaries. In preparing this report we have not taken into account the interests, needs or circumstances of anyone apart from the Beneficiaries, even though we may have been aware that others might read this report. We have prepared this report for the benefit of the Beneficiaries alone. Nothing in this report constitutes an opinion on a valuation or legal advice.

We have not verified the reliability or accuracy of any information obtained in the course of our work, other than in the limited circumstances set out in the introduction and responsibilities sections of this report.

This report is not suitable to be relied on by any party wishing to acquire rights against KPMG LLP (other than the Beneficiaries) for any purpose or in any context. Any party other than the Beneficiaries that obtains access to this report or a copy (under the Freedom of Information Act 2000, the Freedom of Information (Scotland) Act 2002, through a Beneficiary's Publication Scheme or otherwise) and chooses to rely on this report (or any part of it) does so at its own risk. To the fullest extent permitted by law, KPMG LLP does not assume any responsibility and will not accept any liability in respect of this report to any party other than the Beneficiaries.

Complaints

If at any time you would like to discuss with us how our services can be improved or if you have a complaint about them, you are invited to contact Andy Shaw, who is the engagement leader for our services to the IJB, telephone 0131 527 6673, email: andrew.shaw@kpmg.co.uk who will try to resolve your complaint. If your problem is not resolved, you should contact Hugh Harvie, our Head of Audit in Scotland, either by writing to him at Saltire Court, 20 Castle Terrace, Edinburgh, EH1 2EG or by telephoning 0131 527 6682 or email to hugh.harvie@kpmg.co.uk. We will investigate any complaint promptly and do what we can to resolve the difficulties. After this, if you are still dissatisfied with how your complaint has been handled you can refer the matter to Fiona Kordiak, Director of Audit Services, Audit Scotland, 4th Floor, 102 West Port, Edinburgh, EH3 9DN.

Executive summary

Audit conclusions

Page 8

We intend to issue an unqualified audit opinion on the annual accounts of Perth and Kinross Integration Joint Board ("the IJB") following their approval by the IJB on 18 September 2018.

We identified two significant risks in the audit of IJB, which are fraud risk from management override of controls and fraud risk from income revenue recognition, (which was rebutted). As documented on pages 10 and 11, we have concluded satisfactorily in respect of the significant risk and audit focus areas identified in the audit strategy document.

The annual accounts, governance statement and remuneration report were received at the start of the audit fieldwork. We have no matters to highlight in respect of adjusted audit differences or our independence.

Financial position

Page 5

The IJB attained an underspend against budget of £1.4 million for the year. Funding changes were made after the final outturn were agreed, such that reduced funding was received from Perth and Kinross Council, in order to deliver a break even against budget position. The Council held reserves equivalent to the underspend in an earmarked reserve at the year end.

The integration scheme states that in the event of an overspend in 2018-19, the partners can opt to allocate the overspend on a proportional basis. The partners informally agreed to fund overspends for which they have operational responsibility.

Financial management and financial sustainability

Page 15

The IJB faces ongoing financial pressures due to funding constraints and increasing cost pressures faced by its partners. With both partners facing overspends in their respective services, the implementation of the integration scheme may require partners to contribute further to the IJB. We remain satisfied that the IJB is a going concern as a result of the integration scheme and the financial sustainability of the partners.

We are satisfied that the ongoing development of a three year revenue budget will help the IJB plan for future pressures, and will enable management to have valuable conversations when discussing future budget settlements. We consider the arrangements regarding financial management are effective.

Outstanding matters

- [Receipt of management representation letter]
- [Draft annual report to KPMG]
- Completion of subsequent events procedures

Scope and responsibilities

Purpose of this report

The Accounts Commission has appointed KPMG LLP as auditor of Perth and Kinross Integration Joint Board ("the IJB") under part VII of the Local Government (Scotland) Act 1973 ("the Act"). The period of appointment is 2016-17 to 2021-22, inclusive.

Our annual audit report is designed to summarise our opinions and conclusions on significant issues arising from our audit. It is addressed to both those charged with governance at the IJB and the Controller of Audit. The scope and nature of our audit are set out in our audit strategy document which was presented to the Audit and Performance Committee on 6 March 2018.

Audit Scotland's Code of Audit Practice ("the Code") sets out the wider dimensions of public sector audit which involves not only the audit of the financial statements but also consideration areas such as financial performance and corporate governance.

Accountable officer responsibilities

The Code sets out the IJB's responsibilities in respect of:

- corporate governance;
- financial statements and related reports;
- standards of conduct for prevention and detection of fraud and error;
- financial position; and
- Best Value

Auditor responsibilities

This report reflects our overall responsibility to carry out an audit in accordance with our statutory responsibilities under the Act and in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board and the Code. Appendix one sets out how we have met each of the responsibilities set out in the Code.

Scope

An audit of the financial statements is not designed to identify all matters that may be relevant to those charged with governance.

Weaknesses or risks identified are only those which have come to our attention during our normal audit work in accordance with the Code, and may not be all that exist.

Communication by auditors of matters arising from the audit of the financial statements or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

Under the requirements of International Standard on Auditing (UK and Ireland) ('ISA') 260 Communication with those charged with governance, we are required to communicate audit matters arising from the audit of financial statements to those charged with governance of an entity.

This report to those charged with governance and our presentation to the Audit and Performance Committee, together with previous reports to the audit and performance committee throughout the year, discharges the requirements of ISA 260.

Financial position

Overview

The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Joint Boards should be treated as if they were bodies falling within section 106 of the Local Government (Scotland) Act 1973. The financial statements of the IJB should therefore be prepared in accordance with the 1973 Act and the 2017-18 Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

The Board is responsible for the strategic planning and delivery of health and adult social care services in Perth and Kinross. The Board is responsible for services as set out in the Integration Scheme, which includes 'hosted' services which are provided by the IJB on behalf of the other integration joint boards in Tayside: Dundee City and Angus.

IJB financial management overview

The IJB budget process begins in September each year with final approval by March. Delegated baseline budgets for 2017-18 were compared to actual expenditure in previous years.

The Board does not have any fixed assets, nor does it directly incur expenditure or employ staff (other than the chief officer and the chief financial officer). All funding and expenditure is delegated to the partner organisations and is recorded in the partner organisation's accounting records.

Legislation empowers the Board to hold reserves. The integration scheme and the reserves strategy set out the arrangements between the partners for addressing and financing any overspends or underspends. It highlights that in the event of an underspend at the year end, it will be retained by the IJB as reserves following agreement with the partners, unless the following conditions apply:

- where a clear error has been made in calculating the budget requisition; or
- in other circumstances agreed through a tri-partite agreement between the partners and the IJB.

During 2017-18, the IJB did not overspend against budget, and before funding adjustments from Perth and Kinross Council ('PKC') it achieved an underspend. This underspend was effectively retained by PKC and an earmarked reserve held.

From 2018-19 onwards, in the event that an overspend remains following the application of a recovery plan, use of reserves, or where the strategic plan cannot be adjusted, the overspend may be allocated based on each partner's proportionate contribution to the IJB's budget requisition for that financial year on a like for like basis. This is discussed further on page 18.



Financial position (continued)

2017-18 financial position

The annual accounts are prepared on a going concern basis. A deficit of £1.4 million was reported in the comprehensive income and expenditure statement ("CIES"), which resulted in the reserves being drawn down, giving rise to £nil reserves as at 31 March 2018.

Comprehensive income and expenditure statement

The IJB's deficit position for 2017-18 reflects use of the prior year underspend, which was held in reserves as at 31 March 2017 and is now utilised. Compared to the budget there was a £1.4 million underspend as shown in the table opposite.

An underlying overspend of £1.3 million was reported against health services where operational responsibility lies with NHS Tayside. In line with the risk sharing agreement, NHS Tayside devolved further non-recurring budget to the IJB to balance income with expenditure.

Against social care budgets, where operational responsibility lies with PKC, an underspend of £2.6 million was reported. PKC retained the underspend in year, and reduced the funding to the IJB. This resulted in an accounting deficit on the provision of services in the IJB, which was funded from the general fund. Of the £2.6 million underspend, £1.4 million will be returned to the IJB as part of the 2018-19 budget settlement and the IJB is reliant on this funding to break even. The remaining £1.2 million will be held in a PKC earmarked reserve for social care purposes.

The NHS Tayside overspend is made up of some variances:

- GP prescribing: overspend of £1.7 million. A national settlement was expected on some drug costs, however this did not materialise during 2017-18 resulting in a greater spend than budgeted. The overspend was marginally offset by lower than expected volumes.
- Inpatient mental health: overspend £0.2 million. Primarily due to the general adult psychiatry where locum spend was higher as a result of increased number of locum sessions against budget.

Expenditure	2017-18 Budget (£000)	2017-18 Actual (£000)	(Under)/ over spend
Older peoples service/physical disabilities	65,371	63,777	(1,594)
Learning disabilities	18,237	17,378	(859)
Mental health and addictions	4,943	4,958	15
Planning/management/other services	7,780	7,047	(733)
Prescribing	26,763	28,467	1,704
General medical services	23,392	23,204	(188)
Family health services	16,481	16,474	(7)
Hosted services	20,666	20,970	304
Large hospital set aside	11,793	11,793	0
Total expenditure	195,426	194,068	(1,358)
Breakdown of variance:			
Health	145,865	147,144	1,279
Social Care	49,561	46,924	(2,637)

Source: Annual Performance Report

- Hospital and community health services: underspend £0.5 million. This was due to lower utilisation of the primary care transformation funding and increased junior doctor vacancies. The underspend was partially offset by overspends in locum consulting costs in psychiatry of old aged and ongoing sickness levels in community hospitals.

Financial position (continued)

Recurring baseline budget

In previous years the Scottish Government provided funding to IJBs across Scotland for the IJB to use to transform services, support integration and to reduce delayed discharges. However, as all IJBs have matured this is no longer funded directly from the Scottish Government, now funded as part of the IJB's recurring baseline budget from partners from 2017-18. The recurring baseline budget for 2017-18 included £1.3 million for the integrated care fund and £9.3 million for social care funding.

Related party transactions

NHS Tayside receives the recurring baseline budget on behalf of the IJB and expenditure is drawn down through NHS Tayside. As PKC uses the baseline budget to deliver services, it invoices NHS Tayside for the services.

In addition NHS Tayside allocates funds to PKC for the cost of social care packages, this totalled £6.25 million and was invoiced in the same way as set out above. This payment is to support PKC in delivery social care within the community for those discharged from hospital.

In total in the year there was a £17.7 million payment from NHS Tayside to PKC, this is included in Note 8: Related Party Transactions of the annual accounts.

In line with other IJBs nationally, there is a requirement to recognise funding from partners, and to recognise its commissioning expenditure, in order to disclose the gross cost of providing services. The annual accounts disclosure was updated in the year to better disclose the related party transactions.

Balance sheet

The £nil debtors balance at the year end arose through the planned use of reserves to deliver services in 2017-18. An agreement with PKC was not reached to carry forward the underspend to the IJB reserves resulting in no short term debtors. IJB 'cash' is held by the partner organisation due to the IJB not having a bank account, leading to a debtor to the IJB in prior years.

Balance sheet	2016-17 £000	2017-18 £000
Short term debtors	1,386	-
Net assets	1,386	-
Usable reserve : General fund	(1,386)	-
Total reserves	(1,386)	-

Source: Annual accounts 2017-18

Audit conclusions

Audit opinion

Following approval of the annual accounts by the IJB Board, we expect to issue an unqualified opinion on the truth and fairness of the state of the IJB's affairs as at 31 March 2018, and of the deficit for the year then ended.

There are no matters identified on which we are required to report by exception.

Financial reporting framework, legislation and other reporting requirements

The IJB is required to prepare its annual accounts in accordance with International Financial Reporting Standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017-18 ("the CIPFA Code"), and in accordance with the Local Authority Accounts (Scotland) Regulations 2014. Our audit confirmed that the financial statements have been prepared in accordance with the CIPFA Code and relevant legislation.

Statutory reports

We have not identified any circumstances to notify the Controller of Audit that indicate a statutory report may be required.

Other communications

We did not encounter any significant difficulties during the audit. There were no other significant matters arising from the audit that were discussed, or subject to correspondence with management that have not been included within this report. There are no other matters arising from the audit, that, in our professional judgement, are significant to the oversight of the financial reporting process.

Audit misstatements

There were no misstatements identified during the audit. There were a number of presentational and disclosure adjustments made by management as a result of our audit.

Written representations

Our representation letter will not include any additional representations to those that are standard as required for our audit.

Materiality and summary of risk areas

Materiality

We summarised our approach to materiality in our audit strategy document. On receipt of the financial statements and following completion of audit testing we reviewed our materiality levels and concluded that the level of materiality set at planning was still relevant.

We used a materiality of £1.9 million for the IJB's financial statements. This equates to 1% of cost of services expenditure. We designed our procedures to detect errors in specific accounts at a lower level of precision than our materiality. We report all misstatements greater than £95,000.

Forming our opinions and conclusions

In gathering the evidence for the above opinions and conclusions we:

- performed substantive procedures to ensure that key risks to the annual accounts have been covered;
- communicated with the Chief Internal Auditor of NHS Tayside, who provides internal audit support to the IJB, and reviewed internal audit reports as issued to the Audit and Performance Committee to ensure all key risk areas which may be viewed to have an impact on the annual accounts had been considered;
- reviewed estimates and accounting judgments made by management and considered these for appropriateness;
- considered the potential effect of fraud on the annual accounts through discussions with senior management and internal audit to gain a better understanding of the work performed in relation to the prevention and detection of fraud; and
- attended Audit and Performance Committee meetings to communicate our findings to those charged with governance, and to update our understanding of the key governance processes.

Financial statements preparation

Draft financial statements were published online in line with Section 195 of Local Government (Scotland) Act 1973, this included the management commentary and annual governance statement.

In advance of our audit fieldwork we issued a 'prepared by client' request setting out a list of required analyses and supporting documentation. We received working papers of good quality, and draft financial statements were provided on 27 June 2018, including the management commentary and the remuneration report.

During the audit, presentational changes were agreed with management to reflect the resource transfer between NHS Tayside and PKC.

Significant risks and other focus areas in relation to the audit of the financial statements

We summarise below the risks of material misstatement as reported within the audit strategy document.

Significant risks (page ten of this report):

- management override of controls fraud risk.

Other focus areas (page 11 of this report):

- completeness and accuracy of expenditure; and
- financial sustainability (also a wider scope area).

Wider scope areas (page 14 of this report):

- financial sustainability;
- financial management;
- value for money; and
- governance and transparency.

Significant risks

SIGNIFICANT RISK	OUR RESPONSE	AUDIT CONCLUSION
<p>Fraud risk from management override of controls</p> <p>Professional standards require us to communicate the fraud risk from management override of controls as a significant risk; as the standards consider management to typically be in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p>	<p>Our audit methodology incorporates the risk of management override as a default significant risk. We have not identified any specific additional risks of management override relating to the audit of the IJB.</p> <p>Strong oversight of finances by management provides additional review of potential material errors caused by management override of controls.</p> <p>In line with our methodology, we carried out appropriate substantive procedures, including over funding confirmations, expenditure reports and significant transactions that are outside the entity's normal course of business, or are otherwise unusual.</p>	<p>Our work did not identify any matters that required adjustment in the financial statements or which require to be brought to your attention.</p>
<p>Fraud risk from revenue recognition</p> <p>Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk.</p> <p>The IJB receives funding requisitions from Perth and Kinross Council and NHS Tayside. These are agreed in advance of the year, with any changes requiring approval from each partner body. We therefore rebutted the risk.</p>	<p>We vouched all income to confirmations from the partner bodies.</p>	<p>Income is appropriately stated.</p>

Other focus areas

OTHER FOCUS AREA	OUR RESPONSE	AUDIT CONCLUSION
<p>Completeness and accuracy of expenditure</p> <p>The Board receives expenditure forecasts from PKC and NHS Tayside as part of the annual budgeting process. There is a risk that actual expenditure and resulting funding is not correctly captured.</p>	<p>Our substantive audit obtained support for the expenditure included in PKC and NHS Tayside's accounting records. We obtained confirmations of expenditure from each of these bodies.</p> <p>We inspected the audited NHS Tayside annual accounts for 2017-18, and received written confirmation from the Head of Finance of PKC in respect of funding to, and expenditure incurred on behalf of, the IJB.</p>	<p>We are satisfied that expenditure is complete and accurate.</p>
<p>Financial sustainability</p> <p>Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services or the way in which they should be delivered. This is inherently a risk to the Board given the challenging environment where funding is reduced and efficiency savings are required</p>	<p>The IJB receives funding requisitions from NHS Tayside and PKC, and has a risk sharing agreement within the integration scheme with both bodies for 2017-18. This gives the IJB comfort with regards to overspends for 2017-18, however, there is a risk going forward regarding ongoing budget balance, specifically in the context of the challenging NHS and Council budgets.</p> <p>We considered the IJB's long term financial planning in detail in the wider scope section from page 14.</p>	<p>We are content that the IJB is financially sustainable given the risk sharing agreement. Further narrative included on page 17 and 18.</p>

Management reporting in financial statements

REPORT	SUMMARY OBSERVATIONS	AUDIT CONCLUSION
Management commentary	<p>The Local Authority Accounts (Scotland) Regulations 2014 require the inclusion of a management commentary within the annual accounts, similar to the Companies Act requirements for listed entity financial statements. The requirements are outlined in the Local Government finance circular 5/2015.</p> <p>We are required to read the management commentary and express an opinion as to whether it is consistent with the information provided in the annual accounts.</p> <p>We also review the contents of the management commentary against the guidance contained in the CIPFA template IJB accounts.</p>	<p>The information contained within the management commentary is consistent with the annual accounts.</p> <p>We reviewed the contents of the management commentary against the guidance contained in the Local Government finance circular 5/2015 and are content with the proposed report.</p>
Remuneration report	<p>The remuneration report was included within the unaudited annual accounts and supporting reports and working papers were provided.</p>	<p>The information contained within the revised remuneration report is consistent with the underlying records and the annual accounts and all required disclosures have been made.</p> <p>Our independent auditor's report confirms that the part of the remuneration report subject to audit has been properly prepared.</p>
Annual governance statement	<p>The statement for 2017-18 outlines the corporate governance and risk management arrangements in operation in the financial year. It provides detail on the IJB's governance framework, review of effectiveness, continuous improvement agenda, and analyses the efficiency and effectiveness of these elements of the framework.</p> <p>We consider the annual governance statement to ensure that management's disclosure is consistent with the annual accounts, and that management have disclosed that which is required under the delivering good governance in local government framework.</p>	<p>We consider the governance framework and revised annual governance statement to be appropriate for the IJB and that it is in accordance with guidance and reflects our understanding of the IJB.</p>

Qualitative aspects and future developments

Qualitative aspects

ISA 260 requires us to report to those charged with governance our views about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.

We consider the accounting policies adopted by IJB to be appropriate. There are no significant accounting practices which depart from what is acceptable under the Code of Practice on Local Authority Accounting.

Financial statement disclosures were considered against requirements for the Code of Practice on Local Authority Accounting, relevant legislation and IFRS. No departures from these requirements were identified.

There were no new accounting standards adopted by the Code of Practice on Local Authority Accounting during 2017-18 which affected the IJB.

There are no significant accounting estimates other than those relating to the calculation of the pension assets and liabilities previously summarised.

Financial statement disclosures were considered against requirements of Code of Practice on Local Authority Accounting, relevant legislation and IFRS. No departures from these requirements were identified.

Future accounting and audit developments

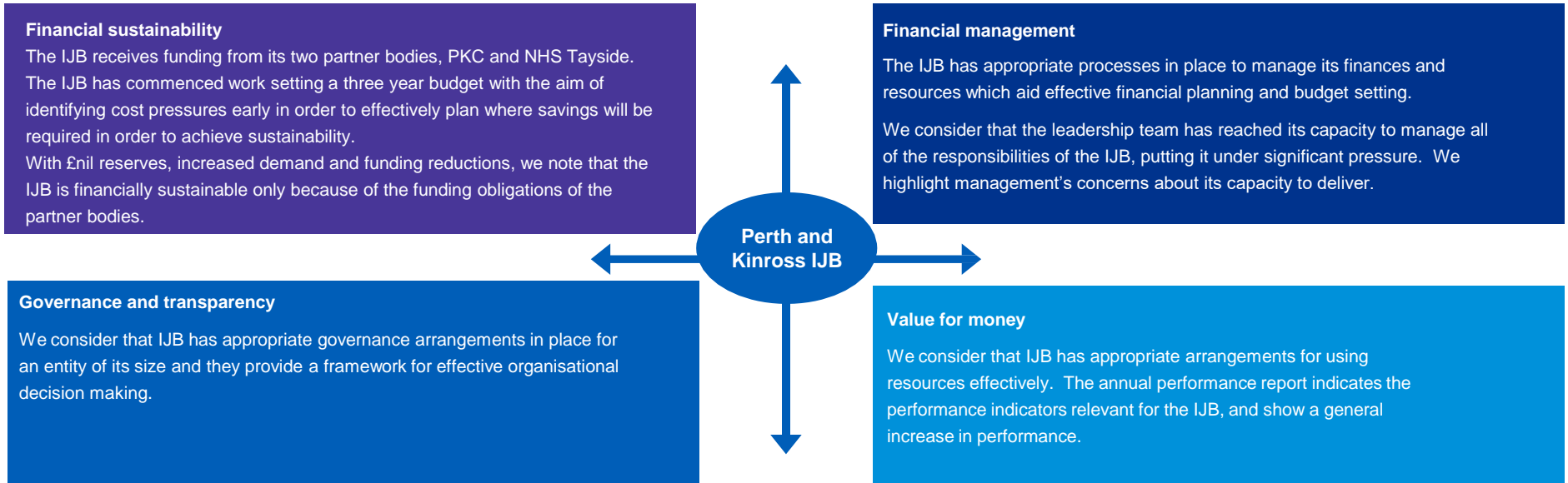
CIPFA / LASAAC consulted on amendments to the CIPFA code for IFRS 9 *Financial instruments* and IFRS 15 *Revenue from contracts with customers*. A separate publication *Forthcoming Provisions for IFRS 9 Financial Instruments and IFRS 15 Revenue from Contracts with Customers in the Code of Local Practice on Local Authority Accounting in the United Kingdom 2018-19* were issued as a companion publication to the Code setting out the approach to these two standards.

Audit dimensions introduction and conclusions

The Code of Audit Practice sets out four audit dimensions which, alongside Best Value in the local government sector, set a common framework for all the audit work conducted for the Controller of Audit and for the Accounts Commission: financial sustainability; financial management; governance and transparency; and value for money.

It remains the responsibility of the audited body to ensure that it has proper arrangements across each of these audit dimensions. These arrangements should be appropriate to the nature of the audited body and the services and functions that it has been created to deliver. We review and come to a conclusion on these proper arrangements.

During our work on the audit dimensions we considered the work carried out by other scrutiny bodies to ensure our work meets the proportionate and integrated principles contained within the Code of Audit Practice.



Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

The chief finance officer is responsible for ensuring that appropriate financial services are available to the IJB and the chief officer.

Budgetary controls

The IJB's financial management comes under a reasonable degree of scrutiny, with budgets monitored at IJB, local authority and NHS level.

The IJB produces a quarterly finance update which is taken to both the Board and the Audit and Performance Committee. Management reports the financial position to the IJB at each meeting throughout the financial year. This contains sufficiently detailed information to allow members to understand budget variances, and to respond to issues.

Financial reporting is provided to the IJB throughout the year, it includes financial commentary. Ideally this should be up to the end of the previous month. We note that on 23 March 2018, the IJB was presented with financial reporting up to 31 December 2017, which was three months old. We recognise that the availability of financial information from the partners drives how quickly management can present financial reports to the Board but we recommend that more up to date information is presented by the IJB throughout the year.

Recommendation one

Internal audit

The IJB has an internal audit function which undertakes reviews at both the IJB level and the local authority level. NHS Tayside has its own internal audit function, however any reviews specific to the IJB are shared with the Board and Audit and Performance Committee.

The chief internal audit auditor concluded in the annual audit report that sufficient work was completed during the year, to enable him to conclude that reasonable assurance can be placed upon the adequacy and effectiveness of the Board's internal control system.

At the date of issuing its opinion (15 June 2018) the chief internal auditor noted that the planned risk management review was delayed to enable internal audit to provide support in relation to the development of risk management arrangements.

Financial regulations

The IJB has standing financial regulations which determine how spend can be authorised. The highest budget virement that can be approved by the Chief Officer is £10,000, with anything above that level having to go through the Board, which conducts its meetings in public. We consider this to be an appropriate level for escalation.

Financial management

Capacity and service transformation

The S95 officer is the chief finance officer, therefore has appropriate status within the IJB and access to the partner chief executive officers and Board members. The finance function consists of the chief finance officer, and other resources are used as required from PKC and NHS Tayside finance teams. The partnership accountant provides significant support to the day to day financial management and control within the IJB.

We note that senior management has significant concerns regarding the IJB's capacity to satisfy the full responsibilities of the IJB. Specifically there is concern in respect of being responsible for adult mental health services alongside the other services, and having the capacity to effectively direct the activities.

The IJB continues, through redesigning care, to analyse service expenditure in order to identify savings and efficiencies. We discussed with management the capacity to the IJB to commit resources to identifying and implementing efficiencies. It was identified that there are capacity shortfalls that reduce the ability of management to investigate,. As the IJB does not have staff, there are challenges in obtaining resources from partners to continue transformation going forward.

Training

The Board provides induction and ongoing training for both elected members and other Board members. An induction session was held for new elected members following the May elections. This was open to all IJB members and was intended to give an understanding of the IJB and also covered governance issues such as the code of conduct and the Nolan principles.

Arrangements for the prevention and detection of fraud

We have responsibility for reviewing the arrangements put in place by management for the prevention and detection of fraud. We reviewed the Council's arrangements including policies and codes of conduct for council staff and elected members, whistleblowing, fraud prevention and fraud response plan.

Conclusion

The IJB has robust controls over the monitoring of expenditure against budget, with regular reports going to public meetings of the IJB. We recognise the increasing need for the Board to have timeous information in order to make effective and informed decisions.

Financial capacity is appropriate for the purposes of delivering services. We concur with management's assessment that further support is needed to ensure that there is adequate capacity to deliver on savings plans and effectively direct all services.

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the IJB is planning effectively to continue to deliver its services. This is inherently a risk to the IJB given the challenging environment where funding is reduced in real terms and efficiency savings are required.

In assessing financial sustainability we consider whether the IJB is able to balance budgets in the short term and whether longer term financial pressures are understood and are planned for, as evidenced by the IJB's financial strategies and plans.

Budgets and financial position

As noted in the 2016-17 annual audit report, management did not recommend the approval of the 2017-18 budget until June 2017, recognising the challenges and uncertainties that existed. The 2017-18 budget was prepared independently of the partners bodies, and management developed greater communication with the partner bodies prior to, and during budget setting.

In 2018-19, management began the process of setting a three year revenue budget covering 2018-19, 2019-20 and 2020-21. This budget remains in draft, however we acknowledge the good practice in developing an understanding of future cost pressures, and future assumptions that may impact on service delivery. We consider these arrangements as appropriate.

The budget for 2018-19 was approved on 23 March 2018, prior to the start of the following financial year as required.

PKC has set out its budgetary pressures to elected members; total revenue funding from the Scottish Government has decreased in real terms since 2010-11 and the Council identified savings requirements (£54.5 million) over the period from 2018-19 to 2023-24 in order to continue to provide services to meet demand. The Council's Medium Term Financial Plan allocated £2.8 million of savings to the delivery of social care for the three years from 2018-19, half of this requiring delivery in 2018-19. Initial results for 2018-19 indicate an overspend in social care, which the IJB will need to manage going forward.

NHS Tayside continues to be under acute financial pressure and received brokerage in 2017-18. There are ongoing concerns about the levels of expenditure and the pace of change of improvements and transformation, and there have been resignations at executive level. We note that the NHS Tayside Board has agreed with Scottish Government that repayment of additional funding received in prior years has been suspended, and that a break-even position in 2018-19 is deemed unlikely. Whilst the Board itself has these significant funding needs, the Scottish Government is supporting financially.

Reserves strategy

The reserves strategy was approved in March 2017, and management aspires to retain a general fund reserve of 2% of gross expenditure, or £3.9 million. The IJB holds no reserves as underspends in 2017-18 were retained by PKC, as the partner that delivered the underspend.

Financial sustainability (continued)

Risk sharing

The integration scheme sets out the process to be followed should the IJB overspend against the agreed budget. The chief financial officer is expected to manage the budget to ensure that there are no overspends. Where an unexpected overspend is likely the chief financial officer should agree corrective action to mitigate the overspend. Where this does not resolve the gap, agreement must be made between the partner bodies, in conjunction with the executive team, to agree a recovery plan to balance the budget.

Where this is unsuccessful and the IJB overspends at the year end, uncommitted reserves are applied to any overspend firstly and the remaining overspend is either met by an additional one-off payment from a partner. The integration scheme provides that for the first two years of financial operation (2016-17 and 2017-18), any overspend is met by the partner with operational responsibility. From the third year (2018-19) onwards, the integration scheme states that any overspend may be allocated based on each partner's proportionate contribution to the IJB, and this suggests formal agreement between the partners is required. For 2018-19, we understand there is an informal agreement that the overspend will continue to be met by the partner with operational responsibility, however, there is no formal documentation of this arrangement.

Recommendation two

This arrangement gives the IJB comfort that overspends will ultimately be met by the partner bodies. We note that it does not motivate collaborative working between the three parties. For example, overspends in a council-funded area of service may be driven by increased "high outcome" activity which delivers reduced demand in an NHS-funded area of service, given the benefits of "preventative care". There is no consideration for this in the integration scheme.

Going concern

The annual accounts are prepared on a going concern basis. The IJB is still in its relative infancy and is at the start of plans to transform services. There are no reserves as at 31 March 2018 to draw on. Both partner bodies have identified their financial challenges and put in place savings plans. As appointed auditor to PKC we have reported positively on its financial management arrangements and its proactive monitoring of budgets and savings. We consider that the Council is a going concern.

We consider that the Scottish Government is likely to continue to support NHS Tayside.

In light of this position, the strong management of resources and the commitment from the two partner organisations we concur with the going concern basis.

Conclusion

The IJB faces ongoing financial pressures, reflecting those faced by its partner bodies. With both partner organisations forecasting overspends in their respective services, the integration scheme may require partners to contribute further to the IJB. We remaining satisfied that the IJB is financially sustainable in the short term as a result of the ongoing commitment of the two joint venture partners.

We are satisfied that the ongoing development of a three year revenue budget will help the IJB plan for future pressures, and will allow management to have quality conversations when discussing future budget settlements.

Governance and transparency

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Governance framework

The integration scheme between PKC and NHS Tayside sets out the key governance arrangements. The Board is responsible for establishing arrangements for ensuring the proper conduct of the affairs of the IJB and for monitoring the adequacy of these arrangements.

The Board and Audit and Performance Committee hold meetings on a regular basis throughout the year. We review minutes from each to assess their effectiveness. We also periodically attend meetings of the Audit and Performance Committee. From this we consider scrutiny to be effective.

The IJB used CIPFA Guidance; Delivering Good Governance in Local Government Framework to review its governance arrangements, and this included carrying out a self assessment review of the IJB's governance arrangements. This provided assurance that key governance policy's and arrangements are in place, and an improvement action was identified for any high or medium risk findings.

In March 2018, the Chief Financial Officer reported to the Audit and Performance Committee that there are differences in interpretation of legislation across the Tayside IJBs, and agreed to discuss further with the partners on the arrangements for governance and accountability within the IJB. The Chief Officer is expected to report back to the Board in September 2018. Whilst not considered high risk, there is the need for consistency of arrangements to ensure there is mutual understanding of each of the three IJBs within the Tayside region.

Internal audit

Internal audit provides the IJB and Accountable Officer with independent assurance on the IJB's overall risk management, internal control and corporate governance processes.

The internal audit function is carried out by the Fife, Tayside and Forth Valley internal audit service, in conjunction with PKC's internal audit in its role as PKC internal auditors. We carried out a review of the adequacy of the internal audit code of conduct and concluded that they operate in accordance with the Public Sector Internal Audit Standards and have sound documentation standards and reporting procedures.

During 2017-18, the chief internal auditor reported to the audit and performance committee that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2017-18. We concurred with these findings. We considered internal audit report findings on governance arrangements as part of our wider dimension work.

Risk management

In 2016, the three IJBs within the Tayside area agreed risk management strategy, in conjunction with their respective partner bodies. A strategic risk framework was developed (risk register) which was considered at the Audit and Performance Committee in March 2018. The policy requires quarterly consideration of the risk register at a senior management team level, and for annual consideration at the audit and performance committee. We consider reporting frequencies to be reasonable.

The IJB has undertaken a self-assessment of its governance framework, and presented an action plan to APC on 19 June 2018. This provided assurance that key risks to the achievement of integration objectives have been appropriately identified, communicated and actions undertaken. Regular updates provide assurance to the Board that the risk previously identified are being addressed by management.

Governance and transparency (continued)

Internal control

Perth and Kinross Council and NHS Tayside are the partner bodies. All financial transactions of the IJB are processed through the financial systems of the partner bodies and are subject to the same controls and scrutiny as the Council and Health Board, including the work performed by internal audit.

Fraud

Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by one of the partner bodies internal audit sections. Since the Board does not directly employ staff, investigations will be carried out by the internal audit service of the partner body where any fraud or irregularity originates. NHS Tayside can also call on the expertise of Counter Fraud Services provided through NHS National Services Scotland.

Conclusion

The IJB has effective scrutiny and governance arrangements, supported by joint internal audit staff from both partners, and with adequate focus on risk management. The IJB conducts its business in an open and transparent manner.

Value for money

Value for money (“VfM”) is concerned with using resources effectively and continually improving services.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a broad framework for creating integration authorities. This allowed boards a flexibility to enable them to develop integrated services that best suited local circumstances.

The integration scheme specifies the range of functions delegated by PKC and NHS Tayside to the IJB. The IJB is responsible for establishing effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account.

Performance indicators

As part of the IJB’s arrangements to consider value for money, management produce and present an annual performance report to the Board. The report links performance of the five IJB objectives against the nine national health and wellbeing outcomes as set out in the strategic commissioning plan.

The partnership objectives cover:

- prevention and early intervention;
- person-centred health, care and support;
- working together with our communities;
- reducing inequalities and unequal health; and
- making best use of available facilities, people.

The annual report highlights the strength and weaknesses of the IJB against historic performance, and performance against the Scottish average. From a review of the annual performance report, the IJB is performing favourably compared to the Scottish average, and have largely improved against previous regional results.

Value for money in key decisions

The board considers and discusses difficult decisions throughout the year as appropriate. For example, the transformational change projects to prioritise. These are supported by options appraisals and business cases where appropriate.

Workforce planning

The IJB’s workforce plan is being developed, which was due to be presented to the board in June 2018, however has been delayed until September 2018.

Management is aware of the risk of a shrinking workforce, and plans are being developed that will manage the future workforce.

Recommendation three

End of public sector pay cap

The Scottish Government has stated its intention for the 1% public sector pay cap which has applied for seven years is being lifted. It is not clear when increases will take effect or how they will be funded.

To mitigate the uncertainty risk surrounding pay increases the IJB included in its five year plan an assumption that the pay increases announced for NHS staff will be similar to that agreed for council staff.

Conclusion

Overall, we consider that the IJB has appropriate arrangements for using resources effectively and continually improving services.

We propose a recommendation in relation to the workforce plan.



Appendices

Appointed auditor's responsibilities

AREA	APPOINTED AUDITOR'S RESPONSIBILITIES	HOW WE HAVE MET OUR RESPONSIBILITIES
Statutory duties	Undertake statutory duties, and comply with professional engagement and ethical standards.	Appendix two outlines our approach to independence.
Financial statements and related reports	<p>Provide an opinion on audited bodies' financial statements and, where appropriate, the regularity of transactions.</p> <p>Review and report on, as appropriate, other information such as annual governance statements, management commentaries, and remuneration report.</p>	<p>Page eight summarises the opinions we have provided.</p> <p>Page 12 reports on the other information contained in the financial statements, covering the annual governance statement, management commentary and remuneration report</p>
Financial statements and related reports	Notify the Auditor General or Controller of Audit when circumstances indicate that a statutory report may be required.	Reviewed and concluded on the effectiveness and appropriateness of arrangements and systems of internal control, including risk management, internal audit, financial, operational and compliance controls.
Wider audit dimensions	<p>Demonstrate compliance with the wider public audit scope by reviewing and providing judgements and conclusions on the audited bodies':</p> <ul style="list-style-type: none"> - Effectiveness in the use of public money and assets; - Suitability and effectiveness of corporate governance arrangements; - Financial position and arrangements for securing financial sustainability; - Effectiveness of arrangements to achieve best value; - Suitability of arrangements for preparing and publishing statutory performance information 	We have set our conclusions over the audit dimensions on page 14.

Auditor independence

Assessment of our objectivity and independence as auditor of Perth and Kinross Integration Joint Board (“the IJB”)

Professional ethical standards require us to provide to you at the conclusion of the audit a written disclosure of relationships (including the provision of non-audit services) that bear on KPMG LLP’s objectivity and independence, the threats to KPMG LLP’s independence that these create, any safeguards that have been put in place and why they address such threats, together with any other information necessary to enable KPMG LLP’s objectivity and independence to be assessed.

This letter is intended to comply with this requirement and facilitate a subsequent discussion with you on audit independence and addresses:

- General procedures to safeguard independence and objectivity;
- Independence and objectivity considerations relating to the provision of non-audit services; and
- Independence and objectivity considerations relating to other matters.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP partners and staff annually confirm their compliance with our ethics and independence policies and procedures including in particular that they have no prohibited shareholdings. Our ethics and independence policies and procedures are fully consistent with the requirements of the FRC Ethical Standard. As a result we have underlying safeguards in place to maintain independence through:

- Instilling professional values
- Communications
- Internal accountability
- Risk management
- Independent reviews.

We are satisfied that our general procedures support our independence and objectivity

Independence and objectivity considerations relating to the provision of non-audit services

Summary of fees

We have considered the fees charged by us to the entity for professional services provided by us during the reporting period.

There were no non-audit services provided during the year to 31 March 2018.

Independence and objectivity considerations relating to other matters

There are no other matters that, in our professional judgment, bear on our independence which need to be disclosed to the IJB.

Confirmation of audit independence

We confirm that as of the date of this letter, in our professional judgment, KPMG LLP is independent within the meaning of regulatory and professional requirements and the objectivity of the partner and audit staff is not impaired.








This report is intended solely for the information of the IJB and should not be used for any other purposes.








We would be very happy to discuss the matters identified above (or any other matters relating to our objectivity and independence) should you wish to do so.

Yours faithfully,

KPMG LLP

Required communications with the IJB Board

Type	Response
Our draft management representation letter	 We have not requested any specific representations in addition to those areas normally covered by our standard representation letter for the year ended 31 March 2018
Adjusted audit differences	 Our summary of adjusted audit differences are highlighted in appendix four.
Unadjusted audit differences	 There were no unadjusted audit differences
Related parties	 There were no significant matters that arose during the audit in connection with the entity's related parties.
Other matters warranting attention by the Audit and Performance Committee	 There were no matters to report arising from the audit that, in our professional judgment, are significant to the oversight of the financial reporting process.
Control deficiencies	 We did not test any internal controls during our audit, and therefore have no deficiencies to report. Management retain the responsibility for maintaining an effective system of internal control.
Actual or suspected fraud, noncompliance with laws or regulations or illegal acts	 No actual or suspected fraud involving group or component management, employees with significant roles in internal control, or where fraud results in a material misstatement in the financial statements were identified during the audit.

Type	Response
Significant difficulties	 No significant difficulties were encountered during the audit.
Modifications to auditor's report	 None.
Disagreements with management or scope limitations	 The engagement team had no disagreements with management and no scope limitations were imposed by management during the audit.
Other information	 No material inconsistencies were identified related to other information in the annual report, management commentary and annual governance statement. The management commentary is fair, balanced and comprehensive, and complies with the law.
Breaches of independence	 No matters to report. The engagement team have complied with relevant ethical requirements regarding independence.
Accounting practices	 Over the course of our audit, we have evaluated the appropriateness of the IJB's accounting policies, accounting estimates and financial statement disclosures. In general, we believe these are appropriate.
Key audit matters discussed or subject to correspondence with management	 The key audit matters (summarized on pages 10 and 11) from the audit were discussed with management.

Action plan

The action plan summarised specific recommendations arising from our work, together with related risks and management's responses.

We present the identified findings across four audit dimensions:

- financial sustainability;
- financial management;
- governance and transparency; and
- value for money.

Priority rating for recommendation

Grade one (significant) observations are those relating to business issues, high level or other important internal controls. These are significant matters relating to factors critical to the success of the organisation or systems under consideration. The weaknesses may therefore give rise to loss or error.

Grade two (material) observations are those on less important control systems, one-off items subsequently corrected, improvements to the efficiency and effectiveness of controls and items which may be significant in the future. The weakness is not necessarily great, but the risk of error would be significantly reduced if it were rectified.

Grade three (minor) observations are those recommendations to improve the efficiency and effectiveness of controls and recommendations which would assist us as auditors. The weakness does not appear to affect the availability of the control to meet their objectives in any significant way. These are less significant observations than grades one or two, but we still consider they merit attention.

Finding(s) and risk(s)	Recommendation	Agreed management actions
1. Financial reporting timeliness (page 15)		Grade two
<p>During our audit, we review financial reporting as part of our assessment of financial management. We identified on that financial reporting was in excess of two months behind, most notably on 23 March 2018, were the financial position being reported was 31 December 2017.</p> <p>There is a risk that members and management are unable to respond to financial pressures in a timeous manner. We recognise that the IJB is reliant on the financial reporting of PKC and NHS Tayside.</p>	<p>We recommend that management discuss with partners the financial reporting process. Any reduction in the timescales would allow members to make decisions based on more up to date information</p>	<p>Management response: Agreed. Actions have been taken to accelerate financial reporting which will ensure an improvement in timescales for reporting.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: Complete</p>

Action plan (continued)

Finding(s) and risk(s)	Recommendation	Agreed management actions
2. Risk sharing agreement (page 18)		Grade two
<p>The integration scheme states that any overspend incurred from 2018-19 onwards may be allocated on a proportionate basis of each partners contribution to the IJB. For 2018-19, there has been an informal agreement between the partners that any overspend will be met by the partner with operational responsibility. There is no formal documentation for this arrangement.</p> <p>From our discussion with management, and our understanding of the integration scheme, we consider best practice to be a formal documentation of the agreement, which will assist in the partners approach to budgeting.</p>	<p>We recommend that the partners formally agree the approach for overspends on an annual basis in advance of the financial year on which agreement is sought.</p>	<p>Management response: Agreed.</p> <p>Responsible officer: Chief Officer</p> <p>Implementation date: 31 October 2018</p>
3. Workforce planning (page 21)		Grade three
<p>The IJB's workforce plan is being developed. Once complete this will reflect the NHS approach to workforce planning. The executive team has completed work to date, however the workforce plan has still to be approved by the Board.</p> <p>There is a risk, given the demographics of the workforce, that without a workforce plan in place there could be a detrimental impact to the achievement of the IJB's strategy.</p>	<p>The IJB should progress workforce planning to identify and address potential skills gaps.</p>	<p>Management response: Agreed. Development of workforce plans will be a key priority for each Care Programme Board.</p> <p>Responsible officer: Clinical Director / Head of Health</p> <p>Implementation date: 31 March 2019</p>

Prior year recommendations

We follow up prior-year audit recommendations to determine whether these have been addressed by management. The table below summarised the recommendations made during the 2016-17 final audit and their current status.

Grade	Number recommendations raised	Implemented	In progress	Overdue
Final	3	3	-	-

We have provided a summary of progress against 'in progress' actions below, and their current progress.

Finding(s) and risk(s)	Recommendation(s)	Agreed management actions	Status
1. GP Prescribing budget	Grade one		
<p>During the 2017-18 budget setting the board was informed that the Chief Finance Officer could not recommend approval of the budget proposition from NHS Tayside for GP prescribing. As at August 2017 there is still no approved 2017-18 GP prescribing budget or an agreed action plan to form a sustainable budget.</p> <p>Risk: The Board may be forced to use underspends from other areas to bridge the gap in the GP prescribing budget. This is not sustainable and there is a risk that the other services would be reduced as a result.</p>	<p>A budget for GP prescribing in 2017-18 should be finalised. In forming it the IJB should meet with NHS Tayside and agree a strategic action plan to address the prescribing spend. A sustainable prescribing position needs to be formed and the 2018-19 GP prescribing budget should be agreed before the start of the financial year.</p>	<p>Management response: Agreed. The Chief Officer and Chief Finance Officer have written to both Parent Bodies asking for a formal discussion to take place around the sufficiency of the GP Prescribing budget and the implications for risk sharing arrangements moving forward.</p> <p>Responsible officer: Chief Officer and Chief Finance Officer</p> <p>Implementation date: October 2017</p>	<p>Implemented</p> <p>We reviewed the budget setting for 2018-19 and identified that the full budget, including GP prescribing, was approved before the start of the financial year.</p> <p>We note that prescribing overspends are faced across Scotland, and ongoing discussion between the IJB and NHS Tayside will be required to manage these financial pressures.</p>

Prior year recommendations (continued)

Finding(s) and risk(s)	Recommendation(s)	Agreed management actions	Status
2. Financial Management; Reporting of financial position to the IJB	Grade two		
<p>The IJB produces a finance update for each IJB meeting. The update presents information on IJB and Partnership year end over/under spend forecast, a summary of savings planned and savings booked and narrative to support to figures. The base budget position is not reported, only the over/under spend forecast against the budget.</p> <p>Risk: IJB members are not able to track spending in year against budget and identify significant over spends in order to implement savings plans.</p>	<p>The financial update should present the base budget position and variance year to date against this base budget position. This would allow appropriate levels of scrutiny over balances depending on the level of variance reported against budget.</p>	<p>Management response: Agreed. The base budget position will now be incorporated as part of routine monthly reporting.</p> <p>Responsible officer: Chief Finance Officer</p> <p>Implementation date: October 2017</p>	<p>Implemented</p> <p>We reviewed minutes of the IJB throughout the year and identified that the base budget position is now reported.</p>
3. Partnership accountant post	Grade two		
<p>The partnership accountant provides significant support to the day to day financial management and control within the IJB. The position is on a fixed term basis which ends in July 2018.</p> <p>Risk: Without the role of partnership accountant the CFO will have less time to focus on higher level strategic decisions, as a result of having to spend time on the operational running of the IJB.</p>	<p>It is recommended that a longer term solution is approved, either through a permanent post or extension of the temporary one with enough notice to enable the CFO to plan activities.</p>	<p>Management response: Agreed. The Chief Financial Officer is taking all necessary steps to ensure this key post is appointed to on a permanent basis.</p> <p>Responsible officer: Chief Financial Officer</p> <p>Implementation date: September 2017</p>	<p>Implemented</p> <p>During discussion with management, we were advised that this key post had been made permanent.</p>



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SECTION 1: MANAGEMENT COMMENTARY

INTRODUCTION

This publication contains the financial statements for Perth & Kinross Integration Joint Board (IJB) for the year ended 31 March 2018.

The Management Commentary outlines key messages in relation to the objectives and strategy of Perth & Kinross Integration Joint Board (IJB) and the financial performance of the IJB for the year ended 31 March 2018. It also provides an indication of the issues and risks which may impact upon the finances of the IJB in the future and the challenges we face in meeting the needs of the people of Perthshire & Kinross.

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

The IJB has responsibility for providing social care and defined health care services for the residents Perthshire and Kinross encompassing an area of 5,000 square kilometres and a population of 150,000. In addition, the IJB provides specific health care services across Tayside by means of hosted services arrangements agreed in the Integration Scheme between NHS Tayside and Perth & Kinross Council. Perth & Kinross Council and the NHS Tayside (Health Board), as the parties to the Integration Scheme, each nominate four voting members to sit on the IJB. The Council nominates Elected Members and the Health Board Non-Executive Directors.

A Council nominee was the Chair of the IJB until 30th September 2017 and the Vice-Chair was drawn from NHS Board Non-Executive Directors. From 1st October an NHS Board Non-Executive Director was the Chair and a Council nominee was appointed as Vice Chair. A number of non-voting Representative Members sit on the Integration Joint Board and contribute to its proceedings. These Representatives are chosen from the Third Sector, Carers, Services Users, and Council and NHS Board staff. A GP Stakeholder Member has also been appointed along with a Medical Practitioner who is not a GP.

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

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

The IJB has appointed a Chief Financial Officer. Corporate services including strategic planning, performance and business support services to the IJB are provided by NHS Tayside and Perth & Kinross Council.

PURPOSE AND OBJECTIVES OF THE IJB

The main purpose of integration is to improve the wellbeing of families, communities and people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Joint Board has approved the following Vision for the Health and Social Care Partnership as part of its approved Strategic Plan for 2016-19: "We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible in their own homes, or in a homely setting with choice and control over the decisions they make about their care and support." The Integration Scheme puts in place a framework designed to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014. The IJB Strategic Plan sets out a number of Strategic Objectives and Policy Priorities with accompanying Implementation and Resource Plans, Performance Framework and Strategic Risk Assessment, all designed to ensure a direction of travel by the Partnership consistent with National Objectives. The Partnership's agreed Strategic Objectives are as follows:

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

The plan places a lot of emphasis on the need for services and support to intervene early to prevent later, longer term issues arising, and enabling people to manage their own care and support by taking control and being empowered to manage their situation. Where this is not possible, our aim is for services to target resources where they are needed most, reducing ill health and deterioration and ultimately reducing health inequalities.

OPERATIONS FOR THE YEAR

The IJB's strategic ambitions sit alongside operational imperatives across a wide range of services. This creates a very challenging landscape to deliver major service redesign at the pace expected. However much progress has been made including:

- The development of Integrated Care Teams (ICTs) across the three localities in Perth & Kinross has continually aimed at providing targeted health and social care to restore and improve the quality of life for individuals in our communities. A Person Centered Framework has been developed for the purposes of identification of a named key worker.
- A redesign of Psychiatry of Old Age (POA) services has been taken forward increasing the Older Peoples Mental Health community based teams across Perth & Kinross allowing enhanced care in peoples homes. The enhanced teams are an integral part of the Integrated Care Team in each locality. In addition a multi-disciplinary POA Liaison Service has been established supporting wards at Perth

Royal Infirmary and Murray Royal Hospital dementia care, diagnosis of delirium and managing cognitive impairment needs.

- During the year, the fully implemented Discharge Hub at Perth Royal Infirmary has had a significant impact on ensuring timely and appropriate discharge from hospital, improving health and well being outcomes by reducing significantly the length of stay in a hospital setting and the overall risk of a delay. Further a new Social Care 'HART' team (Home Assessment Recovery Team) has been established in further support of timely discharge and early intervention and prevention. Care Home liaison services have also been enhanced ensuring timely and appropriate discharge to care home settings. A better locality focus on Care Home Liaison has also been established.
- During the year, a full review of residential care was undertaken. In Perth & Kinross there is a decline in demand for residential care home placements in line with national trend. However demand for nursing care home placements continues to increase and further investment will be required moving forward.
- The implementation of the Carer's Act has been a significant program of work. The IJB approved eligibility criteria during the year following consultation with key stakeholders. Additional carer support workers have been recruited. Further significant investment will be required moving forward.
- The implementation of a new care home contract was completed following an extensive tendering process. The demand of care at home continues to increase however and the sector has struggled to keep pace with demand. A review of the sustainability of the current service model is required.
- During 2017/18 the significant restructure of social work and social care field work teams was completed, ensuring a shift in resources to provide early and preventative interventions. Moving forward we will be working with communities to support the work that they can do to reduce isolation and loneliness.
- We have worked closely with clinicians at Perth Royal Infirmary and with staff across Community Hospitals to develop a sustainable service model for the future with pathways that ensure appropriate capacity and flow in and out of the inpatient environments.
- As the IJB is responsible for hosting In Patient Mental Health and Learning Disabilities, we have completed an extensive review of these services with options identified and a three month public consultation on proposals for the future delivery of services. The preferred option will see the relocation of all 4 General Adult Psychiatry wards at the Carseview Centre in Dundee and all Learning Disability Inpatient Wards relocated to Murray Royal Hospital in Perth.
- Across our other hosted services, the Podiatry Service has successfully implemented a move to single use instrumentation in a number of areas. Further, it has undertaken a review of workforce to ensure equity of access to specialist podiatry care across each locality. Within our Public Dental Service, the

provision of person centered care has continued with close community working to promote oral health prevention an intervention across all ages. Within Prison Healthcare, the completion of significant redesign of workforce has improved the effectiveness of service delivery including medicines prescribing.

- During 2017/18, we have provided funding to support GP capacity to work with us on quality, safe and cost effective prescribing. The program of engagement will step up further in 2018/19.
- The role of the Executive Management Team has been strengthened and this pivotal group now provides scrutiny review and support to all key transformation projects across the Partnership.

Looking forward to 2018/19, the Partnership has a number of key priorities focused on ensuring future sustainability of services:

- We will take forward the development of our Primary Care Improvement Plan aimed at ensuring that the benefits set out in the new contract for GP's are realised.
- We plan to expand Technology Enabled Care in the year ahead and enable people to choose the way their care and support are provided. This will complement our support to carers and reduce the need for Care at Home where this is appropriate.
- We will increase our support to carers through further enhanced community support, enabling people to remain at home for longer and avoiding unnecessary admissions and longer stays in hospital.
- For Inpatient Mental Health services the planning for and implementation of approved transformational changes will be taken forward. Further opportunities to deliver sustainable services will also be developed. This will include a review of the current inpatient drug and alcohol service.
- We will continue the review of our Inpatient Medicine for the Elderly Ward, Stroke Services and Community Hospitals which is being taken forward through the Perth & Kinross Integrated Clinical Strategy Forum. This work forms a wider part of the Integrated Strategy option appraisal work being taken forward by NHS Tayside.
- There will be a further review of Psychiatry of Old Age Inpatient Services with an even greater focus on community based provision through the Integrated Care Teams in each locality.
- Within Prison Healthcare we will work with the Scottish Prison Service to consider implications of a move to Smoke Free Prisons.

PERFORMANCE REVIEW

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

**Ministerial Strategic Group for Health and Community Care (MSG) -
Table 1 - MSG indicators**

MSG Indicator	MSG Description	P&K Total Previous Year 2016/17	P&K Current Year 2017/18	P&K YTD diff from 16/17
1a	Emergency Admissions	15,128	15,021	↓ 107
2a	Unscheduled hospital bed days	111,324	102,451	↓ 8,873
3a	A&E Attendances	31,825	32,506	↑ 681
4.1	Delayed discharge bed days *	19,176	16,785	↓ 2,391
5.1	Proportion of last 6 months of life spent at home or in a community setting	88%	89%	↑ 0.46%
6.1	Percentage of population at home unsupported	98%	98%	↑ 0.03%

* Changes in the calculation of Delayed Discharge came in 2016

Our work to ensure effective and appropriate flow into and from our hospital services has impacted positively on both levels of delayed discharge and unplanned admissions.

FINANCIAL MANAGEMENT

Background

The IJB's finances are overseen by the IJB's Chief Financial Officer with support from Finance functions within Perth & Kinross Council and NHS Tayside. This support is provided as part of overall arrangements for corporate support services whereby Perth & Kinross Council and NHS Tayside provide a range of services including, for example, Finance, Human Resources and Committee Services support without charge to Perth & Kinross IJB.

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

Analysis of Financial Statements

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

The 2017/18 Annual Accounts comprise:-

- a) Comprehensive Income and Expenditure Statement – Whilst this statement shows a deficit of £1.386m, this is offset by a planned utilisation of reserves in year to meet planned expenditure. This is further explained in section d).
- b) Against health budgets an underlying over spend of £1.279m was reported. However in line with the risk sharing agreement agreed with NHS Tayside and Perth & Kinross Council for the first three years of the IJB, NHS Tayside devolved further non-recurring budget to the IJB to balance income with expenditure. A breakeven position for 2017/18 is therefore reported against health budgets.
- c) Against Social Care budgets an underlying under spend of £2.637m was delivered. The Integration scheme sets out that under spends can be retained by the IJB as reserves following agreement with the Partners. Such agreement was not reached in relation to the 2017/18 under spend. Instead Perth & Kinross Council reduced the budget to deliver a breakeven position and will carry forward the under spend in an earmarked reserve for Social Care within the Councils accounts.
- d) Movement in Reserves – The IJB carried £1.386m reserves into 2017/18 to meet planned expenditure and these reserves were fully released into the budget in line with plan. As above, the under spend on Social Care will be carried forward by Perth & Kinross Council. Therefore the IJB is reporting no reserves as at 31st March 2018.
- e) Balance Sheet – In terms of routine business the IJB does not hold assets, however the movement in reserves noted above is reflected in the year-end balance sheet.
- f) Notes, comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2017/18 do not include a Cash Flow Statement as the IJB does not hold any cash or cash equivalents.

The overspend on health services has arisen across GP Prescribing and Inpatient Mental Health Services. For GP Prescribing, anticipated national price reductions on specific medicines were not realized impacting significantly on the in year financial position. For Inpatient Mental Health, nursing costs and medical costs continue to be significantly higher than budgeted. Both areas are undergoing significant review and transformation with plans in place for 2018/19 that should see a significant reduction in levels of spend.

Financial Outlook, Risks and Plans for the Future

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

A Financial Plan for 2018/19 has been developed with the objective that the IJB operates within resources available. A budget settlement with Perth & Kinross Council and NHS Tayside has been agreed. Discussions are continuing with NHS Tayside in relation to Prescribing and Inpatient Mental Health (which Perth & Kinross

IJB hosts on behalf of all three IJB's). However significant transformation and cost improvement plans are being developed for both areas which should support future financial sustainability.

Both settlements present significant challenges in terms of accommodating demographic and inflationary type pressures across core services. In particular pay, price and demand pressures across social care services are estimated at £4.6m for 2018/19 with similar levels forecast for the next two years. Whilst a significant transformation and efficiency programme has been identified for 2018/19 the scope of opportunity for further major transformation across services will not be sufficient to address the level of social care pressures moving forward. Both parent bodies are facing a very difficult financial outlook. Perth and Kinross Council have set an indicative budget for the IJB for 2019/20 and 2020/21 which could see further net cuts to the budget in both years. Early discussions are taking place with NHS Tayside and Perth and Kinross Council to ensure a collective understanding of the significant challenges and to provide a forum for agreement for the IJB's budget for 2019/20 and beyond.

In addition to the recurring settlement for 2018/19, NHS Tayside have agreed to distribute non-recurring funding to the IJB to take forward a number of agreed projects for which expenditure has been delayed and will now not be incurred until 2018/19.

FURTHER INFORMATION

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

Perth & Kinross IJB Integration Scheme:

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

Perth & Kinross IJB Strategic Plan:

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

Perth & Kinross IJB publishes all formal Board papers at:

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

Further information regarding the Annual Accounts can be obtained from:
Chief Finance Officer, Perth & Kinross IJB, 2 High Street, Perth PH1 5PH.

CONCLUSION AND ACKNOWLEDGEMENTS

We are pleased to record that during 2017/18 the IJB has successfully delivered health and social care services to the population of Perth and Kinross and, for hosted services, to the population of Tayside. We acknowledge this has been a challenging year and the IJB's success has only been achieved through the hard work of staff employed in Perth & Kinross Council and NHS Tayside and other partner organisations.

Looking forward, while the IJB faces continuing challenging financial circumstances it also plans to continue to take advantage of the opportunities available through Health and Social Care Integration to best deliver affordable health and social care services for the population of Perth & Kinross.

Councillor Colin Stewart
IJB Vice-Chair

28/9/18

Rob Packham
Chief Officer

28/9/18

Jane Smith
Chief Financial Officer

28/9/18

SECTION 2: STATEMENT OF RESPONSIBILITIES

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

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Integrated Joint Board on 28 September 2018.

Signed on behalf of the Perth and Kinross IJB

Councillor Colin Stewart
IJB Vice-Chair

28/9/18

Responsibilities of the Chief Financial Officer

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

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

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

The Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Perth and Kinross Integration Joint Board as at 31 March 2018 and the transactions for the year then ended.

Jane Smith
Chief Financial Officer

28/9/18

SECTION 3: REMUNERATION REPORT

INTRODUCTION

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

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

BOARD MEMBERS

At 31 March 2018, Perth and Kinross IJB had 8 voting members and 12 non-voting members as follows:

Voting Members:

Linda Dunion (Chair)	Councillor Xander McDade
Councillor Crawford Reid (Vice Chair)	Judith Golden (NHS Employee Director)
Councillor Chris Ahern	Sheila Tunstall-James (Non Executive Member)
Councillor Eric Drysdale	Stephen Hay (Non Executive Member)

Non-voting Members:

Robert Packham (Chief Officer)	Dr Drew Walker (Director of Public Health)
Jane Smith (Chief Financial Officer)	Allan Drummond (Staff Organisations Rep.)
Jacqueline Pepper (Chief Social Work Officer)	Fiona Fraser (Staff Organisations Rep.)
Dr Neil Prentice (Associate Medical Director)	Helen McKinnon (Third Sector Representative)
Jim Foulis (Associate Nurse Director)	Linda Lennie (Service User Representative)
Dr Alistair Noble (SACH and External Advisor)	Bernie Campbell (Carers Representative)

During 2017/18 the position of Chair was held by Councillor Dave Doogan until 3rd May 2017, then by Councillor Crawford Reid from 17th May until 30th September 2017, it was then held by Linda Dunion (NHS non-executive) from

1st October 2017 until 30th April 2018, and by Stephen Hay (NHS non-executive) from 1st May to 10th September 2018. The position is currently vacant.

The position of Vice-Chair was held by Linda Dunion (NHS non-executive) until 30th September 2017, then Councillor Crawford Reid until 30th April 2018. The position of Vice-Chair has been held by Councillor Colin Stewart since 1 May 2018.

IJB CHAIR AND VICE CHAIR

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

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB to either the Chair or the Vice Chair in 2017/18.

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

OFFICERS OF THE IJB

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

Chief Officers

The Integration Joint Board requires to appoint a proper officer who has responsibility for the administration of its financial affairs in terms of Section 95 of the 1973 Local Government (Scotland) Act. The employing contract for the Chief Financial Officer will adhere to the legislative and regulatory governance of the employing partner organisation. The remuneration terms of the Chief Financial Officer as approved by the IJB.

Other Officers

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

Total 2016/17 £	Senior Employees	Salary, Fees & Allowances £	Total 2017/18 £
83,965	Rob Packham Chief Officer	86,112	86,112
69,933	Jane Smith Chief Financial Officer	70,539	70,539
153,898	Total	156,651	156,651

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 31/03/17 £	For Year to 31/03/18 £		Difference from 31/03/17	As at 31/03/18
Rob Packham Chief Officer	12,703	13,168	Pension	1,947	24,945
			Lump sum	5,840	74,834
Jane Smith Chief Financial Officer	10,409	10,513	Pension	1,749	20,914
			Lump sum	492	49,679
Total	23,112	23,681	Pension	3,696	45,859
			Lump Sum	6,332	124,513

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 2016/17	Remuneration Band	Number of Employees in Band 2017/18
1	£65,000 - £69,999	0
0	£70,000 - £74,999	1
1	£85,000 - £89,999	1

Councillor Colin Stewart
IJB Vice-Chair

28/9/18

Rob Packham
Chief Officer

28/9/18

SECTION 4: ANNUAL GOVERNANCE STATEMENT

INTRODUCTION

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

SCOPE OF RESPONSIBILITY

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

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

PURPOSE OF THE GOVERNANCE FRAMEWORK

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

GOVERNANCE FRAMEWORK

The Board of the IJB comprises voting members, nominated by either NHS Tayside or Perth & Kinross Council, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework that was in place during 2017/18 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision making body. The Audit and Performance Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance;

- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations;
- The IJB's purpose and vision are outlined in the IJB Strategic Plan. Regular progress reports on the delivery of Strategic Plan priorities were provided to the IJB.
- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place;
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers;
- The IJB has in place a development programme for all Board Members;
- The IJB has established 3 locality planning forums, reflecting the previously agreed local planning areas;
- Financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'. Arrangements include a robust financial planning framework.

The 2017/18 Transforming Governance Action Plan contained a number of areas for improvement and progress has been made in key areas. The IJB's Audit & Performance Committee has provided a scrutiny role over progress which can be summarized as follows:-

- To strengthen our governance framework, the Audit & Performance Committee have overseen the development of a clearer articulation of the IJB's governance and assurance arrangements.
- Increased Clinical Leadership capacity has been established.
- Significant progress has been made to increase significantly strategic planning capacity and leadership capacity for hosted services;
- To support delivery of strategic aims and ambitions, the IJB has agreed refreshed arrangements for strategic planning and the role of the Strategic Planning Group has been strengthened. At Partnership level EMT have implemented a Strategic Care Program Framework to provide the vehicle for development Strategic Delivery Plans across the 4 Care Groups with associated Financial Plans and performance frameworks.
- To support more effective management of ongoing operational and strategic business, the role of the Executive Management Team has been strengthened.
- For Large Hospital Set Aside, an effective joint planning forum has been established with NHS Tayside Acute Medicine Colleagues to develop clinical strategy.
- For hosted services, major transformation plans for Inpatient Mental Health have been approved in year and has supported significant development of clear and appropriate governance and assurance routes.

- To support future financial sustainability, a robust approach to medium term financial planning has been fully implemented across all services supported by a Budget Review Process involving IJB members. The development of the Programmes of Care Strategic Planning Framework will ensure financial planning and strategic planning are integrated.
- For Clinical Care Governance, the Clinical Director has completed an initial review and an annual reporting process for each service agreed.
- For Risk Management, a full refresh of the strategic risk profile of the IJB has been initiated and a robust mechanism for risk escalation.

Those areas identified which still require further development have been captured in the 2018/19 Transforming Governance Action Plan.

SYSTEM OF INTERNAL CONTROL

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

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

- Comprehensive budgeting systems;
- Setting of targets to measure financial performance;
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts;

The wider internal control framework includes:-

- Complaints handling
- Clinical Care Governance monitoring arrangements
- Whistle blowing
- Data Sharing
- Procedural frameworks including Scheme of Delegation; Standing Financial instructions, standing orders, scheme of administration
- Internal Audit Function
- Reliance on procedures, processes and systems of partner organisations

Due to ongoing concerns during 2017, NHS Tayside has been subject to a number of internal (e.g. Internal Audit) and external (e.g. Scottish Government) reviews. A series of actions have resulted to address identified weaknesses, with further review work ongoing. Agreed actions will be monitored locally by NHS Tayside's new leadership team and nationally. A number of the weaknesses identified may have an impact on the IJB and its ability to deliver on its Strategic Objectives. In particular the IJB is reliant on strong strategic planning capacity and financial management support. As part of its own review of governance, weaknesses in both strategic leadership capacity and financial management support have been identified.

REVIEW OF ADEQUACY AND EFFECTIVENESS

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

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

- the work of the Executive Management Team who have responsibility for development and maintenance of the governance environment.
- the Annual Report by the Chief Internal Auditor.
- Reports from Audit Scotland and other review agencies.
- Self assessment against the Delivering Good Governance in Local Government Framework 2016 Edition (CIPFA).
- Draft Annual Governance Statements for Perth & Kinross Council and NHS Tayside.

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

In addition to regular reports to the IJB's Audit & Performance Committee during 2017/18, the Chief Internal Auditor prepares an annual report to the Audit & 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 2016/17, received by the Audit & Performance Committee on 16 June 2017, highlights findings which indicate some weaknesses in the internal control environment. None of these are considered material enough to have a significant impact on the overall control environment and it is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

ACTION PLAN FOR 2018/19

Significant progress has been made against the 'Transforming Governance' Action Plan agreed for 2017/18. However following a full self assessment process, refreshed actions have now been set out to further strengthen the governance arrangements and these will include:-

- Development of a statement of our vision and values to be developed to become front and centre of all IJB activities moving forward.
- A refreshed annual programme of training and development for IJB Board Members to be agreed.
- An effective strategy for engaging with Perth & Kinross Council Elected members around IJB aims and objectives and the financial outlook to be developed.
- Establishment a collaborative approach to budget negotiation for 2019/20 onwards with NHS Tayside and Perth & Kinross Council.
- Further development of Strategic Delivery Plans for each Care Group including leadership arrangements, performance framework, strategy for engagement with users and carers, agreed programme budget with accountability for

delivery of financially sustainable services. Role of Strategic Planning Group to be reaffirmed.

- Finalise the review of risk management and development clear escalation and reporting mechanisms.
- Review of the use of Directions.
- Development of Large Hospitals Set Aside arrangements in conjunction with NHS Tayside.
- Strengthen leadership and corporate support capacity through key appointments including Head of Business Planning and Performance.
- Agree appointment of Data Protection Officer for Perth & Kinross IJB and ensure compliance with General Data Protection Regulations.
- Work with the Director of Finance of NHS Tayside to develop an appropriate and effective level of finance support to budget holders tasked with taking forward significant redesign of services.

Progress in implementing the agreed priority improvements will be the responsibility of the Corporate Programme Board with updates provided to each meeting of the IJB's Audit & Performance Committee.

CONCLUSION AND OPINION ON ASSURANCE

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

We consider that internal control environment operating during 2017/18 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to continually review and improve the governance and internal control environment.

Councillor Colin Stewart
IJB Vice-Chair

28/9/18

Rob Packham
Chief Officer

28/9/18

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.

RESTATED 2016/17		2017/18			
Gross Income	Net Expenditure		Gross Expenditure	Gross Income	Net Expenditure
£000	£000		£000	£000	£000
-	28,262	Community and Hospital Health Services	28,317	-	28,317
-	20,751	Hosted Health Services	20,970	-	20,970
-	28,190	GP Prescribing	28,467	-	28,467
-	35,448	General Medical/Family Health Services	39,678	-	39,678
-	17,672	Large Hospital Set aside	11,793	-	11,793
-	226	IJB Operating Costs	236	-	236
-	61,992	Community Care	65,993	-	65,993
-	192,541	Cost of Services	195,454	-	195,454
(193,927)	(193,927)	Taxation and Non-Specific Grant Income (Note 4)	-	(194,068)	(194,068)
(193,927)	(1,386)	(Surplus) or Deficit on Provision of Services	195,454	(194,068)	1,386
	(1,386)	Total Comprehensive (Income) and Expenditure (Note 3)			1,386

Whilst this statement shows a deficit of £1.386m, this is offset by a planned utilisation of reserves in year to meet planned expenditure. (As per Movement in Reserves Statement below).

GP Prescribing costs are now separately presented in the Comprehensive Income and Expenditure Statement and 2016/17 figures have been amended to reflect this change.

The 2016/17 expenditure within Community and Hospital Health Services and Community Care have been restated to reflect the resource transfer arrangements.

Large Hospital expenditure has moved significantly from prior year. This is due to a change in methodology used to establish the amount set aside. For the 2016/17

accounts, the amount of set aside was calculated at £17.672m. This was based on the net cost attributed to occupied bed days. The net cost includes both direct and overhead costs. The changed in methodology has moved to a direct cost only and therefore reduced the set aside amount to £11.793m.

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

MOVEMENT IN RESERVES STATEMENT

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

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

Movements in Reserves During 2016/17	General Fund Balance
	£000
Opening Balance at 31 March 2016	-
Total Comprehensive Income and Expenditure	(1,386)
(Increase) or Decrease in 2016/17	(1,386)
Closing Balance at 31 March 2017	(1,386)

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 2017		Notes	31 March 2018
£000			£000
1,386	Short term Debtors	5	-
1,386	Current Assets		-
-	Short-term Creditors		-
-	Current Liabilities		-
-	Provisions		-
-	Long-term Liabilities		-
1,386	Net Assets		-
(1,386)	Usable Reserve: General Fund	6	-
-	Unusable Reserve: Employee Statutory Adjustment Account		-
(1,386)	Total Reserves		-

The unaudited annual accounts were issued on 22 June 2018, and the audited annual accounts were authorised for issue on 28 September 2018.

Jane Smith
Chief Financial Officer

28/9/18

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 2017/18 financial year and its position at the year-end of 31 March 2018.

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 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

B. ACCRUALS OF INCOME AND EXPENDITURE

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

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

C. FUNDING

The IJB is funded through funding contributions from the statutory funding partners, Perth and 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 Financial Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

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

F. PROVISIONS, CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

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

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

A review for contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2018.

G. RESERVES

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

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

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

H. INDEMNITY INSURANCE

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Perth and 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. 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 and 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.

J. SUPPORT SERVICES

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

NOTE 2: EVENTS AFTER THE REPORTING PERIOD

The Annual Accounts were authorised for issue by the Chief Financial Officer on 28 September 2018. 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 2018, 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

RESTATE 2016/17		2017/18
£000		£000
61,992	Services commissioned from Perth and Kinross Council	65,993
130,323	Services commissioned from NHS Tayside	129,225
199	Other IJB Operating Expenditure	205
3	Insurance and Related Expenditure	3
24	External Audit Fee	28
(193,927)	Partner Funding Contributions and Non-Specific Grant Income	(194,068)
(1,386)	(Surplus) or Deficit on the Provision of Services	1,386

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

NOTE 4: TAXATION AND NON-SPECIFIC GRANT INCOME

2016/17		2017/18
£000		£000
(48,229)	Funding Contribution from Perth and Kinross Council	(46,924)
(145,698)	Funding Contribution from NHS Tayside	(147,144)
(193,927)	Taxation and Non-specific Grant Income	(194,068)

The funding contribution from NHS Tayside shown above includes £11.793m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the

costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

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

NOTE 5: DEBTORS

2016/17		2017/18
£000		£000
1,386	Perth and Kinross Council	-
1,386	Debtors	-

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.

NOTE 7: AGENCY INCOME AND EXPENDITURE

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

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

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

2016/17		2017/18
£000		£000
21,228	Expenditure on Agency Services	21,348
(21,228)	Reimbursement for Agency Services	(21,348)
-	Net Agency Expenditure excluded from the CIES	-

NOTE 8: RELATED PARTY TRANSACTIONS

The IJB has related party relationships with the NHS Tayside and the Perth and 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

2016/17		2017/18
£000		£000
48,229	Perth and Kinross Council	46,924
145,698	NHS Tayside	147,144
193,927	Total	194,068

Expenditure – payments for delivery of integrated functions

2016/17		2017/18
£000		£000
62,005	Perth and Kinross Council	66,010
130,337	NHS Tayside	129,239
199	NHS Tayside: Key Management Personnel Non-Voting Board	205
192,541	Total	195,454

This table shows that expenditure within Perth and Kinross Council is £19.086m greater than Perth and Kinross Council funding contributions. Of this £1.386m has been funded through IJB reserves with £17.7m representing IJB funding received from NHS Tayside being directed into Perth and Kinross Council. The difference compared to 2016/17 relates to new 2017/18 Scottish Government funding to support Social care being allocated to IJB's via Health Boards.

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

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

Balances with Perth and Kinross Council

2016/17		2017/18
£000		£000
1,386	Debtor balances: Amounts due from Perth and Kinross Council	-
-	Creditor balances: Amounts due to Perth and Kinross Council	-
1,386	Total	-

Balances with NHS Tayside

2016/17		2017/18
£000		£000
-	Debtor balances: Amounts due from NHS Tayside	-
-	Creditor balances: Amounts due to NHS Tayside	-
-	Total	-

NOTE 9: VAT

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

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

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

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

SECTION 7: INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of Perth and Kinross Integration Joint Board and the Accounts Commission

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Perth and Kinross Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017-18 (the 2017-18 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2017-18 Code of the state of affairs of the body as at 31 March 2018 and its income and expenditure the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017-18 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

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the body in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

Independent auditor's report to the members of Perth and Kinross Integration Joint Board and the Accounts Commission (continued)

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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

As explained more fully in the Statement of Responsibilities, the Chief Financial 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 Chief Financial 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 Chief Financial 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 deemed inappropriate.

The Audit and Performance Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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 our auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

Independent auditor's report to the members of Perth and Kinross Integration Joint Board and the Accounts Commission (continued)

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

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

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

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

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

Matters on which we are required to report by exception

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

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit; or
- there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Andrew Shaw, for and on behalf of KPMG LLP

Saltire Court,
20 Castle Terrace,
Edinburgh,
EH2 1EG

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.

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 e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provisions

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

PSIAS

Public Sector Internal Audit Standards.

Related Parties

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

Remuneration

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

Reserves

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

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

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

SOLACE

Society of Local Authority Chief Executives.

The Code

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



PERTH & KINROSS INTEGRATION JOINT BOARD

28 September 2018

2018/19 FINANCIAL POSITION

Report by Chief Financial Officer (Report No. G/18/136)

PURPOSE OF THE REPORT

The purpose of this report is to provide a summary of the issues impacting on the financial position of Perth & Kinross IJB in 2018/19, based on the 4 months to 31 July 2018.

1. BACKGROUND

In the Finance Update to the IJB in June 2018, a summary was provided of the high level financial risks likely to impact on the 2018/19 financial position. These were quantified broadly at £4.1m and were predominantly driven by an emerging pressure on complex care, anticipated shortfall in savings delivery within Social Care and unresolved gaps in the financial plan for GP Prescribing and Inpatient Mental Health.

2. 2018/19 FINANCIAL POSITION

Based on the four months to 31 July 2018, the IJB is forecasting an overspend of £3.2m. This is lower than our forward look and key areas of overspend are as follows:

- A £1.4m overspend is forecast within Social Care driven predominantly by Complex Care Pressures (£1.1m) and an unanticipated increase in demand for Older Peoples Services including Care at Home and Interim Placements (£750k). Against a target of £4.6m, savings of £4.2m are anticipated to be delivered, a shortfall of £462k. These overspends are being partially offset by largely non-recurring income benefits and slippage.
- Within Family Health Services, GP Prescribing is forecasting an overspend of £830k. This is in line with plan as it does not yet reflect actual year to date expenditure,
- Hosted Services across Tayside are forecasting an overspend. The Perth and Kinross IJBs share of that overspend is £832k. This is most significantly driven by a £530k share of a £1.6m forecast overspend on Inpatient Mental health Services. Overspends are also being forecast in Out of Hours Services, Palliative

Care and Brain Injury Services which are hosted by Angus IJB and Dundee IJB respectively.

The detailed Financial Update for 2018/19 is provided at Appendix 1. Significant efforts continue to be made across all areas to improve the financial forecast.

The risk sharing arrangement within the Integration Scheme, agreed with Perth & Kinross Council and NHS Tayside, states that partners may increase payment in-year to the IJB, for supplementary allocations in relation to Integrated Functions that could not have reasonably been foreseen at the time that the IJB budget for that year was agreed. The Chief Officer is taking this forward as part of wider recovery plan discussions.

2018/19 is the third year of the IJB. The Integration Scheme sets out that for the third year and onwards the overspend may be allocated on a proportionate basis. Informal discussions have concluded that this option may not be taken for year 3 and that the overspend will be met by the partner with operational responsibility. Formal agreement of this is required.

3. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- Note the forecast financial position for 2018/19 and the potential implications for both NHS Tayside and Perth & Kinross Council.
- Note that the Audit & Performance Committee have asked the Chief Officer to seek formal agreement from Perth & Kinross Council and NHS Tayside on the risk sharing arrangements for 2018/19.

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

APPENDIX

1. Financial Update for 2018/19



Appendix 1

PERTH & KINROSS INTEGRATION JOINT BOARD**28 September 2018****2018/19 YEAR END FORECAST****Report by Chief Financial Officer****1. OVERALL SUMMARY**

The year end forecast based on the year to date position as at 31 July 2018 is set out in Table 1 below.

Table 1 Summary Year End Forecast as at 31st July 2018

	Budget 2018/19	Base	Savings	Total Partnership*	Total IJB**	2017/18 Year End Total IJB
	As at 31st July 2018	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend	Forecast Over/(under) spend
	£000	£000	£000	£000	£000	£000
Social Care Services	49,261	837	576	1,413	1,413	(2,637)
Hospital & Community Health Services	47,960	(144)	144	0	0	(533)
Family Health Services	66,161	943	0	943	943	1,509
Hosted Services	29,972	1,215	408	1,623	832	303
Sub-total Health Care				2,566	1,775	1,279
Total				3,979	3,188	(1,358)

*The Partnership forecast includes services hosted by Perth and Kinross on behalf of Tayside IJBs.

**The IJB forecast represents the position after a share of all Tayside hosted services are recharged to and from the other Tayside IJBs.

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

2. SOCIAL CARE SERVICES

The forecast year end overspend for Social Care is £1.413m.

The forecast overspend can be broken down as follows:

➤ Savings £576k

The IJB's Transformation and Efficiency Programme for 2018/19 included £4.62m of savings to be delivered from Social Care Services of which £4.24m is forecast to be delivered on a full year basis. This is a very challenging programme with a number of risks and this level of delivery would be a very significant achievement. There are however areas of shortfall as set out in the Table below:

	Shortfall 2018/19 £000	Shortfall Full Year £000
Procurement & IT Workforce/Plan	306	306
Review of Residential Care	196	0
Review of Complex Care Packages	74	74
Total	576	380

For Procurement and Workforce savings, at this stage despite close working with PKC Procurement and IT colleague's limited opportunity has been identified.

For the review of Residential Care, delay in approval by the IJB has resulted in a level of slippage in 2018/19 which will be resolved on a full year basis.

The savings identified for the review of Complex Care Packages are £74k below target.

The Shifting the Balance/Carer Support proposal, approved by the IJB in March 2018, set out our intention to reduce demand for Care Home Placements (84 placements) through investment in carers support. Investment of £704k was ring fenced for this purpose. Based on current levels of demand, it is anticipated that a reduction of 61 placements can be delivered, a shortfall of 23 placements.

In parallel to the investment in Carers Support of £704k, the 2018/19 IJB budget set aside £535k to meet the requirements of the Carers Act. Of the combined investment pot of £1.239m, £818k is forecast as required on a recurring basis to deliver anticipated services for both the Carers Support Project and implementation of the Carers Act. The Executive Management Team has agreed that the uncommitted budget of £421k, arising from economies of scale in the joined up investment strategy, can be reinstated to the placements budget. This will offset the shortfall in 23 beds required to meet the revised target of 61 placements.

The 2018/19 Transformation and Efficiency Programme assumed increased recurring income (£400k) from PKC's decision to the review of COSLA thresholds. PKC have decided to defer this implementation. It has been agreed that PKC will cover the £400k shortfall in anticipated income in 2018/19 from PKC reserves. The

Draft Financial Plan for 2019/20 assumed a further increase in income of £400k and therefore on a full year basis, a gap of £800k will require to be considered as part of the 2019/20 Financial Planning Process.

➤ **Overspend on Base Budget £837k**

Key drivers of the overspend are as follows:

- £1.165m forecast overspend across Learning Disabilities and Mental Health Residential Placements and Community Packages. The service is experiencing an increase in both the number of clients and care needs.
- Within Older People and Physical Disability services a £325k overspend in Care at Home and a £260k overspend in Direct Payments are being forecast due to higher demand than anticipated.
- A £425k forecast spend on Interim Placements. These short term placements in Care Homes are used for clients that are awaiting care at home packages, step up or step down care or for clients ready for discharge from hospital but awaiting a care home of their choice. No recurring budget exists for this service provision.
- An overspend is being forecast against Occupational Therapy and the Joint Equipment Loan Store. This is due to an increased demand for adaptations (£161k) and unmet slippage targets within staff costs (£63k). Within Physical Disability residential and nursing placements a £103k overspend is being forecast based on increasing client numbers and increasing needs.

These are being partially offset by underspends as follows:

- A review of prior year surplus from a provider has driven a forecast one off underspend of £268k. A review of current year payments to reflect occupancy levels is also forecasting an underspend at £178k.
- A £244k underspend within Supported Living funding for three high cost complex care packages. This is due to a delay in implementation of the project.
- The Care at Home overspend as set out above is being offset through non-recurring underspends driven by vacancies within the internal HART teams (£378k).
- Local Authority Care Homes are forecasting an underspend of £182k. This is due to actual income being higher than forecast.
- A number of underspends (£416k) across services resulting from staff vacancies, uncommitted budgets and additional non-recurring income.

3. HOSPITAL & COMMUNITY HEALTH SERVICES

Overall Hospital and Community Health Services are forecasting to breakeven in 2018/19. Within this position there are a number of over and underspends. The key areas of overspends are:

- £183k forecast overspend for Community Hospitals in the South Locality. They continue to experience high levels of sickness absence and incremental drift pressures.

- £75k within Occupational Therapy services due to delay in implementation of savings plan.
- £43k forecast overspend on supplies within the Joint Equipment Loan Store due to increasing demand.
- £144k of savings yet to be delivered, work is ongoing with managers to realise these savings for the month 5 position.

The overspend is forecast to be offset by underspends in the following key areas:

- £170k underspend within Community Mental Health Services and Adults Mental Health and Wellbeing, mainly driven from vacancies within teams.
- £163k forecast for Community Hospitals in the North Locality due to the non-recurring benefit from the non-operational status of Aberfeldy Community Hospital.
- £94k underspend in Management and Administration/Clerical budgets is being forecast, mainly due to vacancies.
- The current forecast includes a benefit of £65k due to Medical trainee vacancies, however this position may change significantly once the new Doctor rotations are known and budget is transferred to the required area.

4. FAMILY HEALTH SERVICES INC GENERAL MEDICAL SERVICES (GMS) AND PRESCRIBING

The year-end forecast for Family Health Services (FHS) can be broken down as follows:

Service	Forecast Overspend
	£000
Prescribing	826
GMS/FHS	117
Total	943

The year-end forecast overspend for GP Prescribing provided by NHST Finance is based on adjusted plan rather than actual expenditure. It is hoped that the month 5 forecast will reflect actual expenditure to 30 June 2018 and will take account of progress to date in implementing savings plans and other known risk factors including a significant anticipated detrimental impact of a national agreement on the price of Pregabalin.

The year-end forecast overspend for GMS/FHS relates to the sharing of the cost of 2C GP Practices in Angus IJB and Dundee IJB for which there is no budget and for which the costs are currently apportioned across all 3 Tayside IJB's. The fairness and equity of this treatment is under discussion with the NHS Tayside Strategic Director of Finance.

5. HOSTED SERVICES

Overall across all NHS Tayside hosted services an overspend of £832k is forecast for the year end. The key drivers of this are as follows:

- An overspend of £1.587m is forecast on Inpatient Mental Health Services (hosted by Perth and Kinross Health and Social Care Partnership), of which Perth and Kinross IJB's share is £532k. This is driven by undelivered savings carried forward from previous years, medical locum costs and nursing costs in General Adult Psychiatry. Plans to reduce and offset costs are not yet impacting. This includes savings anticipated from Mental Health Learning Difficulties Inpatient Transformation Programme against which slippage is now anticipated
- An overspend of £475k is anticipated on Out of Hours Services (hosted by Angus Health and Social Care Partnership) of which Perth and Kinross IJB share is £177k. This is driven by retrospective funding issues from 2017/18, the 2018/19 effect of those issues, lack of clarity regarding Scottish Government funding and to date only partial implementation of recovery actions.
- An overspend of £331k is anticipated within Palliative Care and Brain Injury Services (hosted by Dundee Health and Social Care Partnership) of which Perth and Kinross IJB's share is £111k This is driven by higher than budgeted drugs spend and the impact of the decision to increase nursing staff levels.

6. PARTNERSHIP FUNDING

During 2018/19, in addition to budgets from Parent bodies, the Perth and Kinross IJB will receive additional recurring funds directly from Scottish Government. These funds are passed through NHS Tayside to the Health and Social Care Partnership.

The Recurring Funding for 2018/19 is as follows:

	2018/19 Budget £000	Update/Action
Primary Care Improvement Funding	1,249	A separate paper to the IJB sets out proposed spending plans. (Lead Hamish Dougall, Clinical Director)
Alcohol and Drug Partnerships Funding	464	This funding was confirmed at the end of August and work is now underway through the Perth & Kinross Alcohol and Drugs Partnership to agree priorities for spend. (Lead Evelyn Devine Head of Health/Clare Mailer Chair of PKADP)
Mental Health Strategy (Action 15) Funding	300	An initial submission has been made to the Scottish Government and detailed work is now underway to determine priorities. (Lead Kenny Ogilvy Strategic Lead Mental Health & Wellbeing)
Out of Hours Funding	137	The Perth and Kinross Health and Social Care Partnership Primary Care Board will agree in draft the plans at its meeting on 31 August 2018 (Lead Hamish Dougall Clinical Director)
Total	2,150	

Updates on all funding above will be provided at future meetings. These budgets are not yet included in the IJB Budget and as such are not reflected in the Year End Forecast.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held in the Council Chamber, Ground Floor, Council Building, 2 High Street, Perth on Friday 22 June 2018 at 9.30am.

Present:

Voting Members

Councillor C Stewart, Perth and Kinross Council (Vice-Chair)
Councillor C Ahern, Perth and Kinross Council
Councillor E Drysdale, Perth and Kinross Council
Councillor A Jarvis, Perth and Kinross Council
S Hay, Tayside NHS Board (Chair)
L Birse-Stewart, Tayside NHS Board

Non-Voting Members

J Pepper, Chief Social Work Officer, Perth and Kinross Council
R Packham, Chief Officer
J Smith, Chief Finance Officer
J Foulis, NHS Tayside (up to and including Item 10.3)
Dr C Rodriguez

Additional Members

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

Stakeholder Members

A Drummond, Staff Representative, NHS Tayside
H MacKinnon, Third Sector Interface
M Summers, Carer Public Partner (substituting for B Campbell)
S Auld, Service User Public Partner (substituting for L Lennie)

In Attendance:

G Taylor, Clerk; S Hendry, C Mailer, and S Richards (all Perth and Kinross Council); H Dougall, V Aitken, C Jolly, D Mitchell, K Ogilvy and S Gourlay (all Perth and Kinross Health and Social Care Partnership); and D Huband, NHS Tayside.

Apologies:

Dr R Peat, Tayside NHS Board
Dr D Carey, Independent Contractor
Dr A Noble, External Advisor to Board
Dr D Walker, NHS Tayside
F Fraser, Staff Representative, Perth and Kinross Council
B Campbell, Carer Public Partner
L Lennie, Service User Public Partner
D Fraser and E Devine (both Perth and Kinross Health and Social Care Partnership)

1. WELCOME AND APOLOGIES

S Hay welcomed all those present to the meeting and apologies were noted as above.

2. DECLARATIONS OF INTEREST

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

3. MINUTE OF PREVIOUS MEETING

The minute of meeting of the Perth and Kinross Integration Joint Board of 23 March 2018 was submitted and approved as a correct record.

4. ACTION POINT UPDATE

There was submitted and noted the action point update for the Perth and Kinross Integration Joint Board as at 22 June 2018 (G/18/90).

5. MATTERS ARISING

(i) Correspondence (Item 9.1 refers)

S Hay referred to discussions that had taken place at the meeting of Perth and Kinross Council on 25 April 2018 regarding the decision at the previous meeting of the Board on the closure of Beechgrove Care Home.

It was confirmed that S Hay had subsequently held discussions with the Leader of Perth and Kinross Council, and that further meetings would be taking place between the Chief Officer, Chairman and Chief Executive of NHS Tayside and other Council Leaders within Tayside regarding communications between the relevant organisations.

6. BOARD MEMBERSHIP UPDATE

There was submitted a report by the Clerk to the Board (G/18/91) updating the Board on a number of recent appointments to the voting members of the Board. The report also made proposals in terms of the appointment of non-voting members to the Board, as well as further appointments to the Audit and Performance Committee.

Resolved:

- (i) The updated membership of the Board, set out in Appendix 1 of Report G/18/91, be noted;
- (ii) It be further noted that as of 21 July 2018, the voting members from Perth and Kinross Council would be Councillors C Stewart, C Purves, E Drysdale and X McDade, with Councillors C Ahern, A Jarvis, T McEwan and A Bailey as Proxy members;
- (ii) Dr Douglas Lowden / Dr Cesar Rodriguez be appointed as non-voting / co-members of the Board.
- (iii) The terms of office for both Bernie Campbell and Maureen Summers in their respective roles as public partners be extended until 31 May 2019.
- (iv) Dr R Peat be appointed to the Audit and Performance Committee;

- (v) Councillor C Purves be appointed a member and Chair of the Audit and Performance Committee from 21 July 2018.

7. POSITION OF CLERK TO THE BOARD AND STANDARDS OFFICER

The Board noted that the current Clerk to the Board, G Taylor, Head of Democratic Services, Perth and Kinross Council was retiring from her post on 30 November and would be resigning as Clerk with effect from 30 September 2018.

It was agreed that S Hendry, Team Leader (Committee Services), Perth and Kinross Council be appointed as Clerk and Standards Officer with effect from 1 October 2018.

8. REDESIGN OF SUBSTANCE USE SERVICES IN PERTH AND KINROSS

There was submitted a report (G/18/92) by C Mailer, Chair of the Perth and Kinross Alcohol and Drug Partnership, providing an update on the redesign of substance use services and the implementation of a Recovery Oriented System Of Care in Perth and Kinross.

C Mailer and K Ogilvy provided the Board with a slide based presentation on the redesign of substance use services in Perth and Kinross.

Resolved:

- (i) The progress to date, as set out in Report G/18/92, be noted;
- (ii) The proposed redesign in patient detox beds at Kinclaven, as set out in Report G/18/92, be noted;
- (iii) The redesign of community based substance use services, as set out in Report G/18/92, be approved;
- (iv) The Chair of the Alcohol and Drug Partnership be instructed to provide a further report on both reviews to the Board in June 2019.

9. FINANCE AND GOVERNANCE

9.1 REVISION TO INTEGRATION SCHEME

The Carers (Scotland) Act 2016 came into force on 1 April 2018. As part of the requirements of the legislation, provisions from the Act required to be incorporated into those regulations that support the Public Bodies (Joint Working) (Scotland) Act 2014. Local Authorities and Health Boards were required to revise Integration Schemes for Joint Boards to include the new list of functions and duties for delegation to the Boards. As this was a technical amendment to the Integration Scheme, Scottish Ministers have approved these revisions made under delegated powers.

The Board noted the position and the updated Integration Scheme available at www.pkc.gov.uk/ijb.

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AT THIS POINT

9.3 2017/18 FINANCIAL POSITION

There was submitted a report by the Chief Finance Officer (G/18/94) providing a summary of the issues impacting on the Board's financial position of Perth and Kinross IJB in 2017/18, for the year ended 31 March 2018.

Resolved:

The year end out-turn for 2017/18, as detailed in Appendix 1 to Report G/18/94, be noted.

9.5 AUDIT AND PERFORMANCE COMMITTEE - UPDATE

Councillor C Ahern, Chair of the Audit and Performance Committee, provided the Board with a verbal update from the last [meeting of the Committee on 19 June 2018.](#)

It was noted that in relation to governance and accountability arrangements, that the Chief Officer was continuing to have meetings with senior officers from both Perth and Kinross Council and NHS Tayside with work in progress.

It was noted that in relation to Clinical and Care Governance, it was agreed that a sub-committee of the Audit and Performance Committee be established to replace the current remit of the Clinical and Care Governance Forum.

It was noted that further discussions had taken place in relation to complaints for 2017/18, the Annual Performance Report for 2017/18, Annual Governance Statement and the Chief Internal Auditor's Annual Report and Assurance Statement 2017/18 for the IJB. The Unaudited Annual Accounts for 2017/18 had been approved by the Committee for consideration by the Board and T Gaskin and Fife, Tayside and Forth Valley (FTF) Internal Audit Services had been approved as the IJB's Chief Internal Auditor and Internal Auditors for 2018/19.

The Board noted the update.

9.2 UNAUDITED ANNUAL ACCOUNTS 2017/18

There was submitted a report by the Chief Finance Officer (G/18/93) presenting the Board's Unaudited Annual Accounts for the financial year 2017/18 in accordance with the Local Authority Accounts (Scotland) Regulations 2014.

It was noted that in relation to section 3.2 of the report, 2016/17 should be replaced by 2017/18. It was further noted that in relation to page 23 of the Accounts, the word reinstated should be added under the income and expenditure section.

Resolved:

The Chief Officer be authorised to sign the Unaudited Annual Accounts, as appended to Report G/18/93, prior to submission of the Accounts to the Controller of Audit by 30 June 2018.

9.4 2018/19 FINANCE UPDATE

There was submitted a report by the Chief Finance Officer (G/18/95) setting out an update on the development of the Board's 2018/19 Financial Plan and setting out the key financial risks to delivery of financial balance for the year ahead.

Resolved:

- (i) It be noted that a gap of £920k remains in the 2018/19 Financial Plan driven by Inpatient Mental Health and GP Prescribing, as set out in Report G/18/95.
- (ii) The key financial risks that may further impact on the ability of the Board to deliver financial balance, as set out in Report G/18/95, be noted;
- (iii) The non-recurring budget to be allocated by NHS Tayside in 2018/19 to meet specific Board funding commitments which have slipped from 2017/18, as set out in Report G/18/95, be noted;
- (iv) The confirmation of the £1.685M Scottish Government earmarked recurring funding to meet Primary Care and Mental Health priorities in Perth and Kinross be noted.

THERE FOLLOWED A RECESS AND THE MEETING RECONVENED AT 11.22AM

10. DEVELOPING STRATEGIC OBJECTIVES

10.1 CHIEF OFFICER STRATEGIC UPDATE

There was submitted a report by the Chief Officer (G/18/96) providing an update on progress against tasks outlined in the rolling actions list for the Board.

Resolved:

- (i) The updates within Report G/18/96 on the following areas be noted:
 - Integrated Workforce Plan
 - Development of a Healthy Organisational Culture
 - Mental Health Transformation Programme
 - Working with Public Partners
 - Strategic Planning.
- (ii) The Chief Officer to submit a forward planner for 2019 Board meetings to the next meeting of the Board.

10.2 GP ENGAGEMENT FUNDING

There was submitted a report by the Clinical Director (G/18/97) seeking approval for 2018/19 GP Engagement Funds to support effective GP Prescribing.

Resolved:

The investment of £211k in 2018/19 for the GP Engagement Programme, as detailed in Report G/18/97, be approved.

10.3 TAYSIDE PRIMARY CARE IMPROVEMENT PLAN 2018 TO 2021

There was submitted a report by the Clinical Director (G/18/98) seeking approval from the Integration Joint Board for the NHS Tayside Primary Care Improvement Plan.

Dr H Dougall and C Jolly provided the Board with a slide based presentation on the contents and proposals within the Improvement Plan.

Resolved:

- (i) The content of the Tayside Primary Care Improvement Plan, in so far as it pertains to Perth and Kinross, and attached as Appendix 1 of Report G/18/98, be approved;
- (ii) The programme management approach being taken in Perth and Kinross in respect to the ongoing delivery of changes to General Medical Services, as detailed in Report G/18/98, be endorsed;
- (iii) In terms of the timescales, the Executive Management Team of the Perth and Kinross Health and Social Care Partnership be given authority to begin the necessary recruitment processes in line with the purpose of the Improvement Plan;
- (iv) The Chief Officer to meet with A Drummond regarding the concerns raised on the job evaluation process and report back to the next meeting of the Board;
- (v) The Clinical Director be instructed to submit updates on business cases to future meetings of the Board for information.

J FOULIS LEFT THE MEETING AT THIS POINT

10.4 ANNUAL PERFORMANCE REPORT 2017/18

Due to the timescales involved in the publication of the Annual Performance Report 2017/18 by 31 July 2018, the Chief Officer be instructed to circulate the draft report to Board members for comment and a special meeting of the Audit and Performance Committee to be called to approve the report prior to 31 July 2018.

11. UPDATE REPORTS FOR INFORMATION

There were submitted and noted the following reports for information:

- 11.1 **2017/18 WINTER PLAN REVIEW** – Report by Chief Officer (G/18/99)
- 11.2 **UPDATE ON THE IMPLEMENTATION OF THE SOCIAL CARE (SELF DIRECTED SUPPORT) (SCOTLAND) ACT 2013 IN PERTH AND KINROSS** – Report by Chief Officer (G/18/101)

Note – a further update on the above report to be provided to the Board in 12 months time.

- 11.3 **EQUALITY OUTCOMES PROGRESS REPORT** – Report by Chief Officer (G/18/101)

- 11.4 **TECHNOLOGY AND INNOVATION IN HEALTH AND SOCIAL CARE –**
Report by Scottish Parliament Health and Sport Committee (G/18/102)
- 11.5 **ANNUAL REPORT FOR VOLUNTEERING IN NHS TAYSIDE 2017 –** Report
by NHS Tayside (G/18/103)

12. FUTURE MEETING DATES 2018

Friday 24 August 2018 at 9.30am – Briefing Session

Monday 24 September 2018 – Training Workshop – Standards Commission
for Scotland

Friday 28 September 2018 at 9.30am – Board Meeting

Friday 26 October 2018 at 9.30am – Briefing Session

Friday 30 November 2018 at 9.30am – Board Meeting

13. VALEDICTORY

The Chair referred to this being the last meeting of the Board for Helen MacKinnon from PKAVS who represented the Third Sector Interface. The Chair thanked Helen for her contribution to the work of the Board and wished her well in her new role.



ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
28 September 2018

Report No. G/18/137

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
59	04 Nov 2016	Item 14	Adult Support & Protection	Development Session to be arranged in 2017 for members on the work of the Adult Protection Committee, Child Protection Committee and Public Protection Work	Chief Officer	Dec 2017 Jan 2018 October 2018	Jan 18 - reschedule to June 2018-October 2018

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

28 September 2018

Report No. G/18/137

71	24 Mar 2017	Item 10 – 7.5	Chief Officer Update – Governance & Assurance	Report to be submitted to IJB June 2017 re commissioning Governance and Assurance support.	Chief Officer	June 2017 October 2017 Nov 2017 Jan 2018 March 2018 Sept 2018	<p>30/06/17 In progress final report to be submitted in October 2017 - October Meeting cancelled</p> <p>23/03/18 Agenda Deferred to June Sept 2018</p> <p>At Forward Planning meeting on 5/9/18 with IJB Chair, Chief Officer, IJB Vice Chair and Audit & Performance Chair it was agreed that an IJB workshop would take place in November which will cover Risk Management and Governance and Assurance. Progress against Governance and Assurance action point to be reported following workshop.</p>
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ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

28 September 2018

Report No. G/18/137

77	18 Aug 2017	7.1	Annual Performance Report	Requests submitted at IJB August 2017 for the 2018 Report to be more balanced, with more data included. Member from Public Health Team to be involved and along with representation from the wider group.	ED/DF	September 2018	28.09.18 Agenda
80	26 Sept 2017	4.1	Review of Day Services	Progress report to be submitted to IJB in one year.	Diane Fraser	September 2018	28.09.18 Agenda
85	26 January 2018	7.1	Redesigning Care - Perth & Kinross Mental Health & Wellbeing Strategy Progress Report	Draft plan with commissioning priorities for community based services	Rob Packham	September 2018 November 2018	Deferred to November 2018. This action point will be covered within a broader report on progress of the implementation of the four Strategic Care Programmes: Mental Health & Wellbeing Older People and Unscheduled Care Primary Care Carers Services This progress report will include the alignment with financial plans.
86	26 January 2018	7.2	Redesigning Care - Perth & Kinross Strategic Commissioning Plan Progress Report	Chief Officer to provide update on progress in the implementation of the strategic commissioning plan	Rob Packham	January 2019	28.09.18 Agenda – included within CO Update

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

28 September 2018

Report No. G/18/137

90	26 January 2018	9.4	Improving Scotland's Health: A Healthier Future – Actions and Ambitions on Diet, Activity & Healthy Weight	Future IJB development session to take place.	Rob Packham	January 2019	
93	23 March 2018	9.2	Budget	Chief Officer to develop proposal for a collaborative budget process with NHS Tayside and Perth & Kinross Council for 2019/20	Rob Packham	June 2018	This action point was discussed at PKC EOT with a view that the CO and CFO would have further discussions with executives and finance leads within PKC & NHST.
95	23 March 2018	9.2	3 Year Financial Plan 2018/19:2020/21	Plan to be brought forward to meeting for consideration and approval of further longer term transformation plans.	Jane Smith	June 2018 Sept 2018 March 2019	Deferred to Sept 2018 3 year plan 2018/19:20/21 has been used to support a range of discussions on the financial sustainability of the IJB over recent months however it has no formal status. Draft 3 year plan 2019/20:21/22 will be brought to the IJB during 2018/19 for consideration.
97	23 March 2018	10.1	Mental Health & Learning Disabilities Transformation Programme	Chief Officer to investigate and include transport as part of update in June meeting	Rob Packham	June 2018 Sept 2018	No update available – c/f Sept 2018 28.09.18 Agenda – included in Chief Officer update



ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
28 September 2018

Report No. G/18/137

99	22 June 2018	8	Redesign of Substance Use Services in P&K	Chair of ADP to provide a further review report in June 2019.	Clair Mailer	June 2019	
100	22 June 2018	11.2	Self Directed Support	Update to be provided in June 2019	Diane Fraser	June 2019	

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ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

28 September 2018

Report No. G/18/137

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
29	23 Mar 2016	Item 18(v)	Health & Social Care Joint Workforce & Organisational Development Strategy	The finalised Joint Organisational Development Plan be reviewed by the Board in June 2016 to ensure alignment with partnership priorities.	Chief Officer	June 2016 March 2017 June 2017 Dec 2017 Jan 2018 June 2018	22.06.18 update provided in Chief Officer Update - resolved
76	18 Aug 2017	6.3	IJB Complaints Handling Procedure	Quarterly reports to be submitted to the IJB Audit & Performance Committee with Yearly report to be provided to the IJB. –	Jane Smith	September 2018	Resolved - update re complaints is included in performance report
88	26 January 2018	9.1	Developing Strategic Objectives – Strategic Update	Chief Officer to submit report	Rob Packham	26 June 2018	22.06.18 Agenda (Chief Office Update) - resolved
89	26 January 2018	9.2	Developing Strategic Objectives – Proposal to Revise Arrangements for Strategic Planning Across P&K HSCP	Chief Officer to refresh the membership of the Strategic Planning Group for approval of IJB and present a refreshed role, remit and terms of reference for these groups	Rob Packham	March 2018 Sept 2018	23/3/18 Update Included within Chief Officers report - w/c 10.08.18 informed by DF Membership agreed resolved
91	26 January 2018	9.5	Delivering the New 2018 General Medical Services Contract in Scotland	Chief Officer to present the necessary actions to develop the Primary Care Improvement Plan to IJB for approval	Rob Packham	June 2018	22.06.18 Resolved

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board

28 September 2018

Report No. G/18/137

	Meeting	Minute Reference	Heading	Action Point	Responsibility	Timescale	Status
92	23 March 2018	7	Recording of Meetings	Democratic Services to take forward for next meeting	Democratic Services	June 2018	22.06.18 - commenced
94	23 March 2018	9.2	IJB Financial Plan 2018/19	Full update on progress of key actions	Jane Smith	June 2018	22.06.18 Resolved
96	23 March 2018	10.1	Planning for Winter and Festive Season	Detailed report from previous winter plan to June meeting	Rob Packham	June 2018	22.06.18 Resolved
98	23 March 2018	10.2	GP Engagement Programme	Revised request for funding	Hamish Dougall	June 2018	22.06.18 Resolved



Perth and Kinross Integration Joint Board

28 September 2018

Board Membership Update

Report by Clerk to the Board (G/18/147)

PURPOSE OF THE REPORT

This report updates the Board on recent appointments to the voting members of the Board. It also makes proposals in terms of the appointment of non-voting members to the Board, as well as further appointments to the Audit and Performance Committee.

1. VOTING MEMBERS

- 1.1 In terms of the [Integration Scheme](#) for the IJB, the eight voting members of the Board are made up of four elected members from Perth and Kinross Council and four non-executive members from the NHS Tayside Board.
- 1.2 A number of changes to the voting members were reported to the last meeting of the Board on 22 June 2018 and these are reflected in the membership list in Appendix 1.
- 1.3 At the meeting of the NHS Tayside Board on 28 June 2018, Professor Nic Beech was confirmed as a member of this Board and this is also reflected in Appendix 1. Following the resignation of Stephen Hay, there is now a vacancy in the office of chair and in the voting members from NHS Tayside Board. It is understood that nominations for the office of chair and for the vacancy as a voting member are being considered by NHS Tayside Board.

2 NON-VOTING MEMBERS

- 2.1 The IJB also contains a number of non-voting members as set out in Appendix 1, including public partner representatives. [The Public Bodies \(Joint Working\) \(Membership and Procedures of Integration Joint Boards\) \(Scotland\) Order 2014](#) sets out the timescales for the appointment of non-voting members on the IJB.

- 2.2 Following the resignation of Helen Mackinnon as the Third Sector Representative, it is proposed that Clare Gallagher be appointed as the Representative, with Sandy Watts as the substitute, until 28 September 2019.
- 2.2 Linda Lennie and Sandra Auld (substitute) have been appointed as Service User Representatives until 31 October 2018. At the last meeting of this Board on 22 June 2018, Bernie Campbell and Maureen Summers (substitute) were reappointed to the Board as Carer Representatives until May 2019. It is proposed that the Board consider the further appointment of Linda Lennie and Sandra Auld in their respective roles.
- 2.3 Dr Drew Walker and Dr Alastair Noble have been members of the Board since 2015 and have made a valuable contribution to the work of the Board. The development of the Board's revised Strategic Plan based around the 4 themes of Primary Care; Carers Services; Older People & Unscheduled Care; and Mental Health & Wellbeing gives the Board an opportunity to undertake a review of the skills needed to support the work of the Board in the future. Accordingly it is proposed that the term of appointment of both Dr Walker and Dr Noble be extended until 31 March 2019 with the position being reviewed at that time in the light of work on a skills matrix for the Board.

3. AUDIT AND PERFORMANCE COMMITTEE

- 3.1 The constitution of the Audit and Performance Committee of the Board sets out that four members of the Committee must be voting members of the Board, and must include an equal number of the voting members appointed by both the Board of NHS Tayside and Perth and Kinross Council.
- 3.2 At the Board's last meeting on 22 June 2018, it was agreed that Dr R Peat be appointed to the Audit and Performance Committee; and that Councillor C Purves be appointed a member and Chair of the Committee from 21 July 2018. Following the resignation of Stephen Hay, there is a requirement for a further voting member from NHS Tayside be appointed to the Committee.

4. RECOMMENDATIONS

- 4.1 It is recommended that the Board –
- (a) notes the appointment of Professor Nic Beech as a voting member by NHS Tayside Board but that following the resignation of Stephen Hay, nominations for the office of chair and for the vacancy as a voting member are being considered by NHS Tayside Board.
 - (b) agrees to appoint Clare Gallagher as the Third Sector Representative, with Sandy Watts as the substitute, until 28 September 2019.
 - (c) Considers the further appointment of Linda Lennie and Sandra Auld in their respective roles as public partners.
 - (d) agrees to extend the appointment of both Dr Drew Walker and Dr Alastair Noble until 31 March 2019 with a review at that time following the development of a skills matrix for the Board.

- (e) agrees to appoint a voting member from NHS Tayside to the Audit and Performance Committee to fill the current vacancy on the Committee.

Author

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

Appendix 1: Perth and Kinross Integration Joint Board Membership Update – September 2018

Appendix 1

Perth and Kinross Integration Joint Board Membership Update – September 2018
Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014

Category	Name	Organisation	Role and Remit	Comment
Section A Voting members (Order Section 3)	Cllr Colin Stewart (Vice-Chair)	PKC	Councillor	
	Cllr Callum Purves	PKC	Councillor	
	Cllr Eric Drysdale	PKC	Councillor	
	Cllr Xander McDade	PKC	Councillor	
	Ms Lorna Birse- Stewart	NHST	Non Executive Member	
	Dr Robert Peat	NHST	Non Executive Member	
	Prof Nic Beech	NHST	Non Executive Member	
	Vacancy (Chair)	NHST	Non Executive Member	
Section B Proxy Members (Order Section 12)	Cllr Anne Jarvis	PKC	Councillor	To substitute for Voting members
	Cllr Alastair Bailey	PKC	Councillor	
	Cllr Tom McEwan	PKC	Councillor	
	Cllr Chris Ahern	PKC	Councillor	
Section C Non Voting members (Order Section 3)	Mr Robert Packham	NHST/PKC	Chief Officer	
	Ms Jane Smith	NHST/PKC	Chief Finance Officer (Section 95 Officer)	
	Ms Jacqueline Pepper	PKC	Chief Social Work Officer , PKC	
	Dr Douglas Lowden / Dr Cesar Rodriguez	NHST	Secondary Medical care Practitioner representative, NHS Tayside	
	Dr Daniel Carey	Independent Contractor	GP Representative, NHS Tayside	
	Mr Jim Foulis	NHST	Nurse Representative, NHS Tayside	

Category	Name	Organisation	Role and Remit	Comment
Section D Additional Members (Order Section3)	Dr Drew Walker	NHST	Director of Public Health	
	Dr Alistair Noble	Independent retired GP	SACH and external advisor to the Board	
Section E Stakeholder Members (Order Section (3))	Mr Allan Drummond	NHST	Staff Representative	
	Ms Clare Gallagher	PKAVS	Third Sector representative	Named Subsitute - Sandy Watts
	Mr Fiona Fraser	PKC	Staff Representative	
	Bernie Campbell	Public Partner	Carer Representative	Named Substitute – Maureen Summers
	Linda Lennie	Public Partner	Service User Representative	Named Substitute – Sandra Auld

Report No. G/18/148

PERTH AND KINROSS INTEGRATION JOINT BOARD
STANDING ORDERS

Revised September 2018

1. General

- 1.1** These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable, be the rules and regulations for the proceedings of Committees and Sub-Committees and therefore reference to the term 'Board' in the said Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.2** In these Standing Orders "the Integration Board" shall mean the Perth and Kinross Integration Joint Board established in terms of The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015.
- 1.3** Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2. Membership

- 2.1** Voting membership of the Integration Board shall comprise four persons nominated by the NHS Board, and four persons appointed by the Council. Where the NHS Board is unable to fill its places with non-Executive Directors it can then nominate other appropriate people, who must be Members of the NHS Board to fill their spaces, but at least two must be non-executive Members.
- 2.2** Non-voting membership of the Integration Board shall comprise:
- (a) the chief officer of the Integration Board;
 - (b) the chief social work officer of the local authority;
 - (c) the proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973;
 - (d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
 - (e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
 - (f) a registered medical practitioner employed by the Health Board and not providing primary medical services;

- (g) one member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;
- (h) one member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;
- (i) one member in respect of service users residing in the area of the local authority;
- (j) one member in respect of persons providing unpaid care in the area of the local authority; and
- (k) such additional members as the Integration Board sees fit. Such a member may not be a councillor or a non-executive director of the Health Board.

The members appointed under paragraphs (d) to (f) must be determined by the Health Board.

- 2.3** A Member of the Integration Board in terms of 2.2 (a) to (c) will remain a Member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Board shall be for three years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.
- 2.4** Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.
- 2.5** On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment in terms of Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.6** A voting Member appointed under paragraph 2.1 ceases to be a Member of the Integration Board if they cease to be either a Councillor or a non-executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.7** A Member of the Integration Board, other than those Members referred to in paragraph 2.2(d) and (e), may resign his/her membership at any time during their term of office by giving notice to the Integration Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting Member, the Integration Board must inform the constituent authority that made the nomination.
- 2.8** If a Member has not attended three consecutive Ordinary Meetings of the Integration Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Board, the Integration

Board may, by giving one month's notice in writing to that Member, remove that person from office.

- 2.9** If a Member acts in a way which brings the Integration Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Board, the Integration Board may remove the Member from office with effect from such date as the Integration Board may specify in writing.
- 2.10** If a Member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.
- 2.11** A constituent authority may remove a Member which it nominated by providing one month's notice in writing to the Member and the Integration Board.
- 2.12** Proxy Members for Members of the Integration Board may be appointed by the constituent authority which nominated the Member, as appropriate. The appointment of such Proxy Members will be subject to the same rules and procedures for Members. Proxy Members shall receive papers for Meetings of the Integration Board but shall be entitled to attend or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Board, any Proxy Member attending the meeting may not preside over that meeting.
- 2.13** The acts, meetings or proceedings of the Integration Board shall not be invalidated by any defect in the appointment of any Member.

3. Chairperson and Vice Chairperson

- 3.1** The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting Members of the Integration Board. If a Council Member is to serve as Chairperson then the Vice Chairperson will be a Member nominated by the NHS Board and vice versa. The first Chair of the Integration Board will be appointed on the nomination of the Council.
- 3.2** The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairpersons. The term of office of the first Chairperson will be for a period of two years following the date of the formal establishment in law of the Integration Joint Board and two yearly thereafter. The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.
- 3.3** The Vice-Chairperson may act in all respects as the Chairperson of the Integration Board if the Chair is absent or otherwise unable to perform his/her duties.

3.4 At every meeting of the Integration Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from within the voting Members present for that meeting. Any Proxy Member attending the meeting in terms of 2.12 may not preside over that meeting.

3.5 Powers, authority and duties of Chairperson and Vice-Chairperson.

The Chairperson shall amongst other things:-

- (a) Preserve order and ensure that every Member has a fair Hearing;
- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- (e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- (f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
- (g) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;
- (h) Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption; and
- (i) Members shall address the Chairperson while speaking.

4. Meetings

4.1 The first meeting of the Integration Board will be convened at a time and place to be determined by the Chairperson. Thereafter the Integration Board shall meet at such place and such frequency as may be agreed by the Integration Board.

4.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chairperson. If the Office

of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

- 4.3** If the Chairperson refuses to call a meeting of the Integration Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.
- 4.4** Adequate provision will be made to allow for Members to attend a meeting of the Integration Board or a committee of the Integration Board either by being present together with other Members in a specified place, or in any other way which enables Members to participate despite not being present with other Members in a specified place.

5. Notice of Meeting

- 5.1** Before every meeting of the Integration Board, or committee of the Integration Board, a notice of the meeting, specifying the time, place and business to be transacted, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five working days before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any Member shall not affect the validity of anything done at a meeting.
- 5.2** In the case of a meeting of the Integration Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.
- 5.3** At all Ordinary or Special Meetings of the Integration Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

6. Quorum

- 6.1** No business shall be transacted at a meeting of the Integration Board unless there are present, and entitled to vote both Council and NHS Board Members and at least one half of the voting Members of the Integration Board are present.
- 6.2** If within ten minutes after the time appointed for the commencement of a meeting of the Integration Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed.

7. Code of Conduct and Conflicts of Interest

- 7.1** Members of the Integration Board shall subscribe to and comply with the Perth and Kinross Integration Joint Board Code of Conduct which is deemed to be incorporated into these Standing Orders. All Members who are not already bound by the terms of the Code of Conduct shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct.
- 7.2** If any Member has a financial or non-financial interest as defined in the Code of Conduct and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.
- 7.3** If a Member has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.
- 7.4** Where an interest is disclosed, the Member declaring the interest must determine whether that interest prohibits them from taking part in discussion of or voting on the item of business.

8. Adjournment of Meetings

- 8.1** A meeting of the Integration Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

9. Disclosure of Information

- 9.1** No Member or Officer shall disclose to any person any information which falls into the following categories:-
- Confidential information within the meaning of Section 50A(2) of the Local Government (Scotland) Act 1973.
 - The full or any part of any document marked “not for publication” by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.

- Any information regarding proceedings of the Integration Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Board.

10. Recording of Proceedings

10.1 Proceedings of meetings of the Board, Committees or Sub-Committees held in the Council Chamber at 2 High Street, Perth and which are open to the public in terms of Section 50A of the Local Government (Scotland) Act 1973, will be recorded for broadcast after the meeting.
~~No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior written approval of the Integration Board.~~

11. Admission of Press and Public

11.1 Except in relation to items certified as exempt, meetings of the Integration Board shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Board not less than five days before the date of each meeting.

11.2 The Integration Board may by resolution at any meeting exclude the press and public therefrom during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of the proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 Act or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

11.3 Every meeting of the Integration Board shall be open to the public but these provisions shall be without prejudice to the Integration Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Board.

12. Alteration, Deletion and Revocation of Decisions of the Integration Board

- 12.1** Without prejudice to the terms of Standing Order 13, except insofar as required by reason of illegality, no motion to alter, delete or revoke a decision of the Integration Board will be competent within six months from the decision, unless the Chairperson determines that a material change of circumstances has occurred to the extent that it is appropriate for the issue to be re-considered.

13. Suspension, Deletion or Amendment of Standing Orders

- 13.1** Subject to any statutory requirements, any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

14. Motions, Amendments and Debate

- 14.1** It will be competent for any voting Member of the Integration Board at a meeting of the Integration Board to move a motion or an amendment directly arising out of the business before the Meeting.
- 14.2** No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded by another voting Member.
- 14.3** Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-
- On a question of Order
 - With the permission of the Chairperson
 - On a point of clarification

In all of the above cases no new matter will be introduced.

- 14.4** The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.
- 14.5** Amendments must be relevant to the motions to which they relate and no voting Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an

amendment or second an amendment, unless the mover of the motion has failed to have it seconded.

- 14.6** It will be competent for any voting Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the voting Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.
- 14.7** Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Chairperson to decline or accept the question or offer of information.
- 14.8** When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:
- to adjourn the debate; or
 - to close the debate in terms of Standing Order 14.6.
- 14.9** A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the mover and seconder.

15. Voting

- 15.1** Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 15.2** Only the four Members nominated by the NHS Board, and the four Members appointed by the Council shall be entitled to vote.
- 15.3** Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chairperson shall not have a second or casting vote.
- 15.4** Where a consensus cannot be reached at one meeting, the matter under discussion will be carried forward to a further meeting to be convened as soon as reasonably practicable by the Chair in terms of Standing Order 4.2 above to permit further discussion/resolution. If the voting Members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

16. Minutes

- 16.1** The names of the Members present at a meeting shall be recorded in the minutes of the meeting.

- 16.2** The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement, after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

17. Committees, Sub-Committees and Working Groups

- 17.1** The Integration Board may establish any Committee, Sub Committee or Working Group as may be required from time to time but, with the exception of the Strategic Planning Group and the Audit and Performance Committee, each Committee, Sub Committee or Working Group shall have a limited time span as may be determined by the Integration Board.
- 17.2** The Membership, Chairperson, remit, powers and quorum of any Committee, Sub Committee or Working Groups will be determined by the Integration Board.
- 17.3** Agendas for consideration at a Committee, Sub Committee or Working Group will be issued to all Members no later than five working days prior to the date of the meeting.

18. Reports to the Integration Board

- 18.1** The Integration Board shall only consider reports through the office of the Chief Officer of the Integration Board. The following officers shall have the right to submit reports to the Integration Board which must be considered by the Integration Board:-
- The Chief Officer of the Integration Board
 - The proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973
 - The Chief Social Work Officer of Perth and Kinross Council
 - The Clinical Director of NHS Tayside
 - The Associate Nursing Director of NHS Tayside

19. Review of Standing Orders

- 19.1** The operation of these Standing Orders will be monitored regularly. Any required amendments brought about by practice, legislation or policy will be presented to the Integration Board for approval. In addition, these Standing Orders will be reviewed annually.



PERTH & KINROSS INTEGRATION JOINT BOARD

28 September 2018

Chief Officer Strategic Update

Robert Packham, Chief Officer (Report No. G/18/138)

PURPOSE OF REPORT

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

1. RECOMMENDATION(S)

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

- Refresh of the Perth and Kinross IJB Strategic Commissioning Plan,
- Preparations for the Joint Inspection of Perth and Kinross HSCP
- Mental Health and Learning Disability Transformation Plan - Update
- Mental Welfare Commission (MWC) 'Right to Advocacy' Response

2. Refresh of the Perth and Kinross IJB Strategic Commissioning Plan

- 2.1 A refreshed version of the Perth and Kinross Strategic Commissioning Plan is due to be completed in 2019. The Chair and Chief Officer have agreed a deadline for completion by 3 March 2019 inclusive of a 4 week consultation process in the first two months of 2019.
- 2.2 The 2016-19 plan described redesign of services to shift the balance of care, address inequalities and change our service model towards greater emphasis on joint commissioning, early intervention and prevention. These principles underpin all areas of service delivery and remain unchanged.
- 2.3 At a meeting of key stakeholders in March 2018, the 2016-19 plan was reconsidered resulting in agreement that the Partnership's strategic intentions remain relevant and appropriate to our core purpose. However, the first two years have increased our understanding of the changes required. Effective integration will require a constant process of review, taking opportunities to examine working practices and to develop new ways of working, simplifying and making sure best value in the use of public funds. This will be considered across the full range of IJB responsibilities and may need to consider the

balance of investment across the four Programmes of Care described below. The Strategic Planning Board has a key role in overseeing and scrutinising the activities of the four care programme boards.

Programmes of Care

- 2.3.1 **Older People and Unscheduled Care** – This programme will embrace services in the community for older people in their homes, in residential and nursing care, the support they receive through directly provided and commissioned care services, links to third sector organisations and communities. It will also cover the acute interventions delivered in PRI and the community hospitals. While not mentioned specifically, this programme of care will also plan for the needs of people with Physical disability.
- 2.3.2 **Mental Health and Wellbeing.** – This programme will embrace services in the community for people living with mental illness, learning disability and substance use issues. It will consider the connection with other services provided through the third and independent sectors. It will consider the essential contribution of anticipation, early intervention and prevention as well as the longer term support required for people living in Perth and Kinross. There will need to be connections with the Prison and other agencies such as the Police, Ambulance, Fire and Rescue Services. For transitions, the work will need to connect with education and children's services for families affected by any of the issues outlined above or for children with complex needs rising as they move into adulthood.
- 2.3.3 **Carers** - This programme will embrace services in the community for the rising number of formal and informal carers. Carers provide a significant contribution to the health and well-being of the Perth and Kinross population. Under the obligations placed upon the Health and Social Care Partnership, carers are now entitled to an assessment of needs. We expect there will be an increasing requirement for support as the population ages and the partnership becomes more effective at maintaining people in their own homes for as long as it is appropriate and safe to do so.
- 2.3.4 **Primary Care** - This programme will support implementation of the Primary Care Improvement Plan. The new General Medical Services (GMS) contract will introduce significant changes to the way in which Primary Care Services are delivered in our communities. Through closer working with a wider and strengthened multi-disciplinary team, General Practitioners are to be supported in becoming expert generalist medical practitioners to more comprehensively support people and enable avoidance of unnecessary admission to hospital or premature entry to residential care. This work stream comes with additional funding to support specific developments. Other changes include a gradual change to the ways in which practice premises are provided.
- 2.3.5 **Corporate Support** - Although not a programme of care, day to day running of the Partnership's business is reliant on a range of corporate support functions. These functions will increasingly be brought together to ensure an integration of approach, long-term sustainability and best value.

- 2.4 In preparation, the management team has aligned budgets and workforce with each of four care groupings and a corporate support function. A senior Responsible Officer will oversee the work to provide direction, scrutiny and assurance. Leadership, professional and project management expertise has been identified in each care group. The strategic, financial and workforce planning functions will be linked. HR and Staff Partnership engagement will be an essential component for success in each of the work streams.
- 2.5 Specific tasks are assigned with the intention of engineering the redesign required for the next development phase of the Health and Social Care Partnership and to ensure a plan to achieve financial balance. The outputs of these care groups will be delivered across the three localities.
- 2.6 The Strategic Care Groups will be overseen by the Strategic Planning Board.
- 2.7 A Business and Planning manager has been appointed. An element of their role will be to oversee the strategic planning activities of each group and to ensure coherence between the different groups.

3 Preparations for Joint Inspection of Perth and Kinross HSCP

- 3.1 Perth and Kinross Health and Social Care Partnership has been notified of the Care Inspectorate and Health Improvement Scotland (HIS) intention to undertake a Joint Inspection of the Partnership in the early part of 2019. The question posed by the inspectors is “***How well do us plan and commission services to achieve better outcomes for people?***”
- 3.2 The self assessment process is based upon four domains:

Leadership and direction that promotes partnership

- Vision, values and culture across the partnership
- Leadership of strategy and direction

Key Performance outcomes

- Improvements in partnership performance in both healthcare and social care

Policy development and plans to support improvement in service

- Operational and strategic planning arrangements
- Commissioning arrangements

What is our capacity for improvement?

- Judgement based on an evaluation of performance against the quality indicators

- 3.3 The HSCP has engaged the services of an experienced manager in leading the process of preparation, gathering evidence and providing challenge across the system to ensure the focus on improvement is embedded in every part of the partnership’s business. We have also engaged an experienced

senior manager from outwith Perth and Kinross who has offered to be a critical friend to the Senior Managers in their preparations for the inspection.

- 3.4 The Inspection is not being considered an entity in itself, more an opportunity and catalyst for focus upon improvements in organisational performance, a driver for rapid progress against the Strategic Plan and the intentions of the legislation. A development session will be offered to Board members to give insight into the preparations and to ensure current awareness of progress made against the strategic plan.
- 3.5 Making a meaningful difference to the lived experience of service users and carers is our focus, however this inspection brings opportunity for in-depth scrutiny of the strategic and operational effectiveness of Perth and Kinross HSCP. There will be a clear focus on improvement of outcomes for people using our services.
- 3.6 The self assessment process is underway in anticipation of formal announcement of the Inspection process in September 2018. At the point of writing, we anticipate the inspection process will take place in the first quarter of 2019.

4. MENTAL HEALTH

4.1 Transformation Programme

The first three moves of services will begin in September 2018. Staff affected by the move of services are being taken through the organisational change process, which begins with an individual 1:1 that is designed to consider the practical and professional consequences for each member of staff.

A cascade of moves will follow – the following timetable gives an indication of the work to be done.

Work Streams established – Accommodation, Communication & Engagement, Clinical Pathways and Work force - to meet fortnightly
Workforce – Complete 1 to 1 meetings for 1 st 5 logistical moves
Relocate LD Low Secure service from Flat 1 in Strathmartine Centre to Faskally ward in Rohallion Centre at Murray Royal – <i>Transport implications Dundee to Perth</i>
Refurbishment of vacated Flat 1 in Strathmartine to accommodate Learning Disabilities Assessment Unit (LDAU) from Carseview
Relocation of LDAU from Carseview Centre to vacated Flat 1 on Strathmartine Centre. <i>Transport implications within Dundee</i>
Refurbishment of vacated LDAU in Carseview Centre to accommodate Moredun General Adult Psychiatry (GAP) acute ward from Murray Royal
Relocation of Moredun Ward from Murray Royal to refurbished LDAU on Carseview - <i>Transport Implications Perth to Dundee</i>
Minor refurbishment of vacated Moredun ward at Murray Royal (small works for doors to close off areas)
Relocation of Amulree ward at Murray Royal Hospital into vacated Moredun ward

Refurbishment of Amulree ward for future LDAU and Learning Disabilities (LD) wards
Refurbishment of Mulberry ward (anti ligature works) and 1 other ward on Carseview Centre
Relocate all LD services to Murray Royal and decommission Strathmartine – <i>Transport Implications Dundee to Perth</i>
Refurbishment of remaining Carseview wards (anti ligature works)
Refurbish & Extend Intensive Psychiatry Care Unit (IPCU) ward Carseview Centre
Completion of refurbishment works
PPE/Benefits Realisation/Programme closure

4.2 **Transport** – is the most frequently expressed concern arising from the Transformation Programme. At its meeting on 26 January 2018, Perth and Kinross IJB sought assurance that the issues raised by boards and committees would be factored into the planning for implementation of the approved change. The travel implications for relatives and carers of patients who will in future be located differently are increasingly clear. A number of changes in care delivery and pathways of care need to be considered alongside the changes in buildings.

- In future, strengthened community services in the three Health and Social Care Partnerships will develop a range of alternatives to in-patient care. These services will be local and will reduce the requirement for travel between hospitals.
- For relatives and carers who need to travel further, it is important that public transport arrangements are coherent. Planning is being held at several levels.
- Perth and Kinross Council has provided management links to connect and sequence planning for change with the Programme Director for the Mental Health Transformation Plan during the implementation period. This will allow advanced notice of implementation at each stage.
- NHS Tayside is in the process of planning a wider range of acute medical and surgical services. In time, proposals will relocate services to create sustainable centres of excellence in planned and emergency care. With this change process, a similar range of transport challenges will emerge for relatives and carers. The Head of Improvement in NHS Tayside is leading a coordinated approach across the changes in the locations of NHS Hospital Services.

4.3 **Independent Inquiry**

Following the Health Improvement Scotland (HIS) report, significant work has been undertaken to draw together all elements of Mental Health and Learning Disability Services across Tayside. The intention is to improve pathways of care and to consider how pathways can be broadened to support early intervention and prevention wherever people come into contact with public services and third sector organisations.

4.4 **BBC Programme on Carseview Centre**

Significant efforts are underway to support permanent solutions for staff working to support the contingency arrangements. A formal process of

organisational change is followed in partnership with the individual member of staff, their manager and their staff organisation representative.

4.5 Leadership

Professor Keith Matthews has been substantively appointed as the Associate Medical Director for Mental Health Services. He replaces interim Associate Medical Director Dr Richard Caplan. Dr Caplan has worked across the Mental Health Specialty Groups, providing advice and guidance for the potential modernisation of in patient services. The implementation phase will accompany the changes in service location and the moves to facilitate the changes as outlined above.

Mrs Arlene Wood who is an experienced General Manager has been appointed to the role of Associate Director of Mental Health Transformation.

4.6 General Adult Psychiatry (GAP) Training Programme

A further Deanery review of GAP training took place on 3 May 2018. The Review team outlined that the Training Programme would be placed in enhanced monitoring. A detailed SMART action plan is in place to address the recommendations of the Deanery. Further updates will be provided to the Board. A detailed action plan has been developed; it is a live document with progress against actions nominated to key individuals. The Chief Officer has delegated responsibility for managing progress to the associate Director of MH Transformation.

4.7 Risk management

A comprehensive risk analysis has been undertaken across Mental Health Services in Tayside. Currently reported through the Clinical and Care Governance Committee in NHS Tayside, as host IJB for in patient Mental Health, P&K will need to work with officers in Dundee and Angus to understand the routes for assurance and risk mitigation. Officers will jointly categorise into Strategic and Operational risks reporting appropriately to the three IJBs as appropriate. Further updates will be brought forward as this work progresses.

5 Mental Welfare Commission – Rights to advocacy

- 5.1 The Mental Welfare Commission has undertaken a survey to ascertain how Local Authorities and Health and Social Care Partnerships are preparing their Strategic advocacy plans for their area.
- 5.2 This requires evidence of local needs assessment and evidence of partnership working.
- 5.3 A further update will be brought to the Board.

Author(s)

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



PERTH & KINROSS INTEGRATION JOINT BOARD

28 September 2018

Primary Care Improvement Plan and General Medical Services Contract Implementation: Progress Update

**Dr Hamish Dougall - Associate Medical Director
Chris Jolly - Programme Manager (Report No. G/18/140)**

PURPOSE OF REPORT

This report provides the Integration Joint Board (IJB) with an update on progress made to date in respect to implementing the Primary Care Improvement Plan (PCIP) which encompasses the 2018 General Medical Services (GMS) Contract.

1. RECOMMENDATION(S)

The IJB is asked to:

- 1) Note the proposed allocation of Primary Care Improvement Funds (PCIF) across the programme of projects which seek to implement the Primary Care Improvement Plan and the 2018 General Medical Services.
- 2) Seek further progress reports to each sitting of the IJB as the implementation programme develops.

2. SITUATION/BACKGROUND / MAIN ISSUES

The 2018 Scottish General Medical Services (GMS) Contract was developed by the SGPC (Scottish General Practice Committee) and the Scottish Government to re-invigorate general practice and to re-energise its core values. The aim of the contract is to create a dynamic and positive career for doctors and to ensure that patients continue to have accessible, high quality general medical services.

At its meeting of 22 June 2018, the IJB approved the pan-Tayside Primary Care Improvement Plan and following the meeting of the 22 June the plan was approved by the Local Medical Committee (LMC) and was subsequently submitted to the Scottish Government. This paper outlines the initial spending proposals for the implementation of the PCIP in Perth and Kinross.

Table 1 sets out the available budget and currently proposed spend in order to deliver a balanced budget in year 3 of the programme. In order to deliver a balanced

budget across years 1 and 2 projects will be phased according to priority, this work is being carried out currently in time for submission to the LMC and the Scottish Government in September 2018. Bearing in mind slippage in this financial year there will be significant carry forward to 2018/19. This carry forward will be fully committed along with the in year budget in order to scale up projects started in year 1 of the programme.

Table1

FUNDING SUMMARY	2018/19 £000's CYE	2019/20 £000's	2020/21 £000's	2021/22 £000's
Primary Care Improvement Fund	1249	1502*	3004*	4232*
Shifting the Balance of Care funds (SBC)**	70*	72*	74*	76*
TOTAL BUDGET	1319*	1574*	3078*	4308*
TOTAL SPENDS	748	TBC	TBC	TBC
BALANCE (carry forward)	<u>571</u>	TBC	TBC	TBC

* Note these are indicative amounts not yet confirmed

** Discussion and agreement on any redistribution of the existing SBC funds has still to be reached

() = Overspend

In reference to this financial year the Scottish Government has requested a return in September 2018 which sets out the Integration Authority's proposed spend across each element of the programme. Table 2 details the current proposal setting out the full year effect and the current year effect (CYE) for 2018/19.

Table 2

FUNDING DETAIL	2018/19 £000's FYE	2018/19 £000's CYE
PCIF	1249	1249
SBC (Shifting Balance of Care) funds	70*	70*
TOTAL BUDGET	1319*	1319*
PROPOSED EXPENDITURE		
Vaccination Service	88	88
Pharmacy	481	160
Community Care and Treatment (**)(***)	484	161
Urgent Care	489	163
Musculoskeletal	233	81
Advanced Nurse Practitioner (In practice)	0	0
Mental Health	200	67
Community Link Workers/Social Prescribers (funded for 2 yrs outwith PCIF)	0	0
Programme Support	56	28
TOTAL SPENDS	2031	748
TOTAL BUDGET	1319	1319
BALANCE (whole year effect)	<u>(712)</u>	<u>571</u>

*SBC available funding to be confirmed

** IT provisioning not included at this stage

*** Based on 22 practices across Perth and Kinross. Data for the 2 additional practices will increase these figures

() = Overspend

3. PROPOSALS

The entirety of the PCIF funds provided from Scottish Government are to be spent on the purpose for which they were intended as described by the 2018 GMS Contract and as outlined in the PCIP.

It is stated that the PCIF (including baselined GP pharmacy funding being treated as PCIF) is not subject to any general savings requirements and must not be used to address any wider funding pressures. A key statement in the Memorandum of Understand which supports the contract's implementation is that: *"The HSCP [Health and Social Care Partnership] Plans must demonstrate how the funding will flow/be used to enable the redistribution of work from GPs to others and to optimise the role and functionality of the wider MDT [Multi-Disciplinary Team]"*

The initial design of the services which will be developed, and are subject to ongoing consultation and scoping, are described in the following chapters with indicative spending set out in tables 1 and 2 above:

Vaccination Programme

The Scottish Government's strategic vision for vaccination services is that the service is increasingly moved out of general practice to be delivered at NHS Board level across HSCPs. The new contract continues this move with a further role out of services via the vaccination's team managed by Public Health.

The aim of this programme is to reduce workload for GPs and their staff by delivering vaccinations as part of a wider multi-disciplinary team.

The early stages of this project will consolidate the vaccination service currently provided before then scaling up the delivery of a wider number of vaccinations over the 3-year implementation period. The ongoing costs of this service are based on that which is already budgeted within Public Health however PCIF funding is needed to sustain the service in the long term.

Pharmacotherapy

Every GP practice is to receive pharmacy support in the form of a pharmacotherapy service, evolving over a 3 year period with pharmacists and pharmacy technicians becoming embedded members of the core practice clinical teams to establish a sustainable service.

a. Pharmacy workforce

There are currently 8.5 WTE (whole time equivalent) Perth and Kinross Pharmacists in post although recent recruitment means that this will soon rise to 11.1. There is currently recurrent funding in place for 12.7. This project seeks to increase the establishment by recruiting an additional 6.3 WTE Pharmacy posts.

In addition, there are currently 3.6 funded technician (Band 5) posts and it is proposed that this complement be increased by 2.5WTE to allow for 1 per locality with additional required workforce capacity.

It is also worth noting that there is a test of change underway in 2 practices in Perth and Kinross as part of a wider service design process taking place across NHS Tayside. The findings of this work will to some extent inform the desired future make-up of the service and the necessary detailed staffing cohort to deliver the service. It is nonetheless recognised that we have a very significant shortage of pharmacy staff and early steps are needed to recruit staff to new posts as part of this project.

b. 'Pharmacy First' scheme

Pharmacy First enables community pharmacists to treat some additional self-limiting conditions such as uncomplicated urinary tract infections and impetigo by use of Patient Group Directions (PGDs). This service is currently funded from other non-HSCP funding streams however to ensure the ongoing development and embedding of this service across Perth and Kinross, the HSCP is being asked to set-aside **£27,000** (at 2018 rates) to sustain the delivery of the service from year 2 (19/20) onwards.

Community Care and Treatment Service (CCATS)

A comprehensive Week of Care Audit was carried out across Perth and Kinross in June / July 2018 to identify the varying types of work being undertaken within General Practice. In particular the audit sought to understand the number of appointments which could have been dealt with as part of a CCATS. The data from this has been used to inform the initial stages of this project in order to understand the various models of delivery which might exist for the service and critically to understand which of these is favoured by each practice across our 5 GP cluster groups.

Notwithstanding the options available, it is important to understand the investment needed from the HSCP to deliver the Community Care and Treatment Service as set out in the contract. The data from the week of care audit has assisted in producing a proposed budget for the staffing cohort needed to deliver the service. Work is currently underway to understand the priorities for GP clusters, the preferred models of delivery and any additional costs needed to deliver the service in the long term. This work will inform plans for phasing the introduction of the service across Perth and Kinross.

Urgent care

The 2018 GMS contract provides for the opportunity to benefit from "utilising advanced practitioners to respond to urgent unscheduled care within primary care, including being the first response to a home visit or responding to urgent call outs, freeing up GPs to focus on their role as expert medical generalists. These practitioners will be available to assess and treat urgent or unscheduled care presentations and home visits within an agreed local model or system of care. Home visits can take a disproportionate amount of GP time and early assessment of the very ill at home may also give more leeway for exploring alternatives to admission or admitting promptly.

a) Paramedics

Pilots of bringing paramedics into the primary care team have required significant 'start up' work to be undertaken to establish how best to deploy the resource. However, following this start up phase they were found to provide a very useful service, releasing GPs from house calls: both the paramedics and practices felt that following the initial 'start up' phase they rapidly became integral members of the team. Considerable work is required to test and model the provision most likely to benefit primary care and impact on GP workload. Initial scoping might suggest that funding should initially be reserved for a paramedic per cluster (2 for the larger Perth city) which, with leave cover, would require 7.35WTE posts by year 3 of the programme.

b) Advanced Nurse Practitioners (in the community)

Where service models are sufficiently developed, advanced nursing practitioners (ANP's) may also directly support GPs' expert medical generalist work by carrying out routine assessments and monitoring of chronic conditions for vulnerable patients at home or living in care homes.

Significant workload for GPs is generated by Care Homes resulting in requests for "home" visits, often daily. This workload could be supported by ANPs undertaking these visits routinely. In combination with this it may be possible to appropriately align this work with enhanced MFE (Medicine for the Elderly) arrangements, and GP's, to more pro-actively manage Care Home patients

It would be anticipated that a similar number of ANPs as that designated for paramedic services would be likely to be required. The exact number and distribution/alignment would be subject to further testing and discussion with GP clusters. Meantime a notional number of ANPs of 7.35-11.0 might be considered necessary to deliver this service in Perth and Kinross. The final compliment necessary will be informed and refined as the service develops with a smaller number of posts being utilised initially.

Additional Professional Roles

a) Musculoskeletal (MSK) First Contact Model

There is strong evidence to suggest that many patients with musculoskeletal (MSK) problems can, in many instances, be treated effectively by an MSK specialist in the first instance without the need for a GP appointment. This provides swifter access to the necessary services and relieves a significant burden from GP practices.

In Perth and Kinross we will seek to develop the 'First Contact' model where patients can be triaged directly to an MSK appointment whereby they will receive direct first contact specialist physiotherapy care.

Considering both the recent Week of Care audit of General Practice and a recent pilot of the First Contact model within GP practice, it can be seen that between 3.54 and 6.7 physiotherapists would likely be needed to meet the demand for the service across Perth and Kinross.

We will seek to recruit staffing resources at the lower end of this spectrum initially in order to role the service out. As the demand is measured and practices and patients becoming more familiar with the new service it is anticipated that additional resources may be necessary. In this regard the funding for implementation of the First contact model is planned to scale up across the 3 years of the programme.

a) Advanced Nurse Practitioners (in practice)

ANPs may also have a crucial role to play in practices, managing patients alongside GPs in the surgery. This represents a very direct way of increasing front line capacity and needs to be expanded. They can also take on complex chronic condition care, traditionally done by GPs eg diabetes management.

Further consultation is needed to scope this out over the first 2 years of the programme. This work is necessary to ensure the appetite, funding and service demands are aligned.

b) Community Clinical Mental Health Professionals

Mental Health services in Perth and Kinross are currently experiencing a high demand for service and this is in-line with that which is being experience across Scotland. At present many of the services offered are dealing with crisis situations with no real opportunity to engage patients before the crisis occurs. This project seeks to implement a new approach in supporting GPs in practices, “upstream” of the crisis situation, to assist patients experiencing low-level anxiety issues, loneliness and other social related stresses which ultimately affect mental health adversely.

The contract states that: *‘Community clinical mental health professionals (eg nurses, occupational therapists) based in general practice, will work with individuals and families assessing their mental health needs, providing support for conditions such as low mood, anxiety and depression. The outcome sought is improved patient care through rapidly accessible, appropriate and timely mental health input.’*

We would seek to develop a new model of service delivery by contracting the services of individuals able to assess and deliver services including signposting low level mental wellbeing issues in order to manage appropriate patients within their locality.

c) Counselling

Similar to that discussed under C above, it is not clear which model of service delivery would provide the biggest gains in terms of support to GPs and positive outcomes for patients. C and D could however be taken together to design services which best meet the needs identified.

Although the preferred model is still in the development phase it is prudent to set aside a reasonable budget to be used to deliver the new service.

Separate to the PCIP and associated funding, the HSCP has also recently submitted, to the Scottish Government under “Action 15” of the Mental Health

Strategy 2017-2027, proposals for a new distress service which will assist in bridging the gap in services which currently exists in out of hours. Work will now be undertaken to bring the priorities under Action 15 together with those within the PCIP to ensure that the future services best meet the needs of patients and in doing so supports General Practice by providing appropriate access to mental health professionals.

d) Community Link Workers/Social Prescribing

Social prescribing has been shown to provide social and practical support for people with a wide range of social problems and health conditions whose needs are not currently being met through existing services.

Perth and Kinross Health and Social Care Partnership has funded 3 Social Prescriber posts in Perth and Kinross for a 2-year period, with one worker based each in Perth City, North Perthshire and South Perthshire. These posts are currently funded separately to the Primary Care Improvement Fund. The project nonetheless forms part of the wider programme of service redesign and provides significant opportunities to better understand the value that such services can deliver for patients in support of general practice.

Social Prescribers in Perth and Kinross will offer signposting and support to people to access and use community based activities. These help to address factors which contribute to health problems, with the aim of improving health and wellbeing. The service provides a different response to the increasing demands on health and social care services including general practices.

District Nursing Services

District Nursing is a pivotal part of Primary Care, and although the new contract does not address District Nursing directly, it is important that District Nurses are understood as integral to the transformation of Primary Care. There is considerable scope for differently organising current services and this work is already embraced within the profession. Some of the elements of the new contract could bring new opportunities if we approach the potential thoughtfully. District Nursing has a long-established focus on skill mix, building stronger clinical leadership within teams with better integration. This work could be enhanced and accelerated through the new contract with the emphasis on ANPs (Urgent care) and CCATS in particular. The design of these new elements should be taken forward with the full and earliest involvement of District Nursing colleagues.

Programme Management

It is recognised that the implementation of the PCIP represents a significant strategic, managerial and administrative challenge for all stakeholders. The necessary work is in addition to that which the various stakeholder groups already undertakes. This has been recognised in respect to the provision of additional funding to the GP Sub group for example.

In order to adequately resource the management of the programme the HSCP is seeking to attribute £28K (current year effect) to support the delivery of the programme of work this year with a similar pro-rata investment needed in the years thereafter.

4. CONCLUSION

This report covers the proposed allocation of Primary Care Improvement Funding per project for 2018/19.

It has been necessary to undertake significant work to understand the likely necessary budget allocation for the programme. Given the indicated up-scaling of budget allocation in future years, this work has concentrated on that which is needed to support established services by year 3 of the programme. A phasing approach is being taken to understand what is then needed to deliver a balanced budget in earlier years.

Work is continuing with stakeholders to better understand preferred service designs to ensure investment is made in areas most likely to provide the biggest impact.

The outlined proposals are projected to deliver a significant budget surplus in 2018/19 as a consequence of in year slippage. Any under spend accrued will however be fully committed in future years.

Author(s)

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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)	
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	No
Clinical/Care/Professional Governance	Yes
Corporate Governance	Yes
Communication	
Communications Plan	Yes

1. Strategic Implications

1.1 Strategic Commissioning Plan

The Primary Care Improvement Plan seeks to implement the 2018 General Medical Services Contract. Consequently this report impacts on all areas of the Strategic Commissioning Plan

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

2. Resource Implications

2.1 Financial

The Chief Finance Officer has been consulted on the drafting of this report.

A total of £45.75m has been allocated to Integration Authorities across Scotland. The Perth and Kinross Integration Joint Board share of this important investment for 2018/19 is £1,249k.

2.2 Workforce

The Lead for Human Resources and the partnership representatives for each area affected by this work were engaged in the development of the Primary Care Improvement Plan. Each project within the implementation programme has its own HR and staffing implications and as such HR and staff side representation will be invited to contribute throughout project/programme delivery.

3. **Assessments**

3.1 Equality Impact Assessment

Under the Equality Act 2010, Perth and Kinross Council and NHS Tayside are 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.

The service re-design elements of the GMS implementation are required to consider equalities as a key element of any proposed development.

3.2 Risk

Each chapter of the PCIP will be developed into individual business case proposals which make the case for change including, amongst other elements the risks borne by taking proposals forward.

3.3 Other assessments

The following assessments will be undertaken as part of the programme management approach being taken to manage the implementation of the GMS contract:

Measures for Improvement

Patient Experience

Health and Safety

Healthcare Associated Infection

Benefit Realisation

Quality

IT

4. Consultation – Patient/Service User first priority

4.1 External

The following external groups have been consulted on the development of these plans.

- 1) The GP Quality Cluster Leads
- 2) The Local Medical Committee
- 3) The GP Sub Group

4.2 Internal

The following people/roles have been consulted in the preparation of this report:

- 1) Chief Finance Officer
- 2) Clinical Director
- 3) Head of Health
- 4) Heads of Service, Service Managers, Lead Professionals and Third Sector representatives for:
 - a. Vaccination Services
 - b. Pharmacy
 - c. Urgent Care
 - d. Mental Health
 - e. Physiotherapy
 - f. Community Link Workers
- 5) NHS Tayside Finance representation

5. Legal and Governance

This is a large piece of partnership work and each element of service re-design will consider appropriate Governance arrangements. The whole programme will however be reported through the Primary Care Board for Perth and Kinross as well as the General Medical Services Implementation and Advisory Group and the Primary Care Board within NHS Tayside

6. Communication

This a large piece of partnership work and each element of service re-design will require significant communications with stakeholders. This will be taken forward throughout the implementation phase of this programme of work.

7. BACKGROUND PAPERS/REFERENCES

[“The 2018 General Medical Services Contract in Scotland”](#)

8. APPENDICES

None.



PERTH & KINROSS INTEGRATION JOINT BOARD

28 September 2018

Review of Day Services Update

Robert Packham, Chief Officer (Report No. G/18/139)

JOINT VISION STATEMENT

We will work together to support people living in Perth and Kinross to lead healthy and active lives and live as independently as possible with choice and control over the decisions they make about their care and support. Our aim is to improve the wellbeing and outcomes of people living in Perth and Kinross, to intervene early and work with the third and independent sectors and communities, to prevent longer term issues arising.

PURPOSE OF REPORT

The review of Day Services for Learning Disabilities, Mental Health and Older Adults forms part of the Council's and the Integration Joint Board's transformation projects agreed in 2015. This includes day support for older people, people with learning disabilities and people with mental ill health. This report has been provided to give members an update on the outstanding savings balance noted at April 2018

1. RECOMMENDATION(S)

The Integration Joint Board is asked to note service progression achieved and current savings balance which will be fully met by September 2018.

2. SITUATION/BACKGROUND/MAIN ISSUES

The aim of the review of Day Services was to improve service users' experiences based on a streamlined pathway leading to service delivery that remained meaningful and locality based, giving support in the right place at the right time.

A cost saving of £702k was approved by the Integration Joint Board as part of the 2016/17 budget.

In September 2017 a paper proposing the redesign of existing service provision across care groups to provide day opportunities and structured day care was presented to the IJB (Report 17/305). This proposal involved retention of the existing levels of provision across the services providing day opportunities whilst merging the current Older People's Day Centres (Lewis Place and New Rannoch) as well as co-location of the Wellbeing Support team with integrated teams in locality areas. It was envisaged that this would enable the team to respond to people in a more localised way.

This was approved and implemented and the £702k saving has now been achieved in full.

3. IMPACTS

Older People's Services

The biggest anticipated impact of the recommendations was the merger of Lewis Place and New Rannoch. By merging into one service it has streamlined service users' pathways by teams having the privilege to support the person from the start of their journey with us until they move onto their next chapter.

The merge to one service has taken place without any significant issue. Independent Advocacy was recruited to support service users throughout the process and immediately after the merger. The feedback received from service users is attached in Appendix 1 and was responded to by the New Rannoch team. Details of the team responses can be found in Appendix 2 – "You said, we will".

The changes will continue to provide better outcomes for service users. By ensuring best use of our resources we are supporting a wide variety of conditions ensuring equality and inclusiveness to meet an individual's outcomes. Minor works are presently being completed to enhance the environment at New Rannoch further, with a new kitchen, activity space and staff room being installed.

In order to continue to be responsive to service users in their own communities, activity groups have been planned for Perth City and Scone. To respond to the changing pace of our service users and the various delivery locations, we will also offer monthly community sessions based out of New Rannoch, therefore targeting smaller groups when outreach is not as practical. Although very much in its infancy a monthly Friday Afternoon Tea Dance for our service users, carers and the community of North Muirton has commenced.

The objectives of these activities are to:

- Raise awareness in relation to improved pathway for service user utilising the service.

- Raise awareness of what the service delivers and provides within the locality.
- Raise awareness and invite the community to consider New Rannoch as a hub.

Both the outreach work and community sessions reflect the Communities First ethos. This enables us to build relationships and work in conjunction with our private and third sector partners to reduce the reliance on statutory services and build community resilience whilst still ensuring service users are getting the support they need, in the right place, at the right time.

Wellbeing Services

The Wellbeing Service was already operating an outreach model. Developments to this service were based on creating greater links with supporting teams within localities.

A team away day was held in January 2018 and since this there has been team representation at Integrated Care Team meetings in the North and South. This is proving to be very useful in terms of networking opportunities in localities and Wellbeing Service team members are able to contribute to the discussions in relation to carer or service user concerns. However, very few new referrals are progressed through the Integrated Care Team route. A good model has been developed to support a referral/assessment clinic in both Auchterarder and Crieff GP practices. Primary healthcare workers can directly refer people for assessment/support by booking them an on-site appointment with a member of the team. The referral rates from this model have significantly increased, but this is prioritised by level of need to manage the demand with current resources.

Another strong link has been made with the Social Prescribers recruited through the Communities First Transformation Program. These workers will form even stronger links with GP practices and will signpost appropriate clients to community supports rather than statutory ones. The Social Prescriber for the South Locality is now line managed by the Wellbeing Service Team Leader.

Staffing within the Wellbeing Team has been problematic with significant sickness absence in the team over the last 6 months. Project Worker posts are currently being recruited and this will add stability in the team. There are waiting lists in Kinross, Crieff and Blairgowrie but these date back as far as October 2017.

Staffing Implications

All savings relating to posts within this project were achieved through vacancy management. No compulsory redundancies were required during the project. Human Resources were engaged and supported all services through the change.

Service Demand

The number of people using the service has in fact increased in some areas since the recommendations were implemented. The table below shows the details for each service prior to and after implementation.

	Service User Numbers for OA/LD	
	Aug-17	Jun-18
Blairgowrie	21	22
Strathmore	20	28
Gleneagles	31	31
Kinnoull	51	62
Lewis Place	37	52*
New Rannoch	26	
	186	194

* 25 people moving directly from Lewis Place

	Open Cases			
	Aug-17		Apr-18	
	Open Cases	Waiting List	Open Cases	Waiting List
Mental Health and Wellbeing Service users	92	10	91	20

Communication and Engagement

Due to the spot purchase of Independent Advocacy to support communication and engagement, and work with service users to pre-empt any potential future risks should they be identified and/or occur (see Appendix 1), we continue to be committed to quality, driven service delivery that meets peoples needs.

4. CONCLUSION

There have been no additional risks identified and there has not been a detrimental impact on the quality of service delivered to people.

This is evidenced by New Rannoch remaining at an awarded level 5 (very good) by the Care Inspectorate through the transition. This was accomplished by combining two highly skilled, experienced and knowledgeable teams that have a vast clinical resource. All team members play vital roles and are willing to share their knowledge and experience, resulting in opportunities to excel in particular roles and encouraging a supportive environment. All other registered services under Day Services also continue to consistently achieve level 5 or 6. (Very Good/Excellent).

Author(s)

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

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

- (iii) Promoting a prosperous, inclusive and sustainable economy
- (iv) Supporting people to lead independent, healthy and active lives

Transformation Programme

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

2. Resource Implications

Financial

- 2.1 The approved Council savings of £702k were agreed as part of the budget setting process in February 2016. This report confirms the achievement of those savings in full.

2.2 Workforce

The Corporate Human Resource Manager has been consulted in the preparation of this report. Human Resources have been involved in the engagement activity to date and in the preparation of different options in relation to the potential impact on the workforce.

3. **Assessments**

3.1 Equality Impact Assessment

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

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

This report has been considered under the corporate Equalities Impact assessment process (EqIA) in relation to 7.1, Age, 7.2 Disability and 3.5 Social Inclusion. The proposal is expected to deliver the following after implementation of this proposal:

- Community
- Consumption & Production
- Equality & Diversity
- Health & Well-Being
- Lifelong Learning

Risk

- 3.2 The report is relevant in relation to Corporate Risk 4; Effectively Managing Changing Financial Circumstances. The proposal will ensure we manage these risks within to ensure our services as sustainable.

Other Assessments

Strategic Environmental Assessment

- 3.3 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

The contents of this report have been considered under the Act; however, no action is required as the Act does not apply to the matters presented in this report.

Sustainability

- 3.4 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the

achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 the Council also has a duty relating to climate change and, in exercising its functions must act:

- In the way best calculated to delivery of the Act's emissions reduction targets;
- In the way best calculated to deliver any statutory adaptation programmes; and
- In a way that it considers most sustainable.

No steps are required to be taken in this area.

4. Consultation – Patient/Service User first priority

4.1 External

Service Users, Carers and Health and Social care Partnership colleagues have been fully involved in the review and have had the opportunity to influence the shape of the option appraisal and recommendation

4.2 Internal

Staff, finance, HR and other support services have been fully involved in the preparation of the Option Appraisal
Service Users, Carers and Health and Social care Partnership colleagues have been fully involved in the review and have had the opportunity to influence the shape of the option appraisal and recommendation

5. Legal and Governance

Legal

- 5.1 There are no direct legal implications resulting from this report.

Clinical/Care/Professional Governance

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

Corporate Governance

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

6. Communication

- 6.1 A communication and engagement plan was used to support the delivery of the review.

7. BACKGROUND PAPERS/REFERENCES

7.1 None

8. APPENDICES

Appendix 1 – Independent Advocacy Report

Appendix 2 – You Said We Will



**Follow up consultation -
Day Care & Wellbeing Transformation Project 2017
Lewis Place and New Rannoch Centres**

Contracted Work:

- *2 weeks work at 3.5 days per week to provide advocacy support for clients through a consultation period at New Rannoch and Lewis Place. A total of 49 hours over the 2-week period (including admin).*
- *Preparation of any communication aids relevant to the situation and individual*
- *Meeting with all clients/advocacy partners (unless they do not wish it) to talk or observe with a mixture of instructed and non-instructed advocacy.*
- *For non-instructed advocacy (and a mixture of instructed and non-instructed) there is a necessity to observe and meet over as many occasions as possible within the timescale and hours.*
- *Liaison with other professionals involved through meetings, phone calls, and written communication*
- *keeping notes and admin up to date*
- *provision of a brief end report.*

Outcomes to be gathered:

- *Information on clients/advocacy partners (with their permission, but will be anonymised)*
- *Input to clients/advocacy partners*
 - *number of meetings,*
 - *type of meetings*
 - *type of advocacy – instructed/non-instructed*
 - *number of visits*
 - *preparation time and type of preparation*

Input and Outcomes for Clients

- 23 clients were consulted with over a period of 2 weeks.
 - 18 were ex Lewis Place
 - 5 were from New Rannoch

Number and type of meetings:

- 17 meetings were held one-to-one
- 1 meeting was a group of 4 people
- 1 meeting was a group of 2 people
- 2 phone calls were made to carers

Type of Advocacy

- 13 people had a higher level of understanding
- 10 people had more limited understanding

Preparation time & type of preparation

- 28 hours undertaken on the consultation in total.
 - 18 hours in consultation with clients, staff and other professionals
 - 10 hours in travel and administration – initial briefing, meeting preparation, phone calls, recording

Outcomes for Clients

- 23 people had their voices heard
- 23 people participated in the consultation
- 23 people had their human rights upheld

Summary of Comments

Of the 18 ex LP clients 13 stated that they are very happy with all aspects of their day care - the only two issues being:

- the space/vastness of the venue for the client who has mobility problems
- the sandwich lunches for the other (although latterly then said she in fact likes the new lunches as it feels like 3 courses instead of two).

The other 5 ex LP clients feel they are making the best of it but still feel the loss of Lewis Place

- 2 of the ex LP clients requested to speak privately about how the merge was being experienced by them:
 - One had experienced both Day Centres but does not like either of them, although does like the bus trips which is why she attends.
 - The other has several issues.
 - The amount of time waiting between arriving and leaving and when the activities begin and end, and between lunch and afternoon tea and activities. The activities are much shorter than she would prefer because of this, and there are few others who she can have a conversation with in between.
 - The sandwich filling can become repetitive for those who do not wish to eat soup or cannot, and often tends to be corned beef.
- 3 others identified things missed from LP:
 - the homely atmosphere
 - the bakery group
 - the quiet room with bed – if feeling unwell
 - the shower/bath facility - if it was needed
 - the hairdressing service
 - the wonderful design of the Lewis Place layout and the roses in the garden.

It was also mentioned here that some clients had attended LP for many years and its development over the years would have been influenced by them, so was possibly a bigger loss to them than some others.

Having spoken with mainly ex Lewis Place clients, overall feedback was that most of them have managed the change of venue, change of lunch provision and the larger, more diverse client group all fairly well.

Many made positive comments about the New Rannoch Day Centre. Two ex-Lewis Place clients who had doubts regarding the move have found it all to be much better than expected. One, who did not like the idea of no choice at lunch time has decided the three courses now offered suits better. The other comment was that it is too spacious and this is not helpful due to the nature of some health issues, "but otherwise everything is great". The staff are amazingly good, the groups are very enjoyable, the lunches are satisfactory and it "really is all good".

For a significant minority (5 clients) the closure of Lewis Place has been and remains a loss to them. Specifically, New Rannoch was found to be spacious, clean and bright but also a bit clinical and not as homely as Lewis Place. Some of the elements identified as missed are listed above.

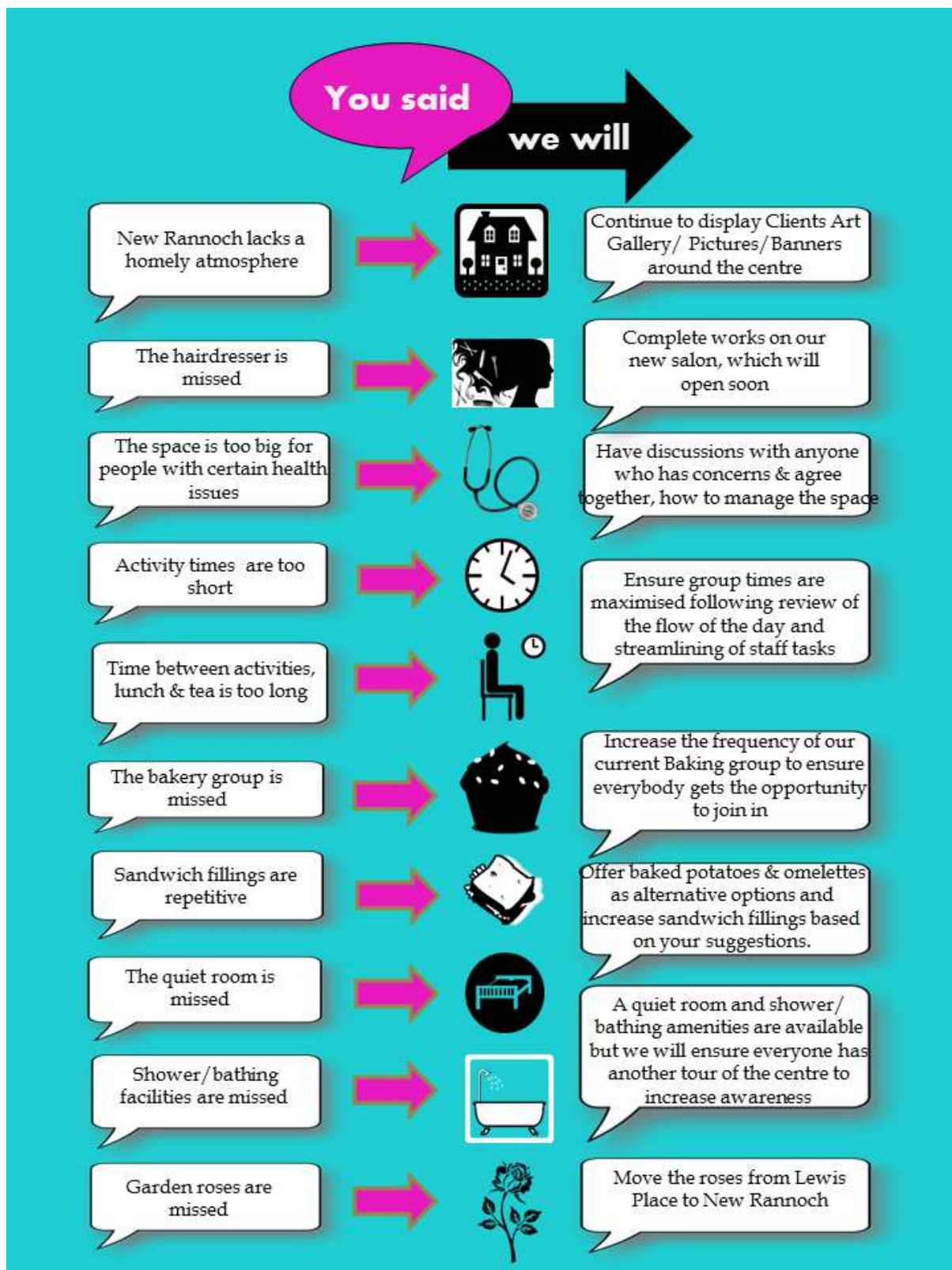
One client mentioned they liked the roses in the Lewis Place garden and asked could they not have taken the roses to New Rannoch?

One client mentioned she would have liked to have known about the Lewis Place closure before reading about it in the paper.

Some of the clients had been attending the Lewis Place Centre for many years, and having existed for over 20 years it had developed to suit its client group. In comparison, New Rannoch has only been in its new multipurpose role for a shorter period. Overall feedback was that the New Rannoch Day Centre seems to be meeting most of the needs of most of the clients and the staff are hugely valued by everyone.

Clare Gallagher
Executive Director
July 2018

Appendix 2





PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

Integration Joint Board

28 September 2018

Perth and Kinross Joint Strategy to Support Independent Living & Quality of Life for Adults with a Physical Disability and/or Sensory Impairment 2014 – 2017 and associated implementation of the national See Hear Sensory Impairment Framework 2015 – 2018

Robert Packham, Chief Officer (Report No. G/18/142)

PURPOSE OF REPORT

To update the Integration Joint Board on the implementation of the Joint Strategy to Support Independent Living and Quality of Life for Adults with a Physical Disability and/or Sensory Impairment.

To update the Integration Joint Board on the future development of actions to support independent living and quality of life for adults with a physical disability and/or sensory impairment and the proposed development of the strategy into a commissioning plan which will form part of the Older People and Unscheduled Care programme.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- 1.1 Notes the delivery of the final actions contained within the Perth and Kinross Joint Strategy to Support Independent Living and Quality of Life for Adults living with a Physical Disability and/or Sensory Impairment 2014 – 2017, and associated implementation of the national See Hear Sensory Impairment Framework 2015 – 2018.
- 1.2 Notes that a Commissioning Plan to support Independent Living and Quality of Life for Adults with a Physical Disability and/or Sensory Impairment will be included within the evolving 'Older People and Unscheduled Care' programme during 2018/19 (although Physical Disability and Sensory Impairment will sit in this programme there will be numerous themes and actions which will cut across the other Programmes. Therefore mechanisms will need to be put in place which will ensure good communication across the programmes of care).

- 1.3 Instructs the Chief Officer to provide a progress report to the Integrated Joint Board in twelve months time.

2. BACKGROUND

- 2.1 The Social Model of Disability states that disability is caused by the way society is organised, rather than a person's physical (or mental) impairment, illness or difficulty. It highlights ways of removing barriers that restrict life choices for disabled people. The aspiration in Scotland is that when these barriers are removed people who live with disabilities can be independent and equal in society and have choice and control over their own lives.
- 2.2 A shared definition of 'independent living'¹ is used to mean "disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life".
- 2.3 The Perth and Kinross Joint Strategy to Support Independent Living and Quality of Life for Adults with a Physical Disability and/or Sensory Impairment (2014 – 2017) (subsequently referred to as the Joint Strategy) was originally approved by Housing and Health Committee in August 2014 (Report 14/353) with annual updates discussed at Housing and Health Committee in August 2015 (15/341) and August 2016 (16/354).
- 2.4 In 2016 the first integrated health and social care Strategic Commissioning Plan for Perth and Kinross was published. One of the main strands of the plan was about supporting people to lead as independent, healthy and active lives as possible in their own homes.
- 2.5 The Joint Strategy supported actions to ensure people living in Perth and Kinross with a physical disability and/or sensory impairment are able to live as independent members of the community. A range of actions are reported upon which support individuals to have choice and control over any support and/or equipment they may need for daily living and maintaining a healthy lifestyle and improve access to housing, transport, employment, education and training.
- 2.6 The action plan for the Joint Strategy (attached at Appendix 1) contains ten priority action areas:
 1. Housing – which is accessible and adapted to meet individuals' requirements

¹ [Independent Living in Scotland](#)

2. Information – which is accessible and useful in assisting individuals to fully participate in all aspects of life.
3. Communication – support to allow individuals to communicate effectively.
4. Employment – access to meaningful employment, training and further education.
5. Health – support physical and mental well-being and encourage healthy lifestyles.
6. Accessible Environment –access to all local amenities and buildings.
7. Accessible Transport – affordable, flexible travel options across all modes of transport.
8. Personalised Support – self-directed support to help individuals achieve their desired outcomes.
9. See Hear – improve support for people with a sensory impairment.
10. Equalities – increase awareness and reduce inequalities.

3. PROGRESS

- 3.1 In the past 12 – 24 months, significant progress has been made. A new three year Service Level Agreement was agreed with VisionPK and Action on Hearing Loss (Scotland) to provide integrated support to people in Perth and Kinross with a sensory impairment. Before this, people with a hearing impairment and people with a visual impairment accessed support from different providers. There is now a ‘one stop shop’ in the New Row, Perth, where support for all sensory loss can be accessed. There is also regular sensory loss outreach support available in rural areas in Perth and Kinross.
- 3.2 The following are further examples that illustrate the positive impact the Joint Strategy has made (for full details please see the final action plan, updated August 2017, Appendix 1):

Information and Communication

The Perth and Kinross Council customer service centre has adopted a protocol for using the British Sign Language (BSL) Contact Scotland² online interpreting system to communicate with people who use BSL and guidance for staff has been developed and shared accordingly.

² [contactSCOTLAND | – BSL –](#)

Employment

The Perth and Kinross Employability Network has developed information and resources for its employer members which highlight support available when employing or training staff who live with a physical disability or sensory impairment. VisionPK and Deaf Action are both employability network members which have increased awareness both of support services available and challenged views and myths about sensory impairment in the workforce.

Health

Live Active Leisure continue to develop 'all access' groups which develop health and well-being options for people who live with a physical disability and/or sensory impairment. Opportunities are currently available in North Perthshire as well as Perth City with physical activity as well as mental health and well-being activities being available for adults, young people and children. In South Perth & Kinross a local disability sport group based at Loch Leven Campus is supported.

CulturePK mobile libraries continue to operate as distribution points for replacement NHS hearing aid batteries and in 2017/18 this service has been extended to include all rural libraries.

Accessible Environment

The Centre for Inclusive Living (CIKLPK) develops and promotes opportunities such as Disabled Access Day (DAD). 2017 saw a growing range of businesses taking part including the newly refurbished Council Offices at 2 High Street which includes a 'Changing Places' toilet which is accessible to people with a physical disability. This increases accessibility by enabling people to plan trips in advance using information on the website. CIKLPK have also been heavily involved in ensuring the redevelopment of Perth Theatre and Mill Street has given consideration to accessibility in its widest sense e.g. ridged edges to the pavements so people with a visual impairment know where the road starts and drain covers with specifications to ensure wheels from wheelchairs and rollators do not get stuck.

Accessible Transport

Shopmobility benefited from the refurbishment of the Canal Street Car Park in Perth. There are now 27 accessible parking spaces immediately adjacent to the Shopmobility Unit which gives improved access to the service.

PKC The Environment Service has redrafted all bus timetable information displayed in bus stops and shelters and made this more accessible in terms of font size and clarity of information. The strategy group supported this work by liaising with individuals and groups representing people with a physical disability and/or sensory impairment to ensure any changes were suitable for their requirements.

4. MONITORING AND REPORTING

- 4.1 The Joint Strategy Group and the See Hear Steering Group meet quarterly with key parts of the action plan being reviewed at each meeting. The See Hear Steering Group also receive updates on the projects which have received any See Hear funding during 2017/18.
- 4.2 This strategy has historically reported annually to the Perth and Kinross Council Housing and Communities Committee. In the future updates will be reported to the Integrated Joint Board.

5. PROPOSALS

- 5.1 The strategy will be developed into a Commissioning Plan which will form part of the Older People and Unscheduled Care Programme of the Perth and Kinross Health and Social Care Partnership.
- 5.2 In July 2017 the Fairness Commission for Perth and Kinross published 'Fairer Futures'³. The recommendations contained within the Fairer Futures report begins the process of challenging everyone to increase their awareness of how poverty and inequality impacts on their fellow citizens. Several working groups have been established to drive collaborative action in order to progress these recommendations. Involvement of key stakeholders with an interest in physical disabilities and sensory impairment in these working groups will ensure that the views and needs of disability groups effectively influence discussions.
- 5.3 Going forward these overarching areas of local policy will influence many areas of planning and ensure care group strategy actions are considered and included.

The Joint Strategy Group will continue to support the development of a Commissioning Plan for Physical Disabilities and Sensory Impairment and intends to review group membership, role and remit. There is likely to be particular emphasis on the following areas:

Accessible Transport

CILPK will continue to provide training for Wheelchair Accessible Vehicle drivers with consideration being given by PKC licensing to this becoming a requirement of holding such a licence.

³ <https://fairerfutures.com/>

Housing

Perth and Kinross Council Housing and the Health and Social Care Partnership undertook a Special Needs Housing review in 2017 which was informed by feedback from over 500 stakeholders. This included people with learning disabilities, autism spectrum disorder (ASD), profound and multiple learning disabilities (PMLD), physical disabilities, mental health and older people. The review made it very clear that current supported accommodation and wheelchair accessible housing in Perth and Kinross is highly valued by the people who live there. It concluded that there will be an ongoing demand for housing with care and support. In light of this, an action plan has been developed which sets out work streams to be progressed that will assist in enabling the development of housing for individuals who require care and support, or physically adapted properties, such as wheelchair accessible housing, to live independently in the community.

Accessible Environment

PKC TES and CILPK will continue working together with Living Streets Scotland to deliver a range of street and pavement improvements in Blairgowrie, Crieff and Perth City Centre. Work will also be ongoing with PKC City Centre Partnership towards the 'Walking Cities' Standard⁴.

Communication

CILPK have obtained Perth2021 funding to use information already collated and verified by DisabledGo to produce a hard copy leaflet or brochure for local 'Tourist Information' and other information giving sites. This includes access information about cultural venues and attractions throughout Perth and Kinross. Production will take place in 2018.

The online resource Euan's Guide⁵ is also promoted and used locally to share access reviews about venues and attractions which is of benefit to a wide range of community members.

A communication 'tent card' will be piloted in Autumn 2018 in Pullar House and 2 High Street with Customer Service Centre staff also taking part in awareness raising sessions around sensory loss. A visible card will sit on reception desks making it simpler for people to identify any communication support need.

See Hear

As Technology Enabled Care (TEC) solutions develop the Joint Strategy Group will work with the TEC Strategy Group to try and ensure the latest technology is available and accessible to people with a sensory impairment in Perth and Kinross.

⁴ [Walking Cities | Living Streets](#)

⁵ <https://www.euansguide.com/>

A review will be carried out of specialist sensory support equipment during 2018, including the assessment criteria and the agreed 'core lists'.

Recommendations for service improvement will be agreed with the See Hear Steering Group and shared with Health & Social Care Partnership Senior Management Team.

The See Hear Steering Group is working with other statutory partners to ensure cohesive local British Sign Language (BSL) plans for Perth and Kinross Council and NHS Tayside are published in late 2018.

6. CONCLUSION

- 6.1 As evidenced in this report and in the action plan at Appendix 1, there have been many areas of progress in actioning the priorities identified in the Joint Strategy over the past 12 – 24 months. This has been achieved by strong partnership working with individuals, community groups and a range of agencies and is improving outcomes for people with a physical disability and/or sensory impairment in Perth and Kinross.
- 6.2 Further areas for improvement have been identified and along with ensuring support for people with a physical disability and/or sensory impairment are prioritised across the three localities in Perth and Kinross, this will be the focus of the Commissioning Plan as it evolves in the next twelve months.

Author(s)

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Rhona Pollok	Planning and Commissioning Officer, Perth and Kinross Health & Social Care Partnership.	

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report supports the following outcomes of the Perth and Kinross Strategic Commissioning Plan:

- 1 prevention and early intervention,
- 2 person centred health, care and support
- 3 work together with communities
- 4 inequality, inequity and healthy living

2. Resource Implications

2.1 Financial

There are no direct financial implications arising from this report.

2.2 Workforce

There are no direct workforce issues arising from this report.

3. Assessments

3.1 Equality Impact Assessment

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

The Equality Impact Assessment undertaken in relation to this report can be viewed [Perth & Kinross Council - Equality Impact Assessments](#)

This report has been considered under the Corporate Equalities Impact Assessment process (EqIA) and assessed as **relevant** and the following positive outcomes are expected following implementation:
Increased independent living for those people living with physical and/or sensory impairments.

3.2 Risk

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

4. Consultation – Patient/Service User first priority

4.1 External

Members of the Perth and Kinross Joint Physical Disability Strategic group, the Perth and Kinross See Hear Steering Group and their associated networks have been consulted in the preparation of this report.

4.2 Internal

The views, report updates and general contributions of lead officers and members of the Joint Physical Disability Strategy Group and See Hear Steering Group have been gathered. This includes Service Managers and Senior Staff the Health and Social Care Partnership and Housing and the Environment Service.

5. Legal and Governance

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

6. Communication

6.1 Not relevant to this report.

7. BACKGROUND PAPERS/REFERENCES

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

8. APPENDICES

- 8.1 Appendix 1 in this report is the Final Action Plan for delivery of the Perth and Kinross Joint Strategy to Support Independent Living and Quality of Life for Adults with a Physical and/or Sensory Impairment 2014 – 2017.

APPENDIX 1

Perth and Kinross Joint Plan to support Independent Living for adults with a physical disability and/or sensory impairment

2014 – 2017 ⁶ **(FINAL UPDATE PREPARED DURING JUNE – JULY 2017)**

Scottish Government Delivery Plan 2016 – 2020 - A Fairer Scotland for Disabled People ⁷

Five ambitions:

1. Support services that promote independent living, meet needs and work together to enable a life of choices, opportunities and participation.

Support Services are designed and delivered to support all disabled people to live the life they choose, to have control, to make informed choices and to have support to communicate this when needed at every stage of their lives.

In Scotland we want to ensure that:

- Disabled people can participate as active citizens in all aspects of daily and public life.
- Support for independent living for disabled people if all ages, with increased say over how that support will be managed and provided.
- Delivery of high quality health, social care and third sector services, with services working together to remove the barriers faced by disabled people of all ages.
- Increased opportunities for disabled people to be fully involved in the design and delivery of services.

1. HEALTH: support physical and mental well-being and encourage healthy lifestyles

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Promote and implement use of sensory impairment e-module for health and social care staff training.	2016/17	See Hear Training Sub Group
PKC HCC Learning and Development are currently developing the best way to include the sensory impairment learn-pro modules developed by Highland Council into the PKC Learn, Innovate, Grow staff training system during 2017. This will be made accessible to third	ongoing	

⁶ [Perth & Kinross Council - Joint strategy to support independent living](#)

⁷ <http://www.gov.scot/Resource/0051/00510948.pdf>

Locally Agreed Priority Action / Activity	Timescale	Named Lead Individual & Agency
sector partners.		
Improve awareness of support services provided by the voluntary sector for people in Perth and Kinross who have a significant sight loss but who are not registered blind or partially sighted.	2016/17	VisionPK
<p>VisionPK continues to promote its services using a variety of methods –</p> <ul style="list-style-type: none"> • Accessible website • Talks to community groups and other organisations • New leaflet promoting the new service to be widely circulated <p>VisionPK were successful in securing the sensory loss contract from Perth and Kinross Council which commenced in October 2016 following an intensive period of work. VisionPK are now providing Sensory Awareness Training sessions which are being attended by a wide range of individuals and organisations. VisionPK continues to see a significant rise in the number of *non-registered clients being referred.</p> <p>April 2014 to March 2015 - 52 Non registered clients were referred April 2016 to March 2017 - 85 Non registered clients were referred Credit card top tips booklet is being produced. The text is being agreed with key stakeholders and cards will be available in late 2017.</p> <p><small>*non registered clients refer to clients being referred to VisionPK for support from NHS Ophthalmology services even though they do not have a BP1 (blind or partially sighted registration)</small></p>	Ongoing	
Live Active Leisure (LAL) will work with Perth College to provide a supported transition programme for young students with a physical disability moving into adulthood	2016/17	Live Active Leisure (LAL)
<p>LAL have continued the funding arrangement through the NHS Tayside Health Improvement Fund to support the Physical Activity Co-ordinator remit, which leads on disability work with Perth College.</p> <p>Two groups continue to run during term time (Live Active Health and Moving On). Programmes are shaped around college curriculum which have a life-skills focus. Sessions take place in LAL venues across Perth and Kinross and in Perth College.</p> <p>213 attendances on programmed sessions over the year 2016/17. Up to 16 unique</p>		

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
individuals taking part. The support of the college programme is to be reviewed 04 – 08 2107 to inform the future model. Needs have changed and transition to independent or supported community activity to be prioritised.		
Develop a local pathway around providing structured emotional support for those receiving a diagnosis of sight loss.	2016/17	VisionPK
VisionPK continue to signpost clients to sources of emotional support as needed and during 2017 will develop a formal, written pathway.		
Improve awareness within the Minority Ethnic Community (MEC) of physical disability and/or sensory impairment services including diagnosis and support services.	2016/17	CILPK/VisionPK
This is now a key priority for VisionPK and will be undertaken in the latter part of 2017.		

Establish inclusive programmes in each locality (Live Active Leisure (LAL) facility) with Blairgowrie and Aberfeldy as priority targets Live Active No Limits Programme	2016/17 ongoing	Live Active Leisure (LAL)
<p>In partnership with Perth and Kinross Council, LAL work in Blairgowrie to provide adult multi sports classes (No Limits) which provides a range of activities from Boccia, Football and Basketball to adults with learning and physical disabilities.</p> <p>In Blairgowrie LAL and Active Schools have started an after school club for secondary school pupils who live with physical / sensory or learning disabilities. Ten young people regularly attend, longer term planning is for additional funding so that primary school pupils can be included too.</p> <p>The No Limits weekly programme continues in Perth at Bells Sports Centre with sessions for both adults and children / young people, at present there are 5 young people and 15 adults who regularly take part.</p> <p>In Aberfeldy during 2016/17 there has been a trial of activity sessions for secondary school pupils who live with physical / sensory or learning disabilities. This will become a summer programme of 8 sessions delivered by LAL and the long term plan is to develop a multi-sport evening session each week.</p> <p>In South Perthshire & Kinross-shire LAL support the work of the SPARK 2 group which is an adult disability sport group based at Loch Leven Campus.</p>		

A range of partners have worked with LAL during 2016/17 to develop an all ability bike programme, open to young people and adults who live with a physical or learning disability. During Summer 2017 three weekly sessions will be offered in Perth with planning taking place to develop this further in the Autumn.		
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Improve access to support services for specific care groups including veterans; establish an additional support needs group.	2016/17	Scottish War Blinded/ VisionPK																								
<p>Scottish War Blinded offers a service to any service or ex-service personnel with visual impairments. They now have an outreach worker based at VisionPK offices in Perth and VisionPK workers also help identify people eligible for support.</p> <p>Scottish War Blinded currently supports 75 members in P&K. Scotland-wide it is 800. Referrals primarily come from Vision PK rehabilitation workers.</p> <p>Age breakdown of membership in P&K :</p> <table border="1"> <thead> <tr> <th></th><th>2016</th><th>2017</th></tr> </thead> <tbody> <tr> <td>Age 40 – 50 :</td><td>1</td><td>1</td></tr> <tr> <td>Age 50 – 60 :</td><td>2</td><td>2</td></tr> <tr> <td>Age 60 – 70 :</td><td>2</td><td>2</td></tr> <tr> <td>Age 70 – 80 :</td><td>12</td><td>12</td></tr> <tr> <td>Age 80 - 90 :</td><td>48</td><td>43</td></tr> <tr> <td>Age 90 – 100:</td><td>15</td><td>15</td></tr> <tr> <td>TOTAL</td><td>70</td><td>75</td></tr> </tbody> </table> <p>The criteria for SWB membership is that they have been in the armed services and now have significant visual impairment. A pointer for this would be that they are no longer able to drive. Membership is free of charge.</p> <p>Benefits of Membership in P&K: Support of an Outreach Worker (this is needs led and person centred). Invitation to an annual lunch in Perth. Xmas gift. Free low vision equipment. 2 weeks per year free respite (this is helpful for couples where one is a carer, or the member has been in hospital and would benefit with additional care during recovery). Sitting Service provision for members who have a carer or they themselves care for their spouse and need some time off. The SWB Linburn Centre at Kirknewton, Edinburgh is a rehabilitation and activity centre which is available to members to visit and</p>		2016	2017	Age 40 – 50 :	1	1	Age 50 – 60 :	2	2	Age 60 – 70 :	2	2	Age 70 – 80 :	12	12	Age 80 - 90 :	48	43	Age 90 – 100:	15	15	TOTAL	70	75		
	2016	2017																								
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Age 90 – 100:	15	15																								
TOTAL	70	75																								

<p>take part in activities such as woodwork, IT, and art. Another centre is being opened in Paisley during Summer 2017 along with an adjacent care home and cafe.</p> <p>The respite service has been used by three members in P&K so far. They book themselves into a care home and SWB pay the bill. (This service has been offered since Jan 2014).</p> <p>All members use low vision equipment. When they are first registered partially sighted or blind* they are assessed by Vision PK rehabilitation workers for low vision equipment. They can order this from SWB so that it is free of charge to members. Equipment ranges from hand held magnifiers, lighting, talking clocks and watches, to desktop CCTV Readers.</p> <p>(*VisionPK offer support to anyone in the community with a sensory impairment whether they are registered or not).</p>		
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2. PERSONALISATION & SELF DIRECTED SUPPORT self-directed support to help individuals achieve their personal outcomes

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Monitor number of physical impairment and sensory impairment clients, who meet eligibility criteria for social care.	2016/17	PKC HCC
<p>The annual social care return figures are submitted to Scottish Government by July 30th, unverified data will be available locally in September and published nationally in March 2018.</p> <p>AIS (PKC recording system) provides somewhere to record client information on physical disability and/or sensory impairment, however completion by staff is not mandatory.</p> <p>Going forward, accurately recording this information requires to be highlighted to all staff using AIS.</p>		Data will not be available before papers are submitted to Committee Services.
Ensure people with a physical disability who meet the eligibility criteria are able to maximise their independence through "self-directed support".	2016/17	CILPK
CIKPK liaise with PKC staff and are available to provide independent support to clients with a physical impairment when approached regarding accessing self - directed support.	Ongoing	

3. SEE HEAR improve sensory impairment services through partnership working

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Develop a local partnership to improve outcomes for people with a sensory impairment in Perth and Kinross (local action from national sensory impairment framework See: Hear)	2016/17	PKC HHCC / NHS Tayside / third Sector partners
<p>The P&K See Hear Partnership was implemented in October 2014 with a Steering Group and Working Group established January 2015. The Steering Group continues to meet (as sub group of the Joint P&K Physical Disability Strategy Group). A small amount of See Hear funding was allocated in 2016/17 to several projects who report regularly to Steering Group:</p> <ul style="list-style-type: none"> • The Macular Group – Perth, are using funding to increase support for people who find it difficult to get to Macular Group meetings in Perth • Deafaction are working with Dundee University to produce a prototype “deaf awareness” training kit and will use this funding to enable this project to develop. • VisionPK are using the funding to purchase both vision and hearing demonstration equipment for their resource room. • Blairgowrie Lip Reading Group is using the funding to extend provision of lip reading classes in the Blairgowrie and Rattray area, where demand is high. • Fairview School Pupil Group is using the funding to record “signs of the week” in BSL. This will then be used on the school website and with parents, school staff and others who provide support such as taxi drivers. 	Ongoing	
See Hear - monitoring and reporting	2016/17	See Hear Lead Officer
Progress of work to deliver actions is reviewed quarterly at See Hear Steering Group meetings. The See Hear Lead Officer is requested to update Scottish Government regularly via the National Leads Meeting. Local Annual Reporting is currently to the PKC Housing & Communities Committee but may shift to reporting into the Health & Social Care Partnership structure.	Ongoing	

4. INFORMATION that individuals require to fully participate in all aspects of life

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Improve accessibility, quality and content of online information	2016/17	VisionPK
A review is taking place during 2017 of the VisionPK website to ensure it reflects fully the range of services and supports now available to individuals with a sight loss as well as those who are Deaf and hard of hearing.		
Explore options for using on-line technologies to support BSL users.	2016/17	PKC Chief Executive's Service/ CEAG
During 2016/17 the PKC Customer Service Centre has adopted a protocol for the use of ContactScotland BSL online interpreting contactSCOTLAND – BSL – PKC internal staff guidance (ERIC) for all Services will be updated in 2017/18 to reflect use of Contact Scotland BSL with customers who use BSL.		

2. Scottish Government Delivery Plan - Decent incomes and fairer working lives

Disabled people are able to participate fully in education and paid employment enabling their talent and abilities to enrich Scotland. Disabled people are supported through transitions in their lives e.g. from school to work. Poverty is addressed for disabled people and their families and Scotland's social security system is built on the principles of fairness, dignity and respect. This approach reflects the principles set out by the Fair Work Convention in their Framework and supports the ambitions of Scotland's Labour Market Strategy.

In Scotland we want to ensure that:

- Disabled people are visible and participating within communities, learning and education, volunteering and employment.
- Equal opportunities for disabled people in education and employment.
- Greater understanding and a positive attitude amongst employers and educators to disabled people.
- Improved awareness and understanding of discrimination, prejudice and barriers faced by disabled people including the physical environment, stigma and negative attitudes.
- Benefits delivered in a way that is rights-based and helps meet the additional living and mobility costs of disabled people and treats with dignity and respect throughout the process.

5 EMPLOYABILITY access to meaningful employment, training and further education

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Raise awareness of the support available for people with physical disability and/or sensory impairment with the Perth and Kinross Employability Network.	2016/17	PKC HCC Employability Network Governance Group. NHS Tayside Working Health Services
<p>Perth and Kinross Employability Network Home Perth & Kinross Employability Network Members support individuals furthest from the job market including those with physical and/ or sensory impairments. Network members are provided with a wide variety of learning and development opportunities through the website, Network meetings and collaborative working with fellow Network members.</p> <p>In May 2017 the Network members were informed of Digital developments in Perth and Kinross and JCP's first Virtual Jobs Fair at May 2017 Network meeting. Also scoping exercise completed re identifying barriers and potential solutions to digital inclusion for vulnerable people.</p> <p>In March 2017 the Employability Network and the Hub organised the first Employers Gold Award Celebration – to acknowledge and promote inclusive employers in Perth and Kinross.</p> <p>In September 2016 the Employability Network Members were informed of the Fit for Work Scheme, Employability Courses and Wellbeing Centre at Perth College, the Disability Confident Scheme and Wellbeing Support in Perth and Kinross. In addition Members also experienced a Mindfulness taster session.</p> <p>In June 2016 VisionPK and Deaf Action delivered presentations on their services to the Employability Network. The meeting was hosted by VisionPK which also raised member's awareness of VisionPK's service and building base. Deaf Action and VisionPK are both Network members and information relating to their services and contact details are on the website.</p> <p>RNIB has presented at Employability Network Group meetings.</p>		

Locally Agreed Priority Action / Activity	Timescale	Named Lead Individual & Agency																												
Perth and Kinross Employability Network’s website www.pkemploy.net hosts information on 33 members all delivering on one or more of the 5 stages of the Employability Pipeline. In addition to employability most Network members also offer a range of other supports.																														
<p>NHS Tayside provides both Working Health Services and the new Fit for Work Service across Tayside, for all employers / employees, not just those employed by NHS Tayside NHS Tayside</p> <p>Working Health Services provides a vocational rehabilitation service for employees who are struggling at work, they must be self-employed or work for a small business (less than 250 employees). Services available are physiotherapy, counselling, occupational therapy and case management. During Jan – Dec 2015, 68 clients from the P&K area have been supported and during Jan – Dec 2016 as well as Jan – June 2017 252 clients from P&K have been supported.</p> <p>The new Fit for Work service can be accessed via a GP referral or an employer referral and is a telephone assessment, conducted by a health professional, when an employee reaches 4 weeks of sickness absence. The assessment will identify all the obstacles preventing the individual returning to work and a return to work plan will be produced. Both services are Tayside wide.</p>																														
Monitor staff profile of local public sector employers for disability and sensory impairment and take action to increase representation as required.	2016/17 ongoing	PKC, NHS Tayside																												
<p>*Disclosure of equality data is voluntary by employees</p> <table><tr><td>PKC</td><td>13/14</td><td>14/15</td><td>15/16</td><td>16/17</td><td>NHST</td><td>16/17</td></tr><tr><td>% workforce with disability</td><td>0.9</td><td>1.1</td><td>1.1</td><td>1.2</td><td>% workforce with disability</td><td>0.5%</td></tr><tr><td>% of new appointment with disability</td><td>1.8</td><td>5.3</td><td>3.2</td><td>3.9</td><td>% of new appointment with disability</td><td>0.4%</td></tr><tr><td>% internal promotions with disability</td><td>8.0</td><td>7.1</td><td>3.4</td><td>5.5</td><td>% internal promotions with disability</td><td>0.1%</td></tr></table> <p>PKC HR Management Information, *2016/17 are provisional figures. NHST % workforce, appointed and promoted, with recorded disability against headcount & equal opportunity analysis as at 31.03.17</p>			PKC	13/14	14/15	15/16	16/17	NHST	16/17	% workforce with disability	0.9	1.1	1.1	1.2	% workforce with disability	0.5%	% of new appointment with disability	1.8	5.3	3.2	3.9	% of new appointment with disability	0.4%	% internal promotions with disability	8.0	7.1	3.4	5.5	% internal promotions with disability	0.1%
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% internal promotions with disability	8.0	7.1	3.4	5.5	% internal promotions with disability	0.1%																								

Ensure people with a physical disability and / or sensory impairment who are being supported into work also receive appropriate support to maximise their income.	2016/17 ongoing	PKC HCC Welfare Rights Team P&K Credit Union
<p>PKC Welfare Rights Team received European Social Fund monies to deliver the Positive Futures! project</p> <p>PKC Welfare Rights are a member of the Employability Network.</p> <p>PKC Welfare Rights Service have an Macmillan Welfare Rights service - Perth & Kinross Council and deliver outreach from Cornhill Unit Perth Royal Infirmary every Wednesday morning from 10-12pm and every Monday afternoon from 1.00-4.30 from the Advice Shop in Ninewells hospital Dundee.</p> <p>P&K Welfare Rights Team in partnership with Perth CAB deliver the Local Early Advice Project (LEAP) targeting people affected by multiple morbidities and sessions are held on a regular basis at the Pulmonary Rehabilitation Group at PRI with video links to patients in other hospitals across the country.</p>		
<p>P&K Credit Union Perth and Kinross Credit Union has produced a budget card account named "Engage" to assist anyone who finds it difficult to budget. Any benefit payments come direct to the Credit Union who arranges to pay standing orders, regular bills leaving the balance of funds on the "Budget Card". It is used and accepted like a pre-paid Debit Card.</p> <p>PKCU have increased their membership over the past year and also opened outreach centres in six outlying areas of Perth & Kinross: Auchterarder, Kinross, Blairgowrie, Letham, Crieff & Pitlochry.</p> <p>The Budget Card Scheme is helping more people as feedback indicates that it helps members manage their finances better. PKCU are also engaging with other agencies to try to provide services to all sectors of the community. Examples of agencies worked with in 2016/17 include CATH, CAB and the Six Circle Project.</p>		
Increase availability of accessible benefit maximisation information and employability support.	2016/17	CILPK/VisionPK/RNIB
VisionPK and RNIB continue to support the P&K Employability Network Home Perth & Kinross Employability Network to work with both employers and also individuals with a sensory impairment.	ongoing	

<p>VisionPK work in partnership with an RNIB employment adviser to provide both a rolling programme of workshops and also 1:1 tailored support for individuals of working age with a visual impairment. During 2016/17 10 people with a visual impairment were supported into work.</p> <p>Workshop topics covered include; What Job Can I Do? Disclosing your disability, Moving from Benefits into Work, Access Technology used in the Workplace and interview techniques.</p> <p>VisionPK also refer individuals with a hearing impairment to the employability services provided by Deaf Action and Action on Hearing Loss Scotland as appropriate.</p>		
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3. Places that are accessible to everyone

Disabled people can live life to the full in homes and communities across Scotland, with housing and transport and the wider physical and cultural environment designed and adapted to enable disabled people to participate as full and equal citizens.

In Scotland we want:

- Greater and more meaningful involvement by disabled people in designing policies and services.
- Disabled people to benefit from increased availability of affordable and accessible housing to support people to continue to life independent lives.
- Increased availability of accessible and inclusive transport and services.
- Increased awareness of the additional barriers living in rural or remote areas can bring for disabled people.

6 HOUSING which is accessible and adapted to meet individuals requirements

<i>Locally Agreed Priority Action / Activity</i>				<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Monitor number of adaptations each year to meet the need for housing suitable for people with mobility problems and support and advice to owners (e.g. through Care and Repair)				ongoing	PKC HCC / Care & Repair P&K Local Housing Strategy
Number of clients with mobility problems receiving support to adapt their homes:					Adaptations for Perth and Kinross Council Tenants are carried out by PKC. Adaptations for Owner /
	2014/15	2015/16	2016/17		
Owner / occupier	125	230	226		

Locally Agreed Priority Action / Activity					Timescale	Named Lead Individual & Agency															
PKC tenants	300	331	349			Occupiers including private rented tenants are carried out by Caledonia Care & Repair (contracted by PKC) Adaptations for tenants of local housing associations are carried out by each HA. Figures not routinely reported to PKC.															
<p>PKC HCC Annual Care & Repair monitoring figures</p> <ul style="list-style-type: none">The majority of clients were aged 76 or older.The most common type of major adaptations were bath to level access shower conversions, widening doorways, installing stair lifts and providing ramped access to properties.																					
<p>Monitor annually: PKC housing suitable for wheelchair use (including sheltered properties as from 2016/17) PKC housing suitable for people with physical disabilities who do not use a wheelchair (including sheltered properties as from 2016/17) (definitions used are from Local Housing Strategy and as prescribed by Scottish Government)</p>					ongoing	PKC H&CC															
<table><tr><td></td><td>2013/14</td><td>2014/15</td><td>2015/16</td><td>2016/17</td></tr><tr><td>*Housing suitable for wheelchair use</td><td>670</td><td>697</td><td>708</td><td>622 (199 are sheltered)</td></tr><tr><td>**Housing for people with a physical disability who do not use a wheelchair</td><td>1102</td><td>1399</td><td>1500</td><td>1141 (56 are sheltered)</td></tr></table> <p>(PKC HCC annual return to Scottish Government – figures are a snapshot as at 31st march each year)</p> <p>* Housing suitable for wheelchair use This is housing that is purpose built or adapted with features that help a wheelchair user live as independently as possible. Common features are level external access, wider hallways and doorways, accessible bathroom/shower room, accessible kitchen units, light switches and heating controls at accessible heights.</p> <p>** Housing for people with a physical disability who do not use a wheelchair This is housing that is suitable for older people, ambulant disabled or those with mobility problems. It will have level external access and may have some disabled adaptations such as a level access shower, telecare or community alarm and it may be a two storey property.</p>						2013/14	2014/15	2015/16	2016/17	*Housing suitable for wheelchair use	670	697	708	622 (199 are sheltered)	**Housing for people with a physical disability who do not use a wheelchair	1102	1399	1500	1141 (56 are sheltered)		Figures for 2016/17 were collected using a different method as required by the Scottish Housing Regulator.
	2013/14	2014/15	2015/16	2016/17																	
*Housing suitable for wheelchair use	670	697	708	622 (199 are sheltered)																	
**Housing for people with a physical disability who do not use a wheelchair	1102	1399	1500	1141 (56 are sheltered)																	

Locally Agreed Priority Action / Activity					Timescale	Named Lead Individual & Agency										
Increase the supply of new build housing (all tenures) suitable for people with 'varying and particular needs' year on year (target of 100 per year).					No longer a discrete target beyond 2017.	P&K HCC LHS										
<table><tr><td>2012/13</td><td>2013/14</td><td>2014/15</td><td>2015/16</td><td>2016/17</td></tr><tr><td>79</td><td>67</td><td>70</td><td>132</td><td>97</td></tr></table> (PKC HCC annual return to Scottish Government)					2012/13	2013/14	2014/15	2015/16	2016/17	79	67	70	132	97		This target was included in the LHS up to 2016. All new builds which receive Scottish Government funding are now required to be built to accommodate people with varying and particular needs ⁸ .
2012/13	2013/14	2014/15	2015/16	2016/17												
79	67	70	132	97												
Increase (from baseline) the availability, year on year, of telecare packages for frail and vulnerable people (number of clients receiving community alarm and number of clients receiving telecare) Basic telecare package includes a base unit and pendant, smoke detectors and heat detectors.					Ongoing 2014 figures will be baseline	PKC HCS & P&K H&SCP										
number of PKC community alarm and telecare packages																
	community alarm only	additional telecare	Total													
2013/14	2610	460	3070													
2014/15	2200	410	2610													
2015/16	1960	500	2460													
2016/17	2180	1080	3260													
Figures from PKC HCC annual community alarm monitoring / Annual Scottish Care Returns																
Improve access to small equipment / minor adaptations by introducing an online self-assessment system during the period 2015/16.					2016/17	PKC / P&K H&SCP										
The on-line self-assessment system for small equipment was launched during June 2015 as www.abilityoptionsperth.org.uk . A wide range of equipment is available for either loan or purchase following assessment.						The system is evolving with user feedback and will continue to develop as a source of information and support for										

⁸ <http://www.cih.org/resources/PDF/Scotland%20Policy%20Pdfs/PDF%20equalities%20diversity%20and%20housing%20from%20mags.pdf>

	June 15 – Dec 16	Jan 17 – April 17 (part year)			independent living.
Self-assessment completed online with no staff assistance	280	190			
Telephone assessment completed with staff help	156	179			
Total	436	369 (part year figures)			
<i>PKC HCC data produced with Smart Report April 2017</i>					

7. ACCESSIBLE TRANSPORT affordable, flexible travel options across all modes of transport

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Work with colleagues in PKC (Licensing + Public Transport Unit) to survey local taxi / private hire car (PHC) operators and produce a range of options to improve availability of Wheelchairs Accessible Vehicles (WAVs).	2016/17	PKC TES / PKC Licensing / CILPK
<p>A report was approved by PKC Licensing Committee in December 2015 http://www.pkc.gov.uk/Licensing Committee December 10 2015 which agreed several changes to the licensing of Wheelchair Accessible Vehicles. Changes included : an amended definition of WAV to ensure any model of motorised wheelchair can be secured when the WAV is moving and the passenger can remain seated in the wheelchair during the journey.</p> <p>CILPK were heavily involved in the consultation period preceding the report. CILPK Development Manager attends the quarterly Taxi Forum, along with PKC colleagues from Taxi Licensing, to encourage a two way dialogue between the taxi trade and people with disabilities who rely heavily on their services.</p>		

Develop a programme of disability and sensory awareness training for local taxi / private hire drivers.	2016/17	PKC Licensing / CILPK
Following agreement at the December 2015 Licensing Committee CILPK are working with the local taxi trade to provide WAV specific training for safe transportation. As part of this programme general awareness raising / customer service for people living with a disability / sensory impairment is carried out. Training took place with 40 drivers during 2016 and 31 additional drivers during 2017 (71 drivers in total to date). Positive feedback is being received from CILPK members about taxi journeys. Information about the companies that have completed the training can be found on the CILPK website at http://cilpk.org.uk/wheelchair-accessible-taxis/		
Promote the Thistle Card, in conjunction with local community groups such as CILPK & VisionPK.	2016/17	PKC TES & vol. sector partners
Tactran along with Perth and Kinross Council, Dundee City Council and Stirling Council launched the Thistle Assistance Card during 2014. VisionPK, Perth and Kinross Council and CILPK continue to be involved in distributing and promoting the Thistle Card to community members with a physical and/or sensory impairment. http://www.tactran.gov.uk/documents/ThistleCardComplete.pdf The public can pick up the Thistle Card at Pullar House, at VisionPK Offices, CILPK Offices and several other outlets across Perth and Kinross.	Ongoing	

Promote the residential disabled parking bay scheme (marking a bay on the street outside a house without a drive-way) as well as the timely removal of such marking. Perth & Kinross Council - Residential disabled parking bay	2016/17	PKC TES																														
<div>Figures from PKC TES annual monitoring</div> <table><tr><td></td><td>13/14</td><td>14/15</td><td>15/16</td><td>16/17</td></tr><tr><td>Applications received</td><td>45</td><td>57</td><td>60</td><td>57</td></tr><tr><td>Bays approved</td><td>25</td><td>22</td><td>32</td><td>22</td></tr><tr><td>Bays denied</td><td>13</td><td>8</td><td>13</td><td>25</td></tr><tr><td>Applications withdrawn</td><td>3</td><td>5</td><td>0</td><td>2</td></tr><tr><td>Forms not returned</td><td>4</td><td>10</td><td>4</td><td>8</td></tr></table>		13/14	14/15	15/16	16/17	Applications received	45	57	60	57	Bays approved	25	22	32	22	Bays denied	13	8	13	25	Applications withdrawn	3	5	0	2	Forms not returned	4	10	4	8		
	13/14	14/15	15/16	16/17																												
Applications received	45	57	60	57																												
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Bays denied	13	8	13	25																												
Applications withdrawn	3	5	0	2																												
Forms not returned	4	10	4	8																												
Raise awareness of the services offered by Perth Shopmobility scheme including advice prior to buying a motorised mobility scooter etc.	2016/17	PKC TES / Shopmobility.																														
<p>Shopmobility continues to receive funding from PKC TES and is managed by PKAVS.</p> <p>PKAVS: Shopmobility Shopmobility currently has over 2000 members making over 2500 equipment hires each year.</p> <p>Customer Survey Questionnaires throughout 2016/17 indicate that Shopmobility is a valuable asset to Perth residents and visitors alike. 100% of those who replied said that Shopmobility provides a service rated as excellent or very good. Perth Shopmobility is registered with CILPK as a 'Keep Safe Place' in accordance with the national Keep Safe Scheme.</p> <p>During 2016/17 presentations were made to various groups which were well attended and one given to Perth & District Arthritis Awareness Club which resulted in the donation to Shopmobility of a new mobility scooter.</p> <p>During the refurbishment of Canal Street multi storey car park Shopmobility was temporarily relocated to a unit within the St John's Shopping Centre. The loss of car parking for disabled service users from September 2016 to January 2017 caused some disruption to the Shopmobility service but by delivering/collecting</p>																																

<p>equipment to and from cars parked anywhere within the town centre the service was maintained. A benefit of sharing the St John's Centre unit with other community services such as CILPK & Tayside Fire and Rescue led to a great deal of networking and sharing of information.</p> <p>On 23rd January 2017 Shopmobility re-opened in a purpose built facility within Canal Street multi-storey car park which now has 27 disabled parking bays Parking in Perth Scotland and Travel Information</p>		
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4. Protected rights

Scotland's justice system is equipped to meet the needs of disabled people in a fair and inclusive way. Disabled people are confident that their rights will be protected and they will receive fair treatment at all times.

In Scotland we want to ensure that:

- Disabled people are treated as equal citizens within all elements of the justice and tribunal system, with full access to the physical environment, advocacy and support, information and advice, and communication support.

8 ACCESSIBLE ENVIRONMENT access to all local amenities and buildings

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Work with DisabledGo to audit approx.1000 premises throughout Perth & Kinross, publicise the results and support ongoing reviews and additions to the website.	2016/17	DisabledGo / PKC HCC/ CILPK
3rd annual review meeting with DisabledGo has taken place during Spring 2017. New premises for auditing during Summer 2017 have been identified (25 large venues and 19 small venues). CILPK members have been trained to carry out visits to small premises. Website will be updated with new venues in late Summer 2017.		
Promotion of the DisabledGo website has taken place in PKC News, PKC Inside News, Yammer and on www.pkc.gov.uk		

Locally Agreed Priority Action / Activity	Timescale	Named Lead Individual & Agency								
CILPK have obtained Perth2021 City of Culture small grant funding to use DisbledGo information in order to design and distribute a hard copy access guide – this will take place during 2017/18.										
Monitor requests for and provision of dropped kerbs throughout Perth and Kinross. Any requests received are added to a waiting list and when routine maintenance allows dropped kerbs are put in place as part of that project. Technical meetings are held between CILPK (in their role as Access Panel) and engineers to review and prioritise requests.	2016/17	PKC TES / CILPK								
Increase awareness and knowledge of disabled parking spaces at PRI and knowledge of “drop off” points and waiting areas. Planned for 2017/18	2016/17	P&K H&SCP / CILPK								
Review prioritisation of deaf equipment supply across Perth & Kinross A review will take place after September 2017 once the new statutory social work provider has been in place for 12 months	2016/17	PKC HCC/VisionPK								
Develop facilities to ensure that up to date IT equipment and training is readily accessible to anyone who is experiencing a significant sight loss to help ensure they have equal access to the things that are important to them.	2016/17	VisionPK								
VisionPK works closely with Lead (Linking Education & Disability) Scotland LEAD Scotland - Linking Education and Disability » Perth & Kinross where individuals with a disability can be supported on either a 1:1 basis or in a group setting to access both digital skills and technology.	Ongoing									
<table><tr><td>P&K LEAD learners April 2016 – March 2017</td><td>Physical disability</td><td>Visual impairment</td><td>Hearing impairment</td></tr><tr><td>94</td><td>62</td><td>28</td><td>4</td></tr></table>	P&K LEAD learners April 2016 – March 2017	Physical disability	Visual impairment	Hearing impairment	94	62	28	4		
P&K LEAD learners April 2016 – March 2017	Physical disability	Visual impairment	Hearing impairment							
94	62	28	4							

Locally Agreed Priority Action / Activity	Timescale	Named Lead Individual & Agency
VisionPK also works in partnership with RNIB & CulturePK Library Services who host a regular, drop-in, digital inclusion project (Get Online Today) for those with sensory impairments at the AK Bell library Get Online Today - Culture Perth and Kinross .		
Review adherence of all pedestrian crossings throughout Perth and Kinross to national standards for time allowed to cross	2016/17	PKC TES
<p>When a pedestrian crossing is installed the timings are set to national guidance. Crossings are checked annually by an engineer. CILPK are consulted when any new crossings are installed, e.g. during 2017 a Puffin crossing was installed at High Street, Kinross.</p> <p>16 new pedestrian crossings have been identified for 2017 – 2019. The public or any parties can contact the PKC Service Centre at any point with queries or concerns and if there is a request to adjust the timings an alternative timing setting would be considered.</p>	Ongoing	
Raise awareness of the “Keep Safe Places” scheme across Perth & Kinross to broaden the range of community members with physical and/or sensory impairments who can benefit from it. Keep Safe Places - Police Scotland	2016/17	PKC HCC / CILPK
<p>Everyone previously involved in the Safe Place local scheme has now moved over to the Keep Safe national scheme and are registered with Police Scotland.</p> <p>In 2017 24 venues and 58 individuals in Perth and Kinross have signed up, a slight increase on 2016.</p> <p>There is now a keep safe app which can be downloaded giving information about keep safe places anywhere in Scotland.</p>	Ongoing	

<p>A series of Keep Safe meetings took place during 2016/16 themed round safety in the community, safety in the home and safety on public transport. 30 people attended each session and this included CILPK members as well as Carers and representatives from Police Scotland, Fire & Rescue, Stagecoach, Scotrail, NHS Tayside and a range of council services.</p> <p>Several actions developed from these sessions e.g. Stagecoach met with CILPK members who use wheelchairs or mobility aids. Both staff and CILPK had an opportunity to trial all the assistance options on a range of buses with a range of wheelchair designs and sizes.</p>		
<p>Link into the PKC CEAG Disability related harassment sub-group and ensure any relevant issues raised are passed to the Joint PD Strategy Group for either action or information.</p>	2016/17	PKC CEAG
<p>CILPK staff and members attend the PKC CEAG disability related harassment sub group to provide feedback both to and from the Joint PD Strategy Group.</p> <p>The P&K Disability Harassment group has merged with the Safe Place Group and holds 4 meetings throughout the year where people can speak about different topics. During 2016/17 meetings with the following themes were held:</p> <p>Safety in the Community Safety in the Home Safety on Public Transport Round up of all meetings</p> <p>Around 30 community members attended each meeting along with representatives from agencies such as Police Scotland, Stagecoach and Scotrail.</p>	Ongoing	

Monitor number of applications and Blue Badges issued					2016/17	PKC TES
Data from PKC TES Property, Performance & Resources May 2017					Ongoing	
	13/14	14/15	15/16	16/17		
Issued	2552	2379	2676	2710		
Cancelled *	103	580	470	536		
Refused	21	18	181	33		
*cancelled numbers are due to death or misuse						
Locally Agreed Priority Action / Activity					Timescale	Named Lead Individual & Agency
Promote access to a Blue Badge for those eligible					2016/17	PKC TES
The Blue Badge scheme is promoted via the PKC website, via transport Scotland as well as through PKAVS and CILPK					ongoing	
PKC staff can and do help with application assistance and CILPK also provide support for those who require help Perth & Kinross Council - Blue Badge Scheme (Disabled person's parking badge)						

9 EQUALITIES increase awareness and coordination across partnerships

Locally Agreed Priority Action / Activity	Timescale	Named Lead Individual & Agency
Maintain and further develop links with the Perth and Kinross Corporate Equalities Action Group (CEAG) and PKC Member Officer Working Group	2016/17	PKC HCC
The PKC MO Equality Group received a presentation on current actions within the PD Strategy and See Hear during 2015/16 and receive updates from CILPK as necessary	As requested	
VisionPK – ethnicity of new service users requiring support with visual impairment only. Figures for hearing loss will be available from October		

Locally Agreed Priority Action / Activity				Timescale	Named Lead Individual & Agency
2017 after the new contract has been in place for 12 months.					
Ethnic Origin	Number 2014/15 Q4 only	Number 2015/16 Q4 only	Number 2016/17 Q1 – Q4		
White – Scottish	21	25	119		
White – Other British	3	1	12		
Asian	0	1	2		
Declined to give/Not known	1	0	5		
Total	25	27	138		
As from October 2016 VisionPK became responsible for both sight and hearing statutory services on behalf of Perth and Kinross Council.					

5. Active participation

People who live with a disability participate as active citizens in all aspects of daily and public life in Scotland. Information and communication is accessible and inclusive; barriers experienced by disabled people including negative attitudes, stigma and discrimination, are understood and addressed and disabled people are involved in shaping their lives and the decisions that impact upon them. Social isolation is reduced for disabled people.

In Scotland we want to ensure that:

- Disabled people are empowered through peer support and learning and development opportunities to participate fully as active citizens.
- Increased understanding of disabled people's needs throughout civic society.
- Communication to be accessible to, and inclusive of, all.
- The barriers facing disabled people to be known, understood and addressed.
- Disabled people have access to relationships and connections which support them, and increased resilience to cope with challenges.

10 COMMUNICATION support to allow individuals to communicate effectively

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
Reach out to individuals from Minority Ethnic Communities (MEC) communities who have a sensory loss and therefore make services more accessible to this group.	2016/17	VisionPK
VisionPK offer awareness training to a range of professionals who come into contact with individuals from MEC groups. VisionPK will also be taking steps in 2017/18 to promote the sensory service to all groups including exploring ways to ensure information and sensory support services are accessible to individuals from MEC groups.		
Encourage the use of Your Community PK information sites with agencies who provide a service for people with a physical disability and/or sensory impairment.(Your Community (ex. Well Connected) is an online index of useful community support and resources)	2016/17	VisionPK / CILPK / PKC HCC
VisionPK continues to be involved and inputs data about community organisations and projects into the website. The Well Connected site which is being rebranded and will be known as Your Community PK with a launch scheduled for September 2017.		
Promote the wider availability of accessible public transport information using technology, including the Scot talk app.	2016/17	PKC Environment Service (TES)
During 2017 PKC TES worked in partnership with Stagecoach Live bus information Stagecoach to introduce local background information for the Perth & Kinross element of a real time bus information system, funding was from Smarter Choices, Smarter Places and was secured during 2015/16. Traveline Scotland continue to refine and develop the “Scot Talk” app which aims to assist partially sighted users in finding bus stops near any		

<i>Locally Agreed Priority Action / Activity</i>	<i>Timescale</i>	<i>Named Lead Individual & Agency</i>
<p>location in Scotland, and also informs users of next bus departures from those stops. Using the iOS VoiceOver function, users are also able to track their bus once on the vehicle, with the next stops being read aloud as the bus progresses along the route.</p> <p>Traveline Scotland continue to develop travel information systems which are available through mobile applications (apps) and work to build in accessibility features as standard. Examples include the txt2traveline Traveline Scotland SMS Service which offers the next bus arrival time at a particular stop, by text message. This is useful in areas where there may be no internet access.</p>		



PERTH & KINROSS INTEGRATION JOINT BOARD

28 September 2018

CARE INSPECTORATE INSPECTIONS 2017/18

Report By Diane Fraser, Head of Adult Social Care (Report No. G/18/141)

PURPOSE OF REPORT

This report advises Integration Joint Board of the key findings of inspections carried out in Perth and Kinross by the Care Inspectorate during 2017/18. The report highlights some excellent performance and grades awarded by the Inspectorate across the majority of services, as well as some areas for improvement.

1. BACKGROUND

- 1.1 The Care Inspectorate is the unified independent scrutiny and improvement body for care and children's services. They regulate services, carry out inspections and award grades based on the findings of their inspections.
- 1.2 The Scottish Government's statutory minimum frequency of inspections means that all services registered in the following categories will receive, as a minimum, an annual unannounced inspection, no matter how well the service has been performing:
 - Care homes for older people
 - Care homes for adults
 - Care homes for children and young people
 - Support services – care at home
 - Housing support services, but only those which are combined with care at home services
 - Secure accommodation
- 1.3 The Care Inspectorate inspect and grade elements of care under quality themes: Quality of Care and Support, Environment, Staffing and Management & Leadership. The Inspectorate then awards grades which reflect how the service is performing in each of the quality themes as follows:
 - Excellent (Level 6), Very Good (Level 5) and Good (Level 4) represent increasingly better levels of performance.

- Adequate (Level 3) represents performance Care Inspectorate find acceptable but which could be improved.
- Weak (Level 2) indicates concern about the performance of the service and that there are things which the service must improve.
- Unsatisfactory (Level 1) represents a more serious level of concern.

1.4 If the Care Inspectorate are concerned about some aspect of the service, or think it could do more to improve its service, they make a requirement or recommendation. If requirements and recommendations are made, the service must submit an appropriate action plan within the required timescale.

1.5 The new Health and Social Care Standards were published by the Scottish Government last year. The new standards replace the National Care Standards, and are now relevant across all health and social care provision. The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing.

From 1 April 2018 the Standards will be taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and care services.

2. SUMMARY OF FINDINGS

2.1 There are 14 services across Perth and Kinross which are subject to inspection:

- | | |
|---|--|
| • Adults with Learning Disabilities (St. Catherine's) | • Kinnoull Day Opportunities |
| • Beechgrove House | • Lewis Place Resource Centre |
| • Blairgowrie Adult Resource Centre | • New Rannoch Day Services |
| • Dalweem Care Home | • Older People's Housing Support Service |
| • Gleneagles Day Opportunities | • Parkdale Care Home |
| • Care at Home (HART) | • Parkdale Day Support Service |
| • Homeless Housing Support | • Strathmore Day Opportunities |

2.2 During 2017/18, 8 out of the 14 services received an inspection by the Care Inspectorate at Beechgrove House, Dalweem Care Home, Parkdale Care Home, Care at Home, Strathmore Day Opportunities, Adults with Learning Disabilities Housing Support, Older People Housing Support and Homeless Housing Support.

The following section provides details on the key findings for the inspections, the details of which are included in Appendix 1. The table below provides grading for each inspection.

Table 1: Care Inspections carried out during 2017/18 (May 2017 to March 2018)

		Grading Awarded			
Service		Care & Support	Environment	Staffing	Management & Leadership
Beechgrove House	Mar'18	Excellent - 6	Not Assessed	Not Assessed	Excellent - 6
<i>**Awaiting published report, however, verbal feedback from Inspectorate confirmed the above grading has been awarded</i>					
Care at Home	Mar'18	Very Good - 5	Not Assessed	Good - 4	Very Good - 5
Parkdale Care Home	Mar'18	Excellent - 6	Not Assessed	Very Good - 5	Not Assessed
<i>**Awaiting published report and confirmation of grades by the Inspectorate.</i>					
Older People Housing Support	Feb'18	Very Good - 5	Not Assessed	N/A	Very Good - 5
Homeless Housing Support	Jan'18	Excellent - 6	Not Assessed	Excellent - 6	Not Assessed
Adults with Learning Disabilities Housing Support	Nov'17	Very Good - 5	Not Assessed	Very Good - 5	Not Assessed
Strathmore Day Opportunities	Jun'17	Very Good - 5	Not Assessed	Not Assessed	Very Good - 5
Dalweem Care Home	May 17	Excellent - 6	Not Assessed	Very Good - 5	Not Assessed

No requirements or recommendations made at the time of inspections

2.3 At the time of writing this report two inspection reports were still be published on the Care Inspectorate website – Beechgrove House and Parkdale Care Home. At the time of both inspections the Care Inspectorate indicated the following grades:

- Beechgrove House were inspected for Quality of Care and Support and Management & Leadership both were awarded Excellent (Level 6)
- Parkdale Care Home were inspected for Quality of Care and Support awarded Excellent (Level 6) and Staffing Very Good (Level 5)

Across all the services inspected no requirements or recommendations were made at the time of inspections.

2.4 The overall assessment is that the vast majority of services have performed consistently well and been graded as Excellent, Very Good and Good. Key findings across services included:

- The Inspectorate received positive feedback on all services from the people who used the service and their carers/relatives, and were happy with the support they received.

- Services demonstrated that they were person centred and outcome focussed, individuals were provided with support to suit their needs with rights and circumstances fully respected.
- Services demonstrated that involvement and participation was a value that underpinned the way services were delivered.
- People were involved in planning their support which helped to meet their current, future needs and wishes, and were also actively encouraged to be involved in improving the service.
- Staff worked in a way that was person centred and enabled people to maintain independence in all aspects of their life.

2.5 Appendix 1 attached provides details on individual inspections. Under each service information is provided for grades awarded for these inspections. The report also highlights strengths identified at the time of inspection including service user feedback, requirements and/or recommendations and suggested improvement areas.

3. CONCLUSION AND RECOMMENDATIONS

3.1 This report demonstrates that care and support services across Perth and Kinross in the vast majority of cases continue to provide excellent services to some of our most vulnerable people. This is reflected in the external inspection and evaluation by the Care Inspectorate and their findings which highlight high standards and quality of care which is informed and acknowledged by people who use the services, their families and carers and staff.

3.2 It is recommended the Integrated Joint Board note the contents of this report with regard to Care Inspectorate inspections.

Author

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APPENDIX 1**HEALTH and SOCIAL CARE SERVICES****CARE INSPECTORATE INSPECTIONS 2017/18**

1. HOME ASSESSMENT and RECOVERY TEAM (HART)

Perth and Kinross Home Care Service was previously registered to provide a combined Care at Home and Housing Support Service. The service is now called the Home Assessment and Recovery Team (HART) providing a re-ablement service only. HART helps people to live safely and as independently as possible in the comfort of their own home.

The service received an announced inspection (short notice) in March 2018. The inspection evaluated the service under the following themes and awarded the grades detailed below:

Grading Awarded at time of Inspection	Latest Inspection March 2018	Previous Inspection
Quality of Care and Support	Very Good – 5	Good - 4
Environment	Not Assessed	Not Assessed
Staffing	Good - 4	Good - 4
Management and Leadership	Very Good - 5	Good - 4
Requirements, Recommendations and Complaints	None	None

What People told the Inspectorate

Overall, the people who the Inspectorate visited and spoke with told them that they were pleased, or very pleased, with the support that they had received from the new service.

'Quite well looked after and I am improving a lot'

'Very good, very nice, very efficient, no complaints at all'

'Excellent, can't complain, attentive and cheery'

People also told the Inspectorate that they were very impressed with the efforts of staff who managed to visit them in the severe weather.

What the Service Does Well	What the Service Could Do Better
<ul style="list-style-type: none">• People were listened to, treated warmly and with dignity and respect.• Service users were involved in the planning of their support which helped to meet their current, future needs and wishes.• A robust methodology was in place to inform the service about areas that are working well and areas for improvement. This demonstrated a culture of continuous improvement and a service committed to improving outcomes for the people it supports.• The service had strong leadership with a good mix of skills and experience across the management team.• Staff genuinely cared about the outcomes for people they supported.	<p>No requirements or recommendations were made at the time of inspection. However, the inspectors suggested areas for improvement including:-</p> <ul style="list-style-type: none">– <i>Ensure that all clients hand held records will include up to date reviews and/or assessments</i>– <i>Communicate any staff changes to service users to ensure people experience more consistency and continuity of care</i> <p>The service has included suggested improvement areas in their service development plan. Areas will be progressed and monitored through established performance monitoring arrangements.</p>

2. ADULTS with LEARNING DISABILITIES HOUSING SUPPORT

Adults with Learning Disabilities support adults with a learning disability requiring care and housing support services in their own home. The service aims to develop and encourage decision making skills and involvement in the planning for all aspects of their lives. An unannounced inspection of the Housing Support Service took place on 1st November 2017.

The inspection evaluated the service under the following themes and awarded the grades detailed below:

Grading Awarded at time of Inspection	Latest Inspection November 2017	Previous Inspection October 2016
Quality of Care and Support	Very Good – 5	Very Good – 5
Environment	Not Assessed	Not Assessed
Staffing	Very Good – 5	Not Assessed
Management and Leadership	Not Assessed	Very Good – 5
Requirements, Recommendations and Complaints	None	None

What People told the Inspectorate

During the inspection the Inspectorate spoke with some of the people who use the service and were happy with the support they received and that they got on well with the staff who supported them.

"Staff help me to go and do my shopping"

"If I need to, the staff can help me go to appointments like the dentist"

What the Service Does Well	What the Service Could Do Better
<ul style="list-style-type: none"> • Personal plans included comprehensive information on how tenants would like to be supported. • Reviews were regularly carried out and 'Passports' were available in every file, providing useful information about tenants. • File Audits were carried annually and demonstrated good quality information and looked at positive outcomes for tenants. • Review of the Medication procedure by the service to ensure compliance including competency based assessments of staff skills. Staff were observed to be competent in this area. • Staff had access to a range of training and new staff received induction training. Staff felt that they were well-informed about changes and felt that tenants were involved in care plans and reviews. 	<p>No recommendations or requirements were made at the time of inspection. However, the Inspectorate suggested improvements including:-</p> <ul style="list-style-type: none"> – Minor changes to policies and procedures in relation to monitoring of medication. <i>The service has reviewed and updated all procedures in line with the changes.</i> – Ensure minutes of reviews are always kept on file. <i>Staff have been reminded the requirements of review documentation.</i> – Additional staff meetings to be held. <i>The frequency of team meetings have been increased along with smaller team meetings that are more client specific.</i> <p>The Service continuously improve their services and have an action plan in place to progress improvements including suggested areas for improvement by the Care Inspectorate.</p>

3. STRATHMORE DAY OPPORTUNITIES

Strathmore Day Opportunities provides flexible responsive community-based day care for older people. Strathmore offers community group activities and individual support to enable older people to participate more fully in their community and to maintain or develop interests and activities. An unannounced (short notice) inspection was carried out in June 2017.

The inspection evaluated the service under the following themes and awarded the grades detailed below:

Grading Awarded at time of Inspection	Latest Inspection June 2017	Previous Inspection Feb 2015
Quality of Care and Support	Very Good – 5	Very Good – 5
Environment	Not Assessed	Not Assessed
Staffing	Not Assessed	Very Good – 5
Management and Leadership	Very Good – 5	Very Good – 5
Requirements, Recommendations and Complaints	None	None

It was highlighted by the Inspectorate that Strathmore Day Opportunities has transformed over recent years to meet the changing needs of the community and in response to required service developments. The service was performing very well and had met all the areas for development identified at the last inspection.

What People told the Inspectorate

People described how they felt less isolated and enjoyed what the service offered, and appeared to be very comfortable with the staff team whom they spoke highly of. Relatives also spoke highly of the staff team who knew individuals well. Some described their relatives increasing in confidence as they had more opportunities to meet more people.

'Exceptional people, great company'

'It has given me my life back. I had lost the art of conversation'

What the Service Does Well

- There is a real recognition of local need and the service works alongside other partner agencies to develop opportunities for people.
- People were confident in the staff team and could give examples of how the service had improved their quality of life.
- It was observed that people were comfortable and relaxed in staff presence.
- The inclusion of Social Work teams meant that professionals had a greater understanding of each other's roles and could easily get advice or make referrals resulting in people receiving prompt assessments or access to services when needed.

What the Service Could Do Better

No requirements or recommendations were made at the time of inspection, the Inspectorate highlighted improvement areas for the service to consider including:-

- *Recording of medical histories/priorities in support plans and ensuring needs are consistently recorded.*
- *Ensuring if mandatory training for staff has been cancelled it is rearranged within suitable timescales.*

All areas identified for improvement have been taken forward and now complete.

4. DALWEEM CARE HOME

Dalweem Care Home provides care for Older People. The service “recognises the rights of all people to lead a valued life; it aims to be a provider of high standard care services, enabling older people to remain as independent as possible”. An unannounced inspection of the service was carried out in May 2017.

The inspection evaluated the service under the following themes and awarded the grades detailed below:

Grading Awarded at time of Inspection	Latest Inspection May 2017	Previous Inspection June 2016
Quality of Care and Support	Excellent - 6	Very Good - 5
Environment	Not Assessed	Not Assessed
Staffing	Very Good - 5	Not Assessed
Management and Leadership	Not Assessed	Very Good - 5
Requirements, Recommendations and Complaints	None	None

It was observed by the Inspectorate during their visit that the care and support at Dalweem was provided in a very warm and friendly environment, with a strong emphasis placed upon supporting people to experience living in a ‘real home from home’ environment.

What People told the Inspectorate

The Inspectorate spent time with residents and relatives during the inspection. All of the residents they spoke with were happy with the care and support received and said that staff treated them with respect and kindness.

‘It’s great. We see other folk from another home who visit and we have lots of fun.’

‘The standard of care that my relative receives is very high and we are made to feel very welcome when we visit’

What the Service Does Well

- Involvement and participation was a value which underpinned the way the service operated.
- Staff worked in a way which was person centred and enabled people to maintain independence in all aspects of their life.
- Staff were confident about their responsibilities to protect people and identify people at risk of harm. This was supported by a robust adult support and protection policy.

What the Service Could Do Better

No requirements or recommendations were made at the time of inspection. The Care Inspectorate commented:

‘We were impressed with how the service continually identified areas in which they wanted to further develop. The manager should continue to demonstrate how they have improved the service by maintaining and monitoring of their quality assurance systems and build on their current good practice’.

Dalweem Care Home continues to improve their services and have an action plan in place to progress improvements.

5. BEECHGROVE HOUSE and PARKDALE CARE HOME

At the time of writing this report two inspection reports were still be published on the Care Inspectorate website – Beechgrove House and Parkdale Care Home were both inspected in March 2018. Verbal feedback was provided by the Care Inspectorate as follows;

Parkdale Care Home

Grading awarded for Quality of Care and Support was Excellent (Level 6) and Staffing Very Good (Level 5). Key findings included:

- The service was proactive in developing resident/relative participation. Regular reviews were held and relatives also had opportunities to influence service development
- Relatives were confident that their loved ones were well looked after and were receiving an excellent level of care
- Staff expressed a high level of satisfaction working at Parkdale and told the inspectorate they felt valued and supported
- The manager was committed to supporting staff and providing a quality service and was very hands on with excellent knowledge of individual residents.

The inspectorate acknowledged that Parkdale has a very calm, friendly and welcoming atmosphere.

Beechgrove House

Grading awarded for both Quality of Care and Support and Management and Leadership was Excellent (Level 6). Key findings included:

- Support plans had very good information and were very person centred and outcome focussed
- Action plans were in place regarding areas of concern such as high falls risk, losing weight or managing behaviour and it was evident that staff were following these
- Staff were encouraged to develop and had very good communication systems in place, were very positive and ensured the needs of the residents were being met

The Inspectorate received very positive feedback from resident and families during the course of the inspection. It was also acknowledged that although the service had been under review this had not impacted on the quality of the service being provided.

No requirements or recommendations were made at the time of inspection for Parkdale and Beechgrove.

6. OLDER PEOPLE HOUSING SUPPORT SERVICE

Older People's Housing Support Service provides support to tenants living in sheltered housing complexes across the Perth and Kinross. An unannounced inspection took place on 23rd February 2018. At the time of the inspection there were 220 tenants receiving housing support from the service at seven different locations.

The inspection evaluated the service under the following themes and awarded the grades detailed below:

Grading Awarded at time of Inspection	Latest Inspection February 2018	Previous Inspection March 2016
Quality of Care and Support	Very Good - 5	Excellent – 6
Environment	Not Assessed	Not Assessed
Staffing	Not Assessed	Excellent - 6
Management and Leadership	Very Good - 5	Excellent - 6
Requirements, Recommendations and Complaints	None	None

What People told the Inspectorate

People using the service were very positive about the support they had received and, in particular, praised the staff team for their efforts and commitment.

'Their (Housing Support Officer's) door is always open, very understanding; you know you can speak in confidence'.

'If you could give them above 10/10 I would'.

It was acknowledged that the staff team had a warm and friendly approach and had clearly built up very positive relationships with tenants. The tenants told the inspectorate that this familiarity gave a real sense of safety, security and comfort.

What the Service Does Well

- Support offered to tenants by the service was consistently very responsive, timely and caring.
- People were actively encouraged to be involved in improving the service and in making decisions about changes to the environment.
- The service is part of the Care Inspectorate's CAPA (Care about Physical Activity) pilot, people told the inspectorate about their very positive experiences and outcomes from being part of this programme.
- The service offered a number of activities and organised outings that provided opportunities to meet up with fellow tenants and other people from their local communities. This helped to reduce isolation and encouraged new connections and friendships.

What the Service Could Do Better

No requirements or recommendations were made at the time of inspection. However, the inspectors suggested areas for improvement including:-

- *Tenant meetings to provide tenants with opportunities to lead and take more ownership, being more involved in driving forward change.*
- *A real focus on dementia across the service in terms of training for staff, anticipatory support planning.*

The service has drawn up an action plan to progress improvements. This will be progressed and monitored by the Service Manager through established team planning and performance monitoring arrangements.

7. HOMELESS HOUSING SUPPORT SERVICE

The Homeless Housing Support Service provides a service to adults experiencing homelessness or at risk of homelessness living in temporary accommodation and in their own homes. An unannounced inspection of the Housing Support Service took place on 23rd and 24th January 2018.

The inspection evaluated the service under the following themes and awarded the grades detailed below:

Grading Awarded at time of Inspection	Latest Inspection January 2018	Previous Inspection March 2016
Quality of Care and Support	Excellent – 6	Excellent – 6
Environment	Not Assessed	Not Assessed
Staffing	Excellent - 6	Excellent - 6
Management and Leadership	Not Assessed	Excellent - 6
Requirements, Recommendations and Complaints	None	None

What People told the Inspectorate

People using the service were very positive about the support they had received and, in particular, praised the staff team for their efforts and commitment.

"Greyfriars gave me shelter but it was the staff that made it feel like home. They had made what I thought was expecting to be a bad experience into a very pleasant stay".

"Staff are very friendly, non-judgemental and very helpful. 10/10 for the way I have been treated so far."

What the Service Does Well

- The service provides support that is very person led with individual needs, rights and circumstances fully respected
- Residents and people who use the service were at the heart of decision making
- The staff team had a real pride in their work and fully committed to supporting people to settle into permanent accommodation
- Extremely good working relationships with a range of key partners who trust the service to make appropriate referrals and contact them in good time. A *"real model of good practice"*

What the Service Could Do Better

No requirements or recommendations were made at the time of inspection. However, the Inspectors suggested areas for improvement including:-

- *Personal plans had all the information required to support individual needs, however these could be further developed to be accessible and person led.*
- *Service to continue to have similar numbers and quality of staff to maintain the excellent service*

The service has drawn up an action plan to progress the improvements. This will be progressed and monitored by the Service Manager through established team planning and performance monitoring arrangements.



PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP

Integration Joint Board

28 September 2018

Adult Protection Committee Bi-ennial Report 2016-18

Report by Chief Social Work Officer, Perth and Kinross Council / Independent Convener, Adult Protection Committee (Report No. G/18/151)

PURPOSE OF REPORT

This report provides an update of the work of the Perth and Kinross Adult Protection Committee (APC) and activity over the 2016-2018 information to protect adults who may be at risk of harm. A bi-ennial report is required for submission to the Scottish Government by law.

1. BACKGROUND / MAIN ISSUES

- 1.1 The Adult Support and Protection (Scotland) Act 2007 (The Act) seeks to protect and benefit adults at risk of being harmed who are unable to protect themselves.

The Act defines 'adults at risk' as those who:

- Are unable to safeguard their own well-being, property, rights or other interests;
- Are at risk of harm; and
- Are more vulnerable to being harmed because they are affected by disability, mental disorder, illness or physical or mental infirmity than adults who are not so affected.

Harm means all harm including self-harm and neglect. The definition of an adult at risk includes people aged 16 and over.

- 1.2 The Act places a duty on Local Authorities to make inquiries about a person's wellbeing, property or financial affairs when there is a concern that they may be at risk and to intervene to protect him or her from being harmed. In order to make inquiries, the Act authorises Officers of the Local Authority (Registered Social Workers) to carry out visits, conduct interviews or require health, financial or other records to be produced in respect of an adult at risk. The Act also allows a health professional (e.g. doctor or nurse) to conduct a medical examination. Any intervention must provide benefit to the adult and

needs to be the least restrictive option with regard to the adult's freedom and choice. This includes the provision of appropriate services, including independent advocacy.

- 1.3 The Act creates an obligation on Local Authorities to establish multi-agency Adult Protection Committees. These Committees are responsible for overseeing local adult protection arrangements, providing guidance and information across services and must produce a Biennial report on the exercise of the Committee's functions. The Act requires the Convener of the Adult Protection Committee to be independent of the Local Authority. The Act places a statutory duty on the Convener of the Adult Protection Committee to submit a Bi-ennial report to the Scottish Government which is due in October 2018 and produced at Appendix 1. In the interim year the Perth and Kinross Adult Protection Committee produces an annual report to ensure effective monitoring of performance.
- 1.4 Under the The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014 some provisions of the 2007 Act have been delegated to the Integration Joint Board. In Perth and Kinross, the Integration Joint Board has directed that Perth and Kinross Council should continue to carry out these functions on its behalf. The Bi-ennial report will be considered by Perth and Kinross Council at its next meeting on 3 October 2018 alongside the Child Protection Committee's annual Standard and Quality Report.

2. PROPOSALS

- 2.1 The Adult Support and Protection Committee is accountable to the Perth and Kinross Chief Officers Group which includes the Chief Executives of the Council and NHS Tayside and the Area Commander for Police Scotland as they hold joint accountability for public protection and reports to the Integration Joint Board and Community Planning Partnership. Alex Davison was the Independent Convener of the Committee from 2013 and Bill Atkinson, former Director of Social Work and Housing and Chief Social Work Officer for Perth and Kinross Council took up this role in May 2018 alongside the role of Independent Chair of the Perth and Kinross Child Protection Committee. In order to ensure that all IJB Board Members and elected members of Perth and Kinross Council are informed about strategic matters relating to public protection it is proposed that annual reports are provided to Perth and Kinross Council and the Perth and Kinross Integration Joint Board on both child and adult protection.

3. CONCLUSION

The Perth and Kinross Adult Protection Committee is committed to continuous improvement and protecting adults at risk of harm. An analysis of the data over the last two years highlights some important information which the Adult Protection Committee will use to determine its future focus. This report provides assurance that the Committee has, over the last two years, been developing greater oversight of the needs of adults at risk and understanding

about areas for improvement. An improvement plan has been developed for 2018 – 2020 and will be closely monitored by the APC to ensure ongoing development. There is also a recognition that the APC now needs to further develop approaches to self-evaluation and opportunities to work more closely with the Perth and Kinross Child Protection Committee.

The IJB is requested to:

- 3.1 Note the contents of the bi-ennial report to be submitted to the Scottish Government in October 2018;
- 3.2 Request a report on the activity of the Perth and Kinross Child Protection Committee over 2017 to 2018 to its next meeting; and
- 3.3 Request that a development session is held on the subject of child and adult protection by end of November 2018.

Author(s)

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Approved

Name	Designation	Date
Jacquie Pepper	Chief Social Work Officer	24 September 2018

Biennial Report by Independent Chair 2016 -2018

Perth and Kinross Adult Protection Committee



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Appendices

Appendix 1 Adult Protection Committee Structure

Appendix 2 Biennial Report Statistics 2014-18

Appendix 3 Improvement Plan 2018-20

1. INTRODUCTION - INDEPENDENT CONVENER

I am pleased to present Perth and Kinross Adult Protection Committees' Biennial Report fulfilling the legal requirement to report to the Scottish Government on the effectiveness of the Committees' responsibilities and functions. Having only recently taken over as Independent Convenor of the Committee I need to acknowledge the significant contribution of my predecessor, Alex Davidson, not only over the period of this report but for the last 9 years as Independent Convenor of the Adult Protection Committee in Perth and Kinross. It is helpful that Alex will still continue to influence Adult Protection services locally through his role as Chair of the National Convenors Group. I am also grateful that Depute Chair, Susan Hunter, and lead officer, Mary Notman, will continue to provide continuity and expert support in the way they have done so effectively to the previous Convenor.

The last two years has been a very busy one for the Committee and this report tries not only to capture the main activity during this period but also the impact of the Committee's work on protecting vulnerable adults in Perth and Kinross. Progress has been made on the Committee becoming more focused on using data, gathered locally and nationally, to inform decision making, evaluating impact through self evaluation activity, including audits, as a tool for improvement and greater emphasis placed on the experience of service users and carers to inform service delivery and planning. The report, therefore, tries to acknowledge achievements, recognising improvements but also focuses on areas for development and improvement over the next two years. There has, for example, been considerable achievement around financial harm work with the introduction of a banking protocol and new processes implemented for financial harm by paid carers; work with care homes and care at home organisations to develop appropriate responses to adult protection issues within these settings; self neglect and hoarding protocols have been produced locally which are recognised as sector leading and a conference was held in March 2018, jointly with the Child Protection Committee, on the impact of early trauma throughout life which was very highly evaluated by those in attendance. However, further improvement areas have been identified including capturing more effectively service user and carer experiences; the continued development of key processes around the assessment and care planning of vulnerable adults including chronologies, care planning and recording; and learning through the experiences of other Committees through sharing self evaluation and benchmarking processes.

Lastly, it is important to recognise that that Adult Protection work will not be effective operating in isolation but positive outcomes for vulnerable adults can only be achieved through collaboration within the wider public protection arena and within the context of the changing local and national organisational structures and policy commitments. A further focus for the Committee over the next two years, therefore, will be to build on the recent success of the joint work with the Child Protection Committee and existing good relations with the Community Safety Partnership to strengthen the public protection approach locally and the Adult Protection work regionally. This will be done within the opportunities arising from the developing integrated structures such as the Health and Social Care Partnership.

Bill Atkinson

2. BACKGROUND

Vision

- 2.1 People have the right to live independently as possible in a safe environment, free from harm, to have their wishes and feelings taken into account and to have the minimal amount of intervention in to their personal lives

Purpose

- 2.2 To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

- 2.3 Who is an adult at risk?

An adult may be at risk if they are unable to safeguard their own wellbeing, property, rights or other interests; are at risk of harm; and Because they are affected by disability, mental disorder, or mental infirmity, are more vulnerable to being harmed than adults who are not so affected:

- 2.4 The Adult Support and Protection Committee

The Adult Protection Committee (APC) is a multi-agency group that meets quarterly on the first Friday in March, June, September and December. The Committee is chaired by an Independent Convenor and has a range of statutory, private and voluntary organisations, carer and other relevant people which oversee Adult Support and Protection (ASP) processes in Perth and Kinross. Representation on the APC has been widened to represent a more diverse range of agencies.

- 2.5 The agenda consists of standing items and encourages partner agencies to submit papers that pertain to ASP performance and issues. At each meeting there is a presentation on either specific areas of interest such as latest research or case studies given by social workers and other staff who are involved in particular cases. The APC find the case studies particularly helpful in raising complex issues and discussing effective management on a multi-agency basis.
- 2.6 There is one combined sub-Committees that meet quarterly and report back to each APC and are allocated any work identified.
- 2.7 The APC is supported by the ASP co-ordinator.
- 2.8 Governance – The APC is accountable to the Executive Officer Group, the Integration Joint Board and the Community Planning Partnership and needs to reflect outcomes through Single Outcome Agreements and other related targets. (See Appendix 1)

- 2.9 The Adult Protection Committee is responsible for the ongoing improvement of work related to adult support and protection and monitoring of the improvement plan to ensure that actions are being progressed.

The 2014-16 Biennial report identified the following areas of work for 2016-18

- 2.10 The committee's achievements with our partners over the past 2 years include:

- Focus on **financial harm** has been continuing with a financial harm conference in October 2016 and ongoing financial harm sub-group. The introduction of the banking protocol has further strengthened the working relationships between police, trading standards, financial institutions and the protecting people agenda. Following a review of a case that involved a paid carer suspected of financial harm, there is now a process in place for arranging a meeting to discuss financial cases that require multi-agency input prior to any action being taken.
- The management information and performance outcome framework has been reviewed to streamline 6 monthly stats to focus on adults at risk and extend annual/bi-ennial statistics to cover a 4-5 year period to identify trends over time.
- Introduction of legislation and updated guidance
- The Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 has been fully implemented over the past year
- Part 3 – Wilful neglect and ill treatment was implemented 1 October 2017.
- Duty of candour was implemented on 1 April 2018

- 2.11 Policies have been developed and approved, information disseminated to staff and partner agencies and presentations given at appropriate forums. The change in processes for duty of candour incorporated learning for all adverse events in a central location to ensure appropriate action is taken as required.

- 2.12 Guidance was updated to include Human Trafficking & Exploitation (Scotland) Act 2015 (support for victims) Regulations 2018 which was implemented on January 31.

- The work with Care Homes has continued with survey results and feedback from representatives on the Adult Protection Committee showing improved relationships and more effective joint working. There is a named mental health nurse for each care Home so they know who to contact for support. An audit was conducted on the challenging behaviour policy and although feedback was very low, it appears to be working well. The criteria for Large Scale Investigations and repeated referrals were amended after feedback from audits and surveys.
- The APC hosted a workshop for Care at Home providers and partner agencies in November 2017 to explore current issues and develop an

action plan to address areas raised. Adult social work and social care and the Contracts and Commissioning teams are leading on this work.

- Health and social care integration has raised the profile of ASP in localities and at a strategic level. A survey was carried out for all NHS staff in May 2016 to check awareness of ASP. While the response was not as good as hoped, it highlighted the work that needed to be progressed. There is now an appointed lead for ASP in NHS Tayside who works across the 3 Health and Social Care partnerships. and work groups have been set up in acute health settings to raise awareness. ASP concerns are a reportable event under the NHS DATIX system and reports on adult protection activity are submitted to the joint care and governance group. There is more involvement in partner processes such as LAER (Local Adverse event review) and significant event analysis (SEA) but work needs to be progressed on joint processes to ensure all learning from events is shared across the partnerships.
- The Adult and Child Protection Committees and Violence against women hosted a conference in March 2018 addressing the effects of trauma throughout life. There is ongoing work in relation to adverse childhood experiences and vulnerabilities and there is planned working with trauma workshops for staff planned. There is ongoing work with childcare especially on transitions for those in the 16-18 year age bracket
- The APC Convenor and Co-ordinator attended the Minority Ethnic Hub meeting in August 2017 to gain more understanding of the challenges facing different ethnic groups in Perth & Kinross. It was agreed to do a scoping exercise of supports already in place and any gaps identified. This was followed up with a meeting with the manager of the Perth and Kinross Association of Voluntary agencies in December 2017 to discuss how to improve engagement.
- Independent Advocacy remains a supportive partner but referrals are reducing and this is an area that still requires more work.
- Police Scotland officers work closely with social work staff to identify repeat victims of harm and disability hate crimes to develop personal safety plans and identify other supports needed

3. OTHER CHALLENGES IDENTIFIED OVER THE LAST TWO YEARS

3.1 STRATEGIC

- Status of Adult Support and Protection at public protection and chief officer forums
- Health and social care partnership – overlap of processes for initial and serious case reviews
- Transitions especially for the 16-18yo old group
- Engagement with GP's and their role in process and impact of their

- involvement as capacity still a key issue
- In Tayside, there was a united approach to ASP since 2007 which was in abeyance for 18 months in 2016-17. This steering group was reconvened in October 2017 and continues to meet regularly to look at consistent approaches and joint working across the areas with police and health colleagues. This has resulted in regular meeting of the ASP coordinators and the formation of a learning and organisational group to develop ASP minimal learning standards across Tayside.
- Support for third sector partners especially in the care at home sector
- Learning from other areas and adverse events
- Better use of communication including social media to inform public
- Representation on the APC is reviewed regularly which includes non-attendance by key partners and identification of other appropriate agencies. This includes GP, Citizens Advice Bureau, Scottish Ambulance Services and financial institutions.
- Perth and Kinross was a pilot site for the national Missing person protocol from May 2016. The group had wide membership to cover all age groups and vulnerabilities and has been effective in a co-ordinated approach to identify and put plans in place to reduce re-occurrence.
- Increase in national profile for ASP in private/voluntary organisations as OSCAR, the National Charity Regulator has released ASP guidance. This has led to PKAVS supporting local private/voluntary sector organisations to develop their own policies.

3.2 OPERATIONAL

- **Service user and carer engagement-** Different ways have been tried to obtain feedback from adult at risk and carers but need to reassess how to capture information in best way. Over the past 5 years, service user and carer surveys with return stamped self addressed envelopes were posted to relevant people 2 weeks after ASP process has been completed. There was a very low return rate of 8 surveys which included 6 people who were supported by Independent advocacy to complete form. There has been 2 joint research projects with Stirling University focused on service user engagement that gave some feedback but was resource intensive.
Service users and carers involved are contacted during case file audits to ascertain if they would like to contribute and give their experience on being involved in the ASP process. This is limited to the case files that are selected.
- Increasing referrals are being received for **self-neglect and hoarding** which has resulted in specific policies and training in relation to dealing with these issues.
- Need to **review policies and procedures** to ensure they are updated to reflect current research and are making a difference to client outcomes.

- Develop processes for effective **transitions** and screening options. There are transition processes in place for young people with learning disabilities and accommodated children but need more effective processes for other young people.
- **ASP thresholds** and referrals workshops are being held to discuss differing interpretation and applications.

4. OUTCOME OF ACTIVITY

4.1 *Analysis and outcomes of adult protection activity*

	2014-15	2015-16	2016-17	2017-18
VPR	1523	803	651	838
AP concerns	536	424	553	421
Total	2068	1227	1204	1259

Over 2 years

	2016-17	2017-18
VPR	650	838
AP concerns	552	421
Total	1202	1259
ASP process	319	210
ASP inquiry	201	141
ASP investigation	118	66

In summary the main findings in relation to ASP activity in Perth and Kinross are:

- a) National dataset – In relation to adults at risk of harm the main areas were
- 48% of adults at risk are over 80 years old
 - People with a learning disability are the most prevalent group accounting for 30% of all investigations followed by infirmity of old age (27%) and dementia (21%). As almost half of adults at risk are over 80, people with learning disabilities appear over represented.
 - Physical harm (55%) and neglect (26%) account for 81% of all harm recorded
 - Care homes are the location of harm in 56% of investigations followed by home address (36%)
 - Low conversion rates of ASP investigations to Adult Protection Case Conferences (APCC)
 - Low referral rate from Ethnic minorities
 - ASP thresholds

b) Perth & Kinross ASP Statistics Report highlighted areas

- Only a small percentage of police VPR progress to ASP (2%) but 43% already known to social work services compared to 38% for adult protection concerns
- Low number of referrals to advocacy services
- More referrals related to females
- Decrease in the number of Large Scale Investigations
- 65% of individuals found the intervention to be helpful although just under half lacked the capacity to understand or perceive the impact of the intervention
- Over a quarter of alleged perpetrators were paid carers/workers with relatives the second most common

For further information and details the APC Bi-ennial Report Statistics is attached at Appendix 2.

4.2 **Adult Support and Protection Case Conferences (APCC)**

	2016/17	2017/18
Initial APCC	9	4
Review APCC	13	2
LSI initial	9	9
LSI review	7	2
Network meeting	1	

There was a **total of 56 Adult Protection Case Conferences (APCC)**, 31 initial, 24 reviews, and 1 network meeting. This included Large Scale Investigation meetings which accounted for 18 initial and 9 review AP Case Conferences.

Individually there were 13 initial case conferences, 1 network meeting and 15 reviews.

Attendance at Case Conferences varied according to reason and location of residence and type of harm. There were 13 initial APCC for 12 individuals. Four out of 12 clients (33%) and 8 family members attended (66%) the initial case conference.

Police Scotland were invited to 9/13 (69%). There was NHS and legal representation in 8/13 (62%) and private/voluntary staff attended 7/13 (54%) conferences. Independent Advocacy attended 100% of APCC they were invited to. Others who attended included GP, Psychiatrist, psychologist, Mental health officer, ECS social worker and staff from another local authority who were funding the client.

In relation to the adult at risk

- Females accounted for 75% of cases (9/12),

- 33% were in the 81+ age group (4/12)

4.3 Service user and carer involvement

There are different ways in which the APC gains feedback from service users and Carers:

- Questionnaires are completed at Adult Protection Case Conferences (APCC). The staff member completes the form with the input of client to check if the intervention has been helpful. Advocacy plays a significant role in supporting people. Engagement of users can be problematic due to cognitive and communication difficulties, the nature of involvement and the use of statutory powers, and perceived differences in the outcomes reached in terms of personal safety. Of the results recorded for initial APCC, 53% of people felt safer. While this appears low, just under half had significant cognitive impairment making it difficult to ascertain feelings of safety. The Adult Protection Committee recognise that the current uptake of advocacy is low, there is a lack of feedback from adults at risk and their families and the involvement of voluntary sector has not yet resulted in better engagement so there is more work to be done in this area.
- Participation in audits to give their views.

2 carers agreed to be interviewed in January 2017

1. Daughter felt listened to by the Council and found staff very supported. She was happy that the Chair gave her place as Mum's advocate but felt the chair did not have a good understanding of dementia. She states that Mum's overall care has improved and levels of personal hygiene have improved.

- Son contacted – said the process had a long term detrimental effect on his sister and mother's relationship and his mother has recently moved into a care home near him.

Following this case, a review was held with the team about how the process was implemented and the changes needed for future cases.

- The committee has a carer representative
- Analysis of outcomes on all ASP inquiry and investigation forms. In order to capture impact of intervention for adults at risk whose case did not proceed to APCC, an outcome question was developed to be completed at end of the investigation.
 - 47% felt intervention was helpful
 - 49% lacked the capacity to understand/perceived the impact of intervention.
 - 3% felt it made no difference or was not helpful
 - 1% of cases- no harm had been perpetrated

4.4 Independent advocacy

In 2016/17 Independent advocacy were offering ongoing support for 13 adults from the previous year, had 28 new referrals and supported 19 adults involved in a Large Scale Investigation.

In 2017/18 this had reduced to 4 new referrals and 8 receiving ongoing support from previous year.

The APS activity over the previous year was reduced from the previous year but does not explain the level of reduction in referrals. The audits have shown that advocacy has been considered in the majority of cases so the Adult Protection Sub-group will explore this with operational leads and Independent Advocacy.

4.5 Large Scale Investigations (LSI)

	Total	Care Homes	Care at Home	Supported acc	Daycare
2014/15	22	18	1	3	0
2015/16	18	12	4	1	1
2016/17	18	12	3	3	0
2017/18	12	8	4	0	0

There has been a reduction in LSI in the past year following review of the LSI policy which included feedback from managers of organisations, discussions with the Care Inspectorate and Contracts and Commissioning Team and amendment to the policy.

The main issues identified from the LSI audit were

- Mediation errors
- Neglect/lack of care/ hygiene issues
- Staff shortages/lack of experience and knowledge
- Poor communication /record keeping
- Failure to report /seek medication attention
- Aggression between residents

Improvements plans were put in place for individual agencies to address specific issues and were monitored by adult social work, contracts and commissioning team and the Care Inspectorate. Any issues that were across agencies such as aggression between residents led to a policy for dealing with behaviour that was challenging to services and other services users which resulted in a community mental health nurse being allocated to each organisations so they could be supported when required. General contractual issues such as failure to report were raised at the care home and care at home forums, included in newsletters and reminders sent to all service providers.

4.6 **Protection Orders**

Over the past 2 years there have been 4 protection orders granted which consisted of 2 temporary banning orders that were both converted to full banning orders. They were all for the same individual who was re targeted 6 months after the initial banning order had lapsed.

5 **MANAGEMENT INFORMATION**

The Adult Protection Committee oversees the ASP activity in Perth & Kinross and has a robust quality assurance remit. During the past 2 years the APC has ensured that audits have been completed, action plans implemented, policies and procedures updated and any new issues identified have been addressed

5.1 **Processes practice and audits**

a) Perth & Kinross Multi-agency operational guidance

Processes and audits

There is a multi-agency operational guidance in place which was updated in 2015 and is currently under review.

b) Audits

There are two audits held per year to ensure our policies are working well to identify and protection adults at risk of harm.

Multi-agency/Large Scale Investigation(LSI) audit

There is an annual multi-agency audit for 10 cases which either progressed to individual Adult Protection Case Conference or LSI meeting which involved partner agencies.

The following Tables provide an overview of the high-level findings:

Key Strengths

- .Involvement of relevant people and professionals
- Improvement plans in LSI

Areas for Further Development and/or Improvement

- ASP thresholds
- Protection plans on IT system and updating of plans to ensure actions completed

- Documentation of decision making, rationale and capacity
- Low number of Adult protection case conferences

An improvement plan was developed and shared with operational managers. The ASP coordinator will carry out an audit in June to ascertain if there are protection plans in place and actions updated, and if decision making is recorded for reason for not proceeding to APCC.

Adult protection and vulnerable person report audit

There is an annual case file audit for Police Scotland Vulnerable Person reports (VPR) and adult protection (AP) concerns from all other sources to check adherence to process and ensure decision making is robust.

Summary

The report shows (see Appendix 1) that the screening process appears to be working well and within timescales. A number of referrals (50%) are open cases compared to 60% last year. In general most areas were well evaluated above 70% with 2 exceptions.

In relation to the improvement actions from last year:

Key Strengths

- Increased documentation in relation to alleged perpetrator
- Increase in the number of ASP inquiries completed within timescales

Areas for Further Development and/or Improvement

- Chronologies
- Advocacy

An improvement plan has been developed to address issues raised that include

- Chronology training
- Sessions on ASP thresholds with Service Managers, team leaders and council officers:
- Audit of all ASP investigations, APCC and LSI to check if protection plans have been recorded and updated when actions completed or reason documented why it has not been achieved.

5.2 Information/advice to public bodies/office holder

a) Webpage

In terms of impact, the following Table provides some specific comparative performance management information on the adult protection website; showing single user and page activity. 14/16

APC website usage		
Page title	No of Unique Users 2016/17	No of Unique Users 2017/18
ASP information page	1476	1617
ASP learning zone	1026	744
ASP resource library	106	124
Adult Protection Committee	190	124
Totals	2849	2609

5.3 Improve skills and knowledge

The following Tables provide an analysis of the inter-agency adult protection learning and development opportunities we have provided throughout 2016 – 2018.

On Line Learning and Development Opportunities		
Title of Course	2016/17	2017/18
Adult Support and Protection On Line Module	552	756
NHS adult protection course	1068	1600
Totals		

APC Inter-Agency Learning and Development Opportunities		
Title of Course	No of Courses	No of Attendees
Basic Awareness Adult Protection (Half-Day)		
2016/17	7	83
2017/18	14	168
Protecting people course	1	15
Totals		

Specialist training		
Title of Course	No of Courses	No of Attendees
Enhanced practitioner training	3	43 (22 updates)
Adult Protection Case Conferences	1	13
Investigative interviewing	1	13

Impact of training

All the training has exit questionnaires evaluation which are consistently rated highly.

The following quotations provide a overview of what participants learned and the positive impact the training has had.

“Opens up a different view of ASP”

“Group exercises good and led to a lot of varied discussion and opinion from different perspectives”

“Good to have time and space to discuss and reflect ASP issues”

“Good opportunity to discuss and gain insight from other workers into ASP issues especially common challenges and dilemmas”

“Opportunity to apply learning to case examples and from other workers experiences”

“Developed skills in interviewing and discussions brought other practice issues to consider”

“I enjoyed the input from speech and language therapists and learning more about the best way to plan an interview for people with communication needs”

6. PARTNERSHIP WORKING

The APC hold a self-evaluation day every 12-18months to take time out with the Committee structure to take stock of the work of the Adult Protection Committee, to confirm the Action Plan, and to examine the issues in Adult Support and Protection in Perth and Kinross.

6.1 *Communication and Cooperation between agencies*

The APC acknowledges the importance of effective information sharing and multi-agency working and has provided opportunities to explore issues and challenges, the outcomes from the work plan and activity for the committee.

a) ***Perth and Kinross Protecting People Coordinator and Communication Group***

The protecting people group whose membership includes coordinators and lead officers from Adult Protection Committee; Alcohol and Drug Partnership; Child Protection Committee; Community Safety and Environment Outcome Delivery Group; Violence Against Women Partnership; Voluntary Sector Child Protection Forum and Suicide Prevention Steering Group meet quarterly to identify and agree joint areas of work and how to best support other projects. The Network reports to the Community Safety Outcome Delivery Group and the Perth and Kinross Chief Social Work Officer (CSWO).

7. APC DEVELOPMENTS AREA 2018 - 2020

The following activities will form the work plan for the committee and relevant agencies for the next two years.

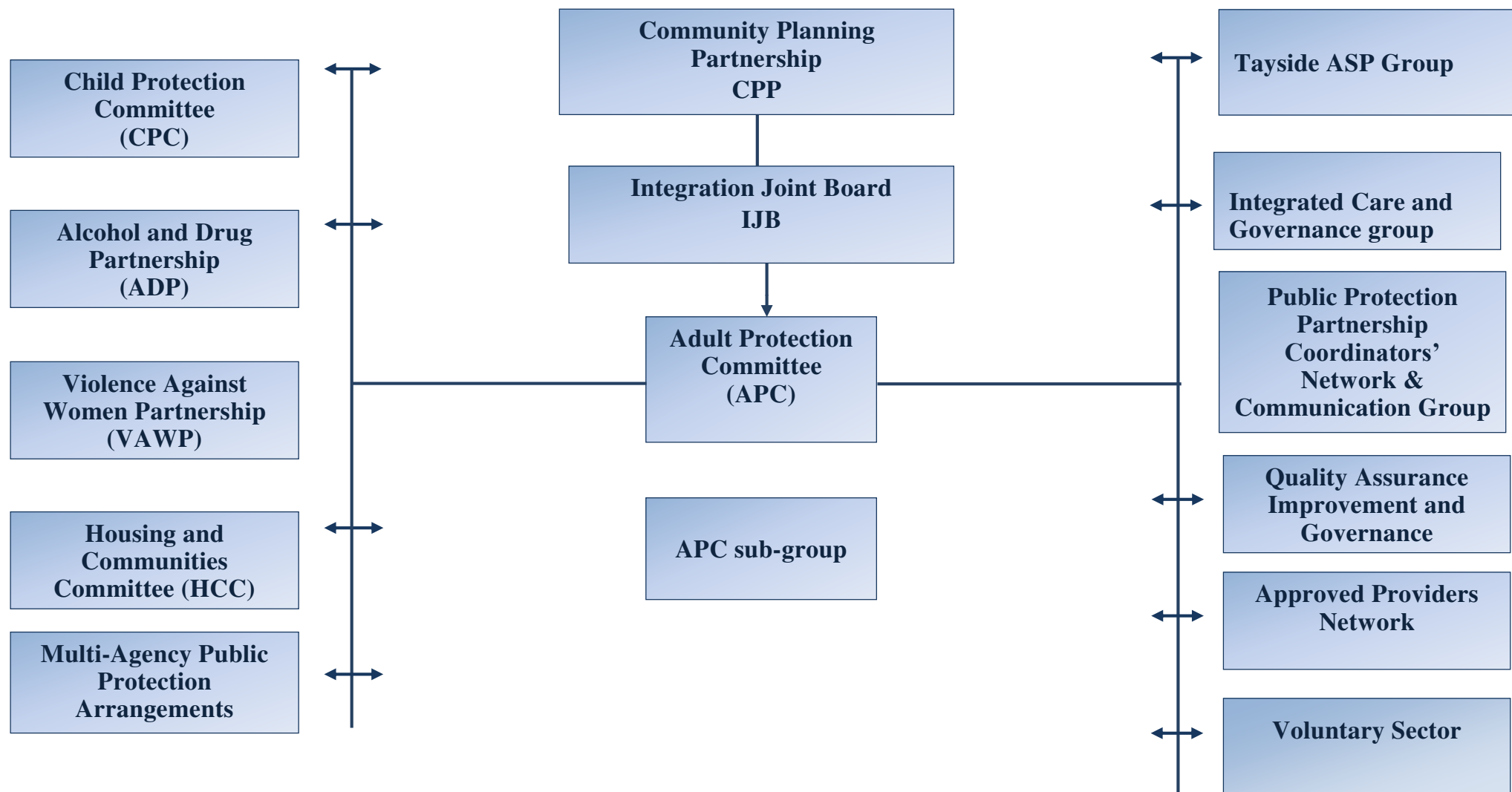
- Service user and carer experience. How to capture information in the best way to ensure views are heard and changes made if required
- Public protection forums – Leadership at Chief Officer Group to ensure ASP has equal status.
- Review policies and procedures to check if they are making a difference to practice and having a positive impact on adults at risk. Review joint policies with childcare especially in relation to transitions and re visit IRD and screening options.
- Update Perth & Kinross multi-agency operational guidance
- Review methods of communication with better use of social media and webpage and updated messages to members of the public
- Analyse the ASP thematic inspection results and carry out self evaluation in relation to the key messages for APC recorded in report
- Ensure actions from improvement plan developed following audits has been implemented and reported back to APC in relation to
 - Chronologies
 - Protection plans and recording of outcomes
 - Conversion rates from investigation to APCC
 - Low referral rates to advocacy
- Support frontline officers in Police Scotland understanding of capacity/ability to safeguard
- GP engagement, their role in process and impact of their involvement as capacity still a key issue
- Informed risk taking both for Practitioner empowerment and in regard to escalation process for other agencies if response not appropriate.
- Learning from other areas/ reviews/ SCR/ national inquiries- need for process in place to collect and disseminate learning and good practice

from other areas

- Health and social care partnership - Enhance learning and stream line processes across areas such as SEA (significant event analysis) and LAER (local adverse event review) and SCR (significant case review) and SCEA (Significant case event analysis)
- Tayside collaboration- Agree areas of joint working, key processes, learning and development, APCC, appropriate adults and harmful practices

For further details see Improvement plan at Appendix 3

Perth & Kinross APC Structure 2018





Perth and Kinross Adult Protection Committee

Annual Report Statistics, covering period:

01 April 2014 - 31 March 2018

Housing and Community Care - Adult Support and Protection

Adult Protection Concerns and Vulnerable Person Reports

Over the last four years the number of Adult Protection Concerns (APCs) and Vulnerable Person Reports (VPRs) has fallen by 39%. The number of Adult Protection Inquiries also fell by 54%. Females aged 81 and over account for the largest proportion of APC's received, inquiries and investigations held. Worries about individuals being physically, financially harmed or neglected were the most common reasons for inquiries/investigations taking place.

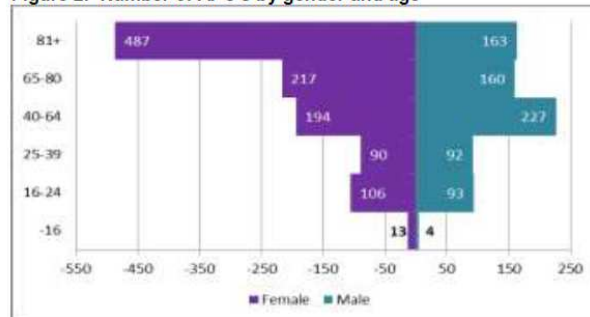
Figure 1: Number of VPR's and APC's



The total number of VPR's received in 2017/18 (838 reports) has increased compared to 2016/17 (650 reports) however this is still a reduction of the total number that were received in 2014/15 (1,532 reports). Improved screening processes by Police Scotland has contributed to this reduction.

The total number of APCs received in 2017/18 (413 concerns) fell by 24% compared to the previous year.

Figure 2: Number of APC's by gender and age

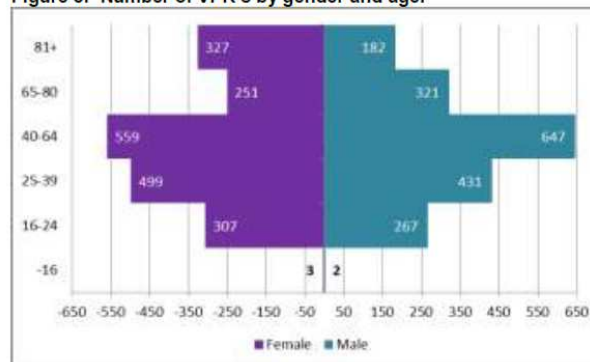


The total proportion of APC's by gender over the four year period was 59% female, 39% male and 1% not recorded.

Females over the age of 81 accounted for over a quarter, 26% of all APC's received.

There were 25 APC's where the age and/or gender of the person was not recorded.

Figure 3: Number of VPR's by gender and age.



The total proportion of VPR's by gender over the three year period was 51% female, 48% male.

There were 27 VPR's where the age of the person was not recorded.

Males aged 40-64 accounted for 17% of the total VPR's received.

Housing and Community Care - Adult Support and Protection

Adult Protection Concerns and Vulnerable Person Reports

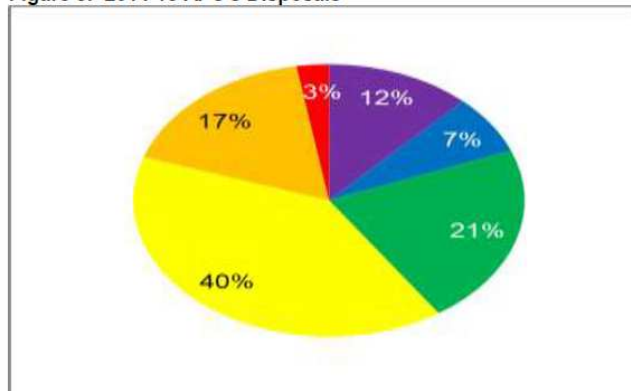
Figure 4: Number of APC's & VPR's screened within 24 hours



In 2017/18 100% of APC's and VPR's had a recorded outcome for screening, again this is an improvement on 2014/15 where 12% of APC's and VPR's were missing a recorded outcome.

During the same time period, 93% of all APC's and VPR's were screened within 24 hours, this is a fall of 2% from 2016/17. Although this is still an improvement on 2014/15 when 70% of all APC's and VPR's were screened within 24 hours.

Figure 5: 2014-18 APC's Disposals



The proportion of APC's progressed to an inquiry has fallen in 2017/18 to 31%, from 47% in 2014/15 and 45% in 2015/16 and 35% in 2016/17.

In 2017/18 the proportion of APC's where there was no further social work intervention rose to 14% from 8% in 2016/17.

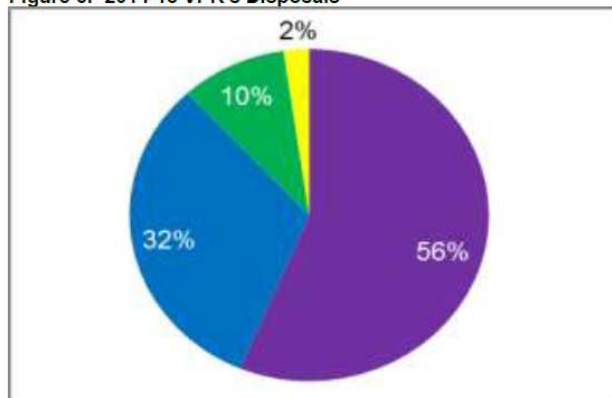
The proportion of APC's progressing to a large scale investigation also fell from

Legend

- No Further Social Work Intervention
- Passed to Key Worker
- Passed to Team

- Progressed to Ap Inquiry
- Progressed to Ap Investigation
- Progressed to Large Scale

Figure 6: 2014-18 VPR's Disposals



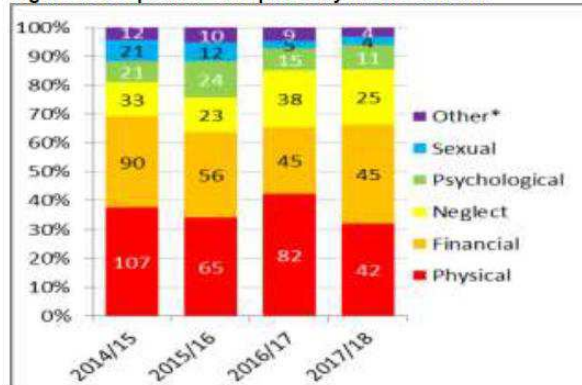
In 2017/18 the proportion of VPR's with no further social work intervention was 54% a slight rise from the previous year 51%. This resulted in a small proportional rise in those VPR's passed to key worker and passed to team.

Over the three year period there were fewer than fifteen VPR's progressed to an investigation or large scale investigation.

Housing and Community Care - Adult Support and Protection

Adult Protection Inquiries

Figure 7: Proportion of inquiries by nature of harm



In 2014/15 there were 284 adult protection inquiries, in 2017/18 this figure fell by 54% to 131. The most common nature of harm remains physical.

In 2017/18 there were two types of harm which increased by proportion of total inquiries, these were inquiries relating to financial harm and Domestic Abuse¹.

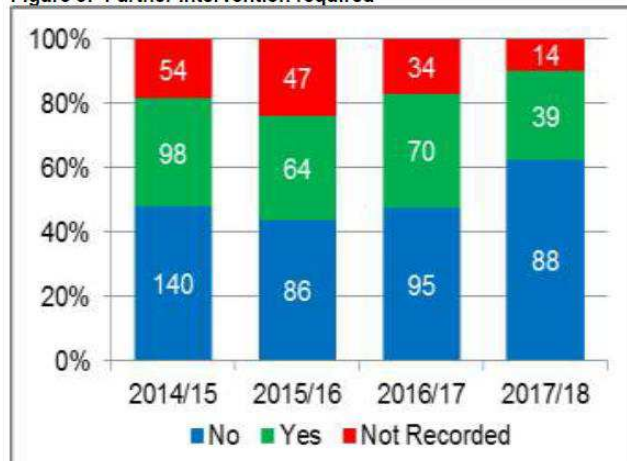
Figure 8: Proportion of inquiries by client group

Nature of Harm	2014/15	2015/16	2016/17	2017/18
Public Protection	0.7%	0.5%	1%	1%
Dementia	10%	17%	22%	16%
Education & Children's Services	0%	1%	3%	3%
Frailty or Illness	18%	16%	19%	29%
Learning Disabilities	33%	28%	24%	16%
Mental Health	3%	6%	5%	3%
Not recorded	6%	2%	1%	3%
Other (not further described)	4%	5%	6%	6%
Physical Disabilities Including Frailty Due to Old Age	22%	24%	18%	21%
Substance Misuse	3%	2%	3%	1%

Over the four years the most commonly reported client groups were individuals with learning disabilities, people with physical disabilities including frailty due to old age, or Frailty/Illness.

In 2017/18 there were 14 inquiries without a recorded outcome as to whether further intervention was required.

Figure 9: Further intervention required



In 2017/18 28% of inquiries required further intervention. This has fallen from 35% the year before.

Of those individuals who engaged with services and had the capacity to understand or perceive the impact of intervention, 65% found the intervention had been helpful.

A further 18% of inquiries did not have response recorded to this question which is an improvement on 2014/15 where 28% were missing a response.

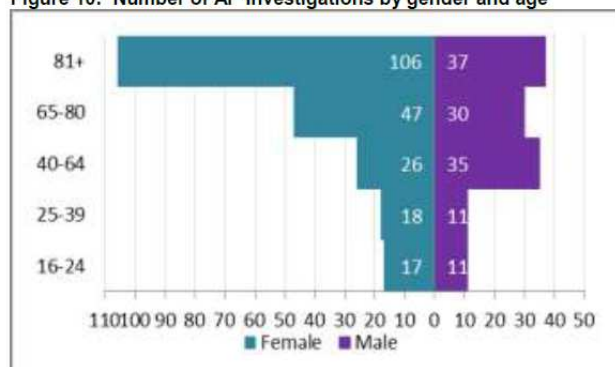
*Other category includes; domestic abuse, attempted suicide, family violence and self-harm.

¹ Family violence and domestic abuse are contained within the 'Other' category due to the very small numbers involved.

Housing and Community Care - Adult Support and Protection

Adult Protection Investigations

Figure 10: Number of AP Investigations by gender and age



Over four years there were a total of 338 Adult Protection Investigations. In 2017/18 there were 69 Investigations.

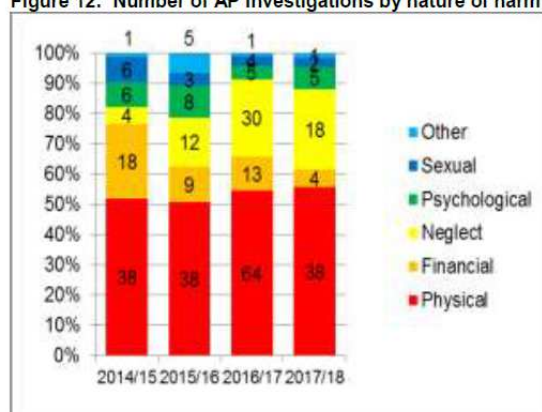
Just under a third of all investigations were for females aged 81 and over.

Figure 11: % of AP Investigations by client group

	2014/15	2015/16	2016/17	2017/18
Public Protection	0%	0%	1%	0%
Dementia	20%	39%	36%	25%
Education & Children's Services	0%	0%	0%	1%
Frailty or Illness	15%	13%	18%	28%
Learning Disabilities	33%	18%	27%	29%
Mental Health	4%	4%	0%	4%
Not Recorded	4%	0%	0%	0%
Other	1%	11%	1%	4%
Physical Disabilities Including Frailty Due to Old Age	21%	13%	18%	9%
Substance Misuse	1%	1%	0%	0%

In 2017/18 all investigations had a recorded client group. In 2017/18 The proportion of investigations where the client was Frail or Ill increased compared to previous years.

Figure 12: Number of AP Investigations by nature of harm



In 2017/18, the total number of Adult Protection Investigations (68 investigations) has fallen from the previous year (118 investigations)

The number of investigations relating to financial harm in 2017/18 (4 investigations) has fallen from 2014/15 (18 investigations)

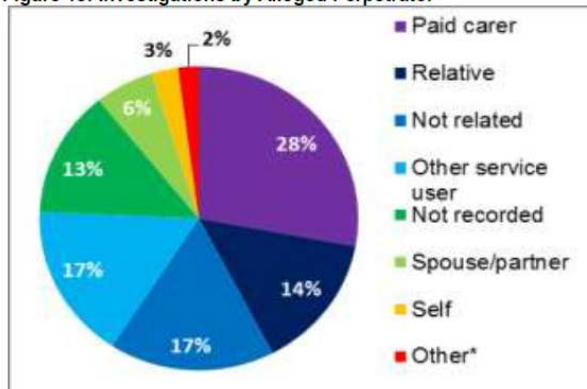
Investigations due to domestic abuse, family violence and self-harm have increased although are aggregated within the 'other'² category as the numbers are very small.

² Other category includes domestic abuse, family violence and self-harm.

Housing and Community Care - Adult Support and Protection

Adult Protection Investigations Cont'd.

Figure 13: Investigations by Alleged Perpetrator



Over a quarter of alleged perpetrators were paid carers/workers.

Relatives were the second most common alleged perpetrator.

Over the four year period there were 5 investigations where the alleged perpetrator was unknown and 40 investigations where the client's relationship with the alleged perpetrator was not recorded.

Figure 14: % Investigations disposals

	2014/15	2015/16	2016/17	2017/18
Further SW Intervention (non AP action)	56%	82%	39%	25%
Progress to Case Conference	25%	14%	10%	8%
Not recorded	13%	4%	1%	0%
No Further SW Intervention	6%	0%	50%	24%

In 2014/15, 17 investigations progressed to a case conference, in 2017/18 this figure fell to 9 investigations progressed to a case conference.

In 2017/18 there were no investigations without a recorded outcome.

Figure 15: % Investigations - Has intervention has been helpful?

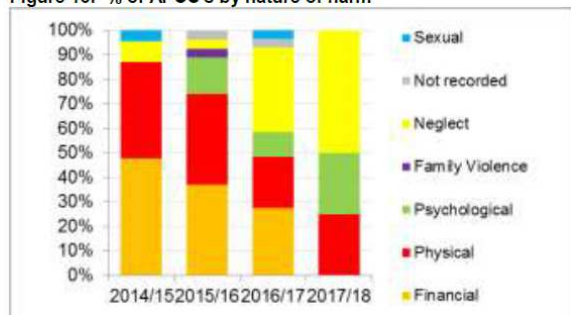
	2014/15	2015/16	2016/17	2017/18
Lacks capacity	49%	55%	54%	48%
No	0%	0%	1%	0%
Not recorded	13%	12%	5%	0%
Yes	38%	33%	45%	52%

In 2017/18, 33 clients perceived the intervention to be helpful. 31 people lacked the capacity to understand or perceive the impact that the intervention.

Housing and Community Care - Adult Support and Protection

Adult Protection Case Conferences

Figure 16: % of APCC's by nature of harm



In 2017/18 there were 4 Adult Protection Case conferences. 50% of these conferences were in relation to alleged neglect.

Over the four years over a third (37%) of conferences were in relation to alleged financial harm.

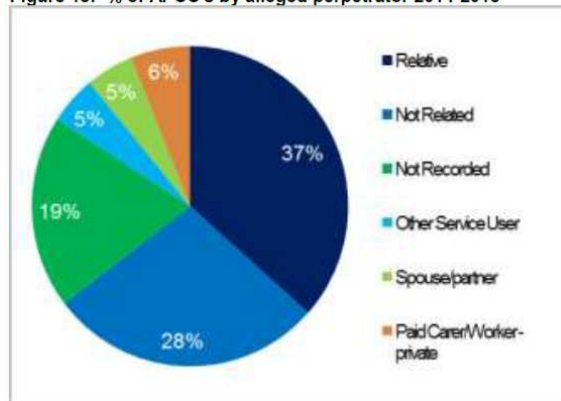
The location of harm cited in case conferences in 2017/18 was equally split between the clients care home or home address.

Figure 17: % of APCC's by client group

	2014/15	2015/16	2016/17	2017/18
Dementia	14%	22%	3%	50%
Frailty or Illness	0%	4%	10%	25%
Learning Disabilities	41%	26%	38%	25%
Mental Health	14%	19%	3%	0%
No Disability 16-64	9%	0%	3%	0%
Palliative Care	0%	4%	0%	0%
Physical Disabilities Including Frailty Due to Old Age	23%	26%	14%	0%

Over the past 4 years the most notable changes were the reduction in clients with mental health issues, No disabilities 16-64 and Physical Disabilities Including Frailty Due to Old age.

Figure 18: % of APCC's by alleged perpetrator 2014-2018



The most commonly cited alleged perpetrator is a relative to the client.

In 2017/18 there were no case conferences without a recorded alleged perpetrator, compared to 10 records having no recorded alleged perpetrators in 2016/17.

Housing and Community Care - Adult Support and Protection

Adult Protection Case Conferences

Figure 19: % APCCs by disposals

	2014/15	2015/16	2016/17	2017/18
Adult Protection Plan	43%	56%	52%	0%
Ongoing Monitoring Through Mainstream Procedures	26%	19%	48%	50%
No Further Action	9%	19%	0%	50%
Not Recorded	22%	7%	0%	0%

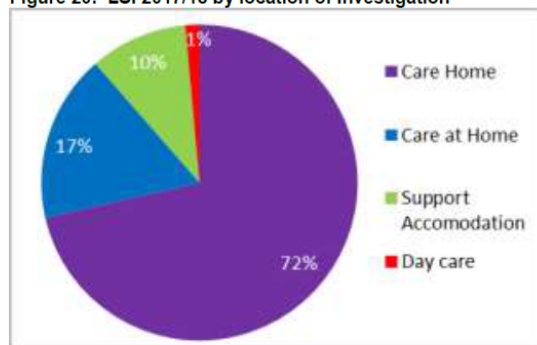
In 2017/18 half of the AP case conferences resulted in ongoing monitoring through mainstream procedures.

In 2016/17 and 2017/18 there were no case conferences without a recorded disposal this is an improvement on the previous years.

Housing and Community Care - Adult Support and Protection

Large Scale Investigations

Figure 20: LSI 2017/18 by location of Investigation



Over the four year period there were 70 Large Scale Investigations (LSI), 22 in 2014/15 and 18 in 2015/16, 18 in 2016/17 and 12 in 2017/18.

The majority of these investigations took place in care homes.

The issues identified from the Large Scale Investigation audit in 2017 were

- Medication errors
- Neglect/lack of care/hygiene issues
- Staff shortages/lack of experience and knowledge
- Poor communication/record keeping
- Failure to report/seek medication attention; and
- Aggression between residents

August 2014 - Removal order applied for and refused.

This order was requested to remove a son with a learning disability from the family home. The removal order was refused on the grounds that the harm was not serious enough.

May 2015 - Banning order applied for and granted.

This order was requested to prevent a son visiting his 85 year old mother who experiences physical and mental health issues. The banning order was to prevent financial exploitation by the son against his mother.

August – September 2016 - Banning order applied for and granted.

A temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who was being financially targeted.

May – July 2017- Banning order applied for and granted.

Another temporary/full banning order was requested to prohibit two acquaintances visiting a man with disabilities who they had previously targeted and were currently exploiting for financial gain.



ADULT SUPPORT AND PROTECTION IMPROVEMENT PLAN 2018-2020

The Perth & Kinross Adult Protection Committee and partners are committed to continuous improvement through self evaluation and the work of the sub committee.

Vision

People have the right to live as independently as possible in a safe environment; to be free from harm; to have their wishes and feelings taken into account; and to have the minimal amount of intervention in their personal lives.

Purpose

To support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves.

Local Context

Under the auspices of the Community Planning Framework, <http://www.pkc.gov.uk/communityplanning> are the key strategic plans for all services in Perth and Kinross to improve the lives of vulnerable people by ensuring that:

- Resilient, responsible and safe communities
- People in vulnerable circumstances are protected
- Longer healthier lives for all

Our Local Outcomes: A Whole Life Approach¹



The Work of the Adult Protection Committee (APC)

The work of Perth and Kinross Adult Protection Committee is fundamental to ensuring better outcomes for vulnerable people who are at risk of harm, neglect and exploitation.

Underpinning the work of the APC

Continuous Improvement

- Policies, Procedures and Protocols
- Self-Evaluation in Improving Services
- Promoting Good Practice
- Learning and Development

Strategic Planning

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

Public Information and Communication

- Raising Public Awareness
- Involving adults at risk and their Families

Monitoring, Evaluation, Outcomes and Impact

The Adult Protection Inter-Agency Coordinator will be responsible for coordinating the plan on behalf of the APC.

APC Improvement Plan 2015-16

	Outcome	Actions/Tasks	Strategic person responsible	Timescales	Monitoring and evaluation
1	Improved Service user and carer experience	How to capture information in the best way to ensure views are heard and changes made if required. More work with Perth & Kinross Voluntary Association of voluntary services and the client and carers groups	APC sub-group PKAVS Independent Advocacy		
2	Equal status at Public protection forums	Leadership at Chief Officer Group to ensure ASP has equal status	APC Convenor	Ongoing	
3.	Policies and procedures are effective in improving outcomes for adults at risk and their families and carers	Review policies and procedures to check if they are making a difference to practice and having a positive impact on adults at risk. Review joint policies with childcare especially in relation to transitions and re visit IRD and screening options.	APC and APC sub-group		Arrange meeting with childcare

4	Perth & Kinross Multi-agency Guidance is updated to reflect current issues and practice	Update Perth & Kinross multi-agency operational guidance	APC sub group Police Scotland NHS ASP lead	December 2018	
5	Effective communication with partners and members of the public	Review methods of communication with better use of social media and webpage and updated messages to members of the public	APC Sub-group and communications team		
6	Learning from ASP national thematic inspections	Analyse the ASP thematic inspection results and carry out self-evaluation in relation to the key messages for APC recorded in report	APC and APC sub-group	December 2018	Arrange Risk assessment workshop for September/October
7	Improved processes by implementing audit Improvement plan	<p>Ensure actions from improvement plan developed following audits has been implemented and reported back to AC in relation to</p> <p>Chronologies - training</p> <p>Protection plans and recording of outcomes- audit</p> <p>Conversion rates from investigation to APCC- audit</p> <p>Low referral rates to advocacy</p>	<p>ASP Coordinator</p> <p>ASP Coordinator</p> <p>ASP Coordinator</p> <p>ASP Coordinator</p>	<p>September 2018</p> <p>September 2018</p> <p>September 2018</p> <p>December 2018</p>	

8	Assist to improve knowledge of front line police officers	Support frontline officers in Police Scotland understanding of capacity/ability to safeguard	Police Scotland ASP Coordinator		Arrange meeting to discuss
9	Effective GP engagement	GP engagement, their role in process and impact of their involvement as capacity a key issue	APC and GP rep		
10.	Informed risk taking	Informed risk taking both for Practitioner empowerment and in regard to escalation process for other agencies if response not appropriate.	APC / HSCP APC sub-group		
11	Enhance learning and stream line processes in health and social care partnerships	Enhance learning and stream line processes across areas such as SEA (significant event analysis) and LAER (local adverse event review) and SCR (significant case review) and SCEA (Significant case event analysis)	APC/HSCP		
12	Effective Tayside Collaboration	Agree areas of joint working, key processes, learning and development, APCC, appropriate adults and harmful practices	APC independent Convenors, ASP leads, police Scotland, NHS	Ongoing	Next meeting 21 September
13	Dissemination of learning and good practice from other areas	Learning from other areas/ reviews/ SCR/ national inquiries- need for	ASP Coordinator	December 2018	

		process in place to collect and disseminate learning and good practice from other areas			
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DRAFT

Adult Protection Committee Bi-ennial report 2016-18

What is Adult Support and Protection

The Adult Support and Protection Act 2007 gives greater protection to adults at risk of harm or neglect. The Act defines adults at risk as those aged 16 years and over who are **unable** to safeguard their own wellbeing, property, rights or other interests.

Vision

People have the right to live independently as possible in a safe environment, free from harm, to have their wishes and feelings taken into account and to have the minimal amount of intervention in to their personal lives.

The role of the Adult Protection Committee

The Adult Protection Committee (APC) is a multi-agency group that meets quarterly and is chaired by an Independent Convenor. Their role is to oversee Adult Support and Protection (ASP) activity and processes in Perth and Kinross by:

- (a) keeping under review the procedures and practices of the public bodies and office-holders
- (b) giving information or advice, or make proposals, to any public body and office-holder of functions which relate to the safeguarding of adults at risk
- (c) making or assisting in the arrangements for improving the skills and knowledge of officers or employees of the public bodies and office-holders.

In performing its functions, an Adult Protection Committee must have regard to the desirability of improving co-operation between each of the public bodies and office-holders for the purpose of assisting those bodies and office-holders to perform functions in order to safeguard adults at risk present in the council's area.

Adults at risk in Perth & Kinross

The information collected locally show that almost half of adults at risk in Perth & Kinross are over 80 years old. This consists of 2 main client groups with infirmity of old age accounting for 2/3rds and people with dementia for the other 33%.

People with a learning disability account for 30% of all adults at risk. As adults with a learning disability make up only 6% of overall population, this client group appear to be over represented.

Physical harm is the main type identified in over half of cases followed by neglect in a quarter of cases.

Care Homes was the location of harm in 56% of cases with 36% of cases recorded at the home address.

The main achievements over the past 2 years

- Financial harm work is ongoing with introduction of the banking protocol and new processes implemented for financial harm by paid carers.

- Work with Care Homes and Care at Home organisations to explore current issues and develop an action plan to address identified areas.
- Increasing referrals are being received for self-neglect and hoarding which has resulted in specific policies and training in relation to dealing with these issues.
- Improving the management information and performance outcome framework to streamline 6 monthly stats to cover a 4-5 year period to identify trends over time.
- A conference was held in March 2018 on addressing the effects of trauma throughout life. There is ongoing work in relation to adverse childhood experiences and vulnerabilities.
- Working with the Minority Ethnic Hub meeting to gain more understanding of the challenges facing different ethnic groups in Perth & Kinross.
- Health and social care integration has raised the profile of ASP in localities and at a strategic level.
- Police Scotland officers work closely with social work staff to identify repeat victims of harm and disability hate crimes to develop personal safety plans and identify other supports needed.

The Main areas for developments 2018-2020

- Capture Service user and carer experience in the best way to ensure views are heard and changes made if required
- Analyse the ASP national thematic inspection results and carry out self evaluation in relation to the key messages for APC recorded in report.
- Ensure actions from improvement plan developed following audits has been implemented and reported back to APC in relation to Chronologies, Protection plans and recording of outcomes.
- GP engagement, their role in process and impact of their involvement as capacity still a key issue
- Enhance learning and stream line processes in health and social care partnership.
- Agree areas of joint working in Tayside in relation to key processes and learning and development.

The Adult Protection Committee (APC) is committed to progress the continuous improvement in supporting and responding to concerns about adults at risk of harm, identifying trends and gaps and implementing actions as required.

An improvement plan has been developed for 2018-20 and will be closely monitored by the APC to ensure ongoing development.