PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

16/04/2021

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held on **Friday, 23 April 2021** at **13:00**.

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

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

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

Voting Members
Councillor Eric Drysdale, Perth and Kinross Council (Chair)
Councillor John Duff, Perth and Kinross Council
Councillor Xander McDade, Perth and Kinross Council
Councillor Callum Purves, Perth and Kinross Council
Bob Benson, Tayside NHS Board (Vice-Chair)
Ronnie Erskine, Tayside NHS Board
Pat Kilpatrick, Tayside NHS Board
Vacancy, Tayside NHS Board

Non-Voting Members
Gordon Paterson, Chief Officer, Perth and Kinross Integration Joint Board
Jacquie Pepper, Chief Social Work Officer, Perth and Kinross Council
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board
Dr Lee Robertson, NHS Tayside
Sarah Dickie, NHS Tayside

Stakeholder Members
Bernie Campbell, Carer Public Partner
Allan Drummond, Staff Representative, NHS Tayside
Stuart Hope, Staff Representative, Perth and Kinross Council
Sandy Watts, Third Sector Forum
Sandra Auld, Service User Public Partner
Lynn Blair, Scottish Care

Perth and Kinross Integration Joint Board

Friday, 23 April 2021

AGENDA

1   **WELCOME AND APOLOGIES/SUBSTITUTES**

2   **DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the Perth and Kinross Integration Joint Board Code of Conduct.

3   **MINUTE OF MEETING OF PERTH AND KINROSS   5 - 12
INTEGRATION JOINT BOARD OF 17 FEBRUARY 2021**
(copy herewith)

4   **ACTION POINTS UPDATE   13 - 14**
(copy herewith G/21/31)

5   **MATTERS ARISING**

6   **DEVELOPING STRATEGIC OBJECTIVES**

6.1   **CHIEF OFFICER'S UPDATE REPORT   15 - 32**
(copy herewith G/21/32)

6.2   **TAYSIDE INTEGRATION JOINT BOARD RISK MANAGEMENT   33 - 46
STRATEGY**
Report by Chief Officer (copy herewith G/21/33)

7   **FINANCE AND GOVERNANCE**

7.1   **2020/21 FINANCIAL POSITION   47 - 60**
Report by Chief Financial Officer (copy herewith G/21/37)

7.2   **2021/22 BUDGET**
Verbal Update by Chief Financial Officer

8   **FOR INFORMATION**

9   **FUTURE IJB MEETING DATES 2021/22**
30 June 2021
29 September 2021
1 December 2021
23 February 2022

Future IJB Development Sessions 2021/22

26 May 2021
25 August 2021
27 October 2021
23 January 2021

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Wednesday 17 February 2021 at 1.00pm.

Present: **Voting Members:**
Councillor E Drysdale, Perth and Kinross Council (Chair)
Councillor X McDade, Perth and Kinross Council (up to Item 8)
Councillor C Purves, Perth and Kinross Council
Councillor J Duff, Perth and Kinross
Mr B Benson, Tayside NHS Board (Vice-Chair)
Mr R Erskine, Tayside NHS Board (up to Item 7.2)
Ms P Kilpatrick, Tayside NHS Board

Non-Voting Members
Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Chief Financial Officer

Stakeholder Members
Ms S Auld, Service User Public Partner (on behalf of Ms L Lennie)
Ms L Blair, Scottish Care
Ms S Watts, Third Sector Representative
Ms B Campbell, Carer Public Partner (up to Item 8)
Ms S Gourlay (on behalf of Ms S Dickie)
Ms M Summers, Substitute Carer Public Partner

In Attendance: S Hendry, A Taylor, A Brown, M Pasternak, Z Robertson and K Ogilvy (from Item 8 onwards) (all Perth and Kinross Council); E Devine, D Mitchell (from Item 7.2 onwards) C Jolly and V Aitken, (all Perth and Kinross Health and Social Care Partnership)

Apologies   Mr A Drummond, Staff Representative, NHS Tayside
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms S Dickie, NHS Tayside
Dr L Robertson

1.   WELCOME AND APOLOGIES

Councillor Drysdale 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 MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 9 DECEMBER 2020

The minute of the meeting of Perth and Kinross Integration Joint Board of 9 December 2020 was submitted and approved as a correct record.

4.   ACTIONS POINT UPDATE

The action points update as of 9 December 2020 (G/21/19) was submitted and noted.

5.   MATTERS ARISING

There were no matters arising from the previous minute.

6.   MEMBERSHIP UPDATE

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

Resolved:
(i)   It be noted that Mr Peter Drury would no longer be a NHS voting member on the Perth and Kinross Integration Joint Board and that NHS Tayside were currently looking to fill this vacancy and have undertaken to advise us of a replacement voting member as soon as possible, with Dr Norman Pratt continuing his role as proxy member at this stage.
(ii)   It be noted that the ongoing election process for the Service User Representatives continues and it is expected an outcome to this can be reported to the IJB in due course.

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

8.   CHIEF OFFICER'S REPORT

There was submitted a report by the Chief Officer/Director - Integrated Health & Social Care (G/21/12) providing an update on the Health and Social Care Partnership's continuing response to the Covid-19 pandemic.

P Kilpatrick made reference to the Specialist Community Respiratory Service and queried whether this is the same service that was due to be established in 2018 or whether this was a new service and if it was a new service why wasn't it established in 2018. She also made reference to the section in the report on Urgent Care and queried what progress has been made in the last six months on finding a suitable site for a Minor Injury Service in Perth City. In response, the Head of Health confirmed that the Specialist Community Respiratory Service was agreed through the budget process in 2018, she advised that unfortunately there were significant issues with recruitment which ultimately caused delays with the establishment of the service. She also confirmed that the Service referred to in the Chief Officer's report is the same Specialist Community Respiratory Service but that a successful recruitment process has now been carried out. She also confirmed that temporary accommodation has been secured in Perth city for a Care and Treatment Centre at Beechgrove but there still ongoing conversations around a more permanent base for

this service.

B Benson made reference to Gold Command and queried how much of the Chief Officer's time is spent on this and whether this responsibility is shared out equally with other Chief Officers. In response, the Chief Officer confirmed that NHS Tayside's Gold Command had now been scaled back to three days per week from five, Perth and Kinross Council's was now twice a week and the Partnership's was also twice a week so these have been scaled back significantly. He confirmed that he sees his time on these Groups as an investment as it allows him to very effectively draw clear lines and make links between the three respective parties to ensure that all efforts are greatly aligned and supportive of each other as it provides a good opportunity to escalate any concerns that are arising which has yielded significant benefits in terms of both the Council and NHS providing support to the Partnerships. He also confirmed that he does this on behalf of the other two Chief Officers and he was in regular communication with both in this regard.

B Benson also made reference to the suicide prevention issues mentioned in Item 9 of the report and the alcohol and substance use issue mentioned in Item 10 and queried whether there was any overlap between these issues and if so whether there were any national funds available to the Partnership that could help given the recent responses from government to the Dundee drug deaths issue. In response, the Chief Officer confirmed that this was a very valid point and we were currently looking at how we could redouble efforts to establish the extent of whether there were any direct links but stated that the commitment was to put in place effective services that ensure that responses are available, that these are joined up and that they are accessible and reaching the people who may not otherwise have come out way because they have been effected by the pandemic. He confirmed that we have sought to address this through existing commitments, through our core funding and through the use of Action 15 including about £200,000 put through the Remobilisation Plan to be passed onto Third Sector Organisations to provide enhanced community support and also through the funding available through the Government's 'Choose Life' campaign where we are looking at how we can build on this to develop the Suicide Prevention Co-ordinator post. He also advised that additional funding has been made available from Scottish Government and will be forthcoming in relation to their response to drug deaths and we will be looking at how much of a share of these monies come to us and how it can be best deployed in order to fill any gaps in our service provision, develop our approach or bring in new services / models of support.

Councillor Duff made reference to Sections 9.8 and 9.14 of the report, specifically the Mental Health Link GP and the Suicide Prevention Coordinator and queried how the recruitment process for both these posts was progressing. In response, the Head of Health provided some reassurance that the Mental Health GP Link was progressing well through the system, she also advised that a lead clinician was recently appointed into secondary care for mental health services.

Councillor Purves made reference to care at home, specifically the Care Home Resilience Project which looks at more community focussed ways of delivering care at home and the possibility of further some of the cooperative models and queried whether we would be looking at setting up more cooperative models in other parts of Perth and Kinross and how this would be funded. In response, the Chief Officer confirmed it would be his intention to bring a report to this Board

providing more detailed ambitions on creating different approaches which stem from concerns experienced around our ability to attract care at home providers into some areas of Perth and Kinross due to recruitment issues and rurality. He further commented that the model that is currently being looked at is based on something called the Boleskine Model which was developed in NHS Highland and is about an approach that enables community led recruitment, deployment and oversight of staff who are either employed by the Partnership or through the cooperatives to meet the needs of local people, organised, overseen and delivered locally but funded by the Partnership which is a model that builds on the idea of social community capacity building on the idea that there are already resources, groups and services in communities that can be added to in order to enable people to stay connected.

Resolved:
(i)   The continued activities of Perth and Kinross Health and Social Care Partnership in relation to Covid-19 Response and Remobilisation, be noted.
(ii)   The potential impact on delivery of the IJB's strategic objectives, be noted.
(iii)   The 2021/22 PKHSCP Remobilisation Plan / Strategic Delivery Plan be brought to the next meeting of the IJB in April 2021.
(iv)   The publication of the Independent Review of Adult Social Care and the need for future consideration of implications for Perth and Kinross IJB and the 2019-2024 Strategic Commissioning Plan, be noted.

K OLGILVY JOINED THE MEETING DURING THE ABOVE ITEM.

B CAMPBELL AND COUNCILLOR McDADE LEFT THE MEETING AT THIS POINT.

THE COMMITTEE ADJOURNED AT THIS POINT AND RE-CONVENED AT 2.48PM

7.   FINANCE AND GOVERNANCE

7.1   2020/21 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/21/10) advising of (1) the 2020/21 projected year end out-turn on the underlying operational position based on financial performance for the six months to 30 September 2020; (2) the impact of the Covid-19 Pandemic on the year-end financial forecast; and (3) the risks to delivery of the IJB's Financial Plan 2020/21.

R Erskine made reference to the link between finance and performance, specifically Item 4.2.1 in the report relating to Prison Healthcare where there is a level of underspend and sought some reassurance that this has not impacted to much on the recipients of that service. In response, the Head of Health stated this is a service that historically has a high vacancy factor due to the difficulties in recruitment. She also stated that there is a regular commitment in place with the Partnership to provide regular agency shifts into Prison Healthcare so that we have people who are key trained and know the job which we have had to up more recently during the Covid pandemic which has been funded through Covid funding as it is particularly related to staff not being available due to Covid or longer-term sickness absence

R Erskine also made reference to the last bullet point under Item 4.1.1 in the report, specifically around the overspend of £0.446m for inpatient services due to staffing establishment and asked for some reasoning behind this overspend. In response, the Head of Health confirmed that this service had been historically overspending year upon year for a significant period of time, she further stated that some spending was adjusted in relation to the fact they were one of the first services to support Covid in their wards and a bid was submitted to the mobilisation plan to enhance staffing around this area. She also further commented that although there was still a substantial overspend this number is a lot less than it would have been under normal circumstances.

Councillor Purves made reference to the new monies referenced by the Chief Financial Officer in relation to trying to tackle the drugs death crisis and queried whether these are linked to national announcements around rehabilitation beds and whether that money would fit into that, he also made reference to his desire to see more work done on prevention and recovery and queried whether there is scope within the additional funding to look at these types of activities. In response, the Chief Financial Officer confirmed that the funding comes with a set of very clear priorities that spans all of what Councillor Purves had just covered, she also confirmed that she would arrange for the Scottish Government letter to be circulated to Board Members for their information.

B Benson made reference to the nature of the pandemic and how our attention has had to be focussed so much around that area, he queried how much of the underspend is reflected by other IJBs who must be in very similar positions to us as sought some clarity on whether this was the case. In response, the Chief Finance Officer stated that across Scotland everybody's response to the pandemic has been difference, she confirmed that the decisions that have been made around incurring additional spend has been different, as an example performance against delayed discharge has been different with strategic performance here in Perth and Kinross been very good which means we have moved people through the hospital thus allowing us to create and keep the capacity and be able to reduce a number of areas where we may have seen costs.

Resolved:
(i)   The £2.508m projected year-end underspend in relation to core services, be noted.
(ii)   The projected year-end surplus in relation to Covid-19, after taking account of confirmed additional Scottish Government funding, to be carried forward in an ear-marked Covid-19 reserve, be noted.
(iii)   The update regarding the IJB reserves position, be noted.

D MITCHELL JOINED THE MEETING DURING THE ABOVE ITEM.

7.2   2021/22 BUDGET

The Chief Financial Officer provided a verbal update on the current position with the 2021/22 Budget. She advised that at the December 2020 meeting the IJB agreed to the development of a one-year 2021-22 budget which would recognise the extraordinary circumstances around the ongoing Covid response and the levels of uncertainty. She further advised that the refresh on pressure savings and income including key assumptions around the outcome of the Scottish Government Budget

Settlement were shared with members. She advised that the settlement was announced on the 28 January 2021 with significant implications for Health and Social Care Partnerships across Scotland, most notably the uplift to health budgets which was assumed to be 3% in line with this year was confirmed at 1.5%, notwithstanding further funding that is to come out in specific regard to agenda for change pay negotiations. She further stated that this lower than anticipated uplift would have very significant implications for the Health and Social Care Partnership and lead directly to £1.2m less funding than we were anticipating. She further advised that the £72.6m funding announced for social care is not only significantly less than we have received for this current financial year but also includes significant ring-fenced funding for additional Scottish government commitments not included in our provisional budget including a 7.5% increase to free personal care allowance and a further extension to living wage uplift beyond that which was expected which has created an overall additional pressure of £1m in the social care budget.

She further advised that the overall settlement as it currently stands notwithstanding the parliamentary process that will take place in March which may change the outcome will have a significant impact on our ability to deliver recurring financial balance in 2021-22 and beyond. She provided re-assurance to the Board that all possible actions were being taken to bring forward a balanced budget but that it is going to be extremely difficult despite the significant Covid carry forward previously outlined in the Financial Statement presented to the Board.

Councillor Purves made reference to the additional money that has been ringfenced for Covid 19 in the reserves as a result of the understand and queried whether if we require any additional money would we receive that from the Scottish Government and whether if this was in excess of what we required would we be able to retain any of this to spend on other priorities. In response, the Chief Financial Officer confirmed that this very discussion had taken place at the various Chief Financial Officer network meetings across Scotland but unfortunately, we currently do not have a definite answer to this at this stage. She further stated that over and above any level of carry forward there is some significant provision in the Scottish Government's budget for additional Covid expenditure next year and confirmed that the budget proposals brought to the IJB would include what the likely costs of Covid are and what is brought forward in March will be a very broad estimate.

The Board noted the position.

R ERSKINE LEFT THE MEETING AT THIS POINT.

7.3   AUDIT AND PERFORMANCE COMMITTEE UPDATE

Verbal Update by Chair of Audit and Performance Committee

Councillor Purves, Chair of the Audit and Performance Committee, provided the board with an update from the recent meeting of the Audit and Performance Committee that had taken place on 15 February 2021.

Audit and Performance Committee of the Perth and Kinross Integration Joint Board – 15 February 2021

The Board noted the position.

7.4 REPORTING FORWARD PLANNER 2021-22

There was submitted a report (G/21/11) which highlighted the Perth and Kinross Integration Joint Board Work Plan 2021-22.

Resolved:
The contents of Report G/21/11 be noted.

9. FOR INFORMATION

There were submitted and noted the following reports for information:

9.1 STRATEGIC RISK MANAGEMENT UPDATE – Report by Chief Officer (G/21/2)

9.2 KEY STRATEGIC PERFORMANCE INDICATOR REPORT FOR THE PERIOD TO SEPTEMBER 2020: QUARTER 2 – Report by Chief Officer (G/21/5)

10. FUTURE IJB MEETING DATES 2021/22

31 March 2021 (Finance) 2.00pm
23 April 2021
30 June 2021
29 September 2021
1 December 2021
23 February 2022

FUTURE IJB DEVELOPMENT SESSIONS 2021/22

9 March 2021 (2.00pm start)
26 May 2021
25 August 2021
27 October 2021
23 January 2022

Resolved:
The above meeting dates be approved.

Report No. G/21/31

ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
23 April 2021

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
130	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer to submit the Terms of Reference for Strategy Groups at future IJB Meeting.	G Paterson	April 2021	Ongoing
131	09 Dec 2020	7.2	Mental Health & Wellbeing Strategy	MH&WB Strategy - Financial Framework to be provided.	Kate Bell/Jane Smith	April 2021	NHS Tayside Finance is leading this work with Kate Bell. An update on progress has been requested.

Perth and Kinross Integration Joint Board

23 April 2021

Chief Officer's Update Report

**Report by Chief Officer/Director- Integrated Health & Social Care
(Report No. G/21/32)**

PURPOSE OF REPORT

This report provides an update to the Integration Joint Board on a number of developments that the Health and Social Care Partnership is now progressing.

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1.   RECOMMENDATION

Perth and Kinross IJB Members are asked to note the updates provided in this report, on some of the work that the HSCP is progressing in pursuance of the IJB's strategic priorities, as the impact of the Covid-19 pandemic begins to lessen.

2.   BACKGROUND

2.1   The Health and Social Care Partnership continues to respond to the demands of the pandemic by embedding safe working practices, supporting the vaccination and asymptomatic testing programmes, responding to Covid-19 outbreaks, promoting staff wellbeing and supporting the delivery and sustainability of health and social care services. This has become our 'new normal' and will continue to make demands on our work activity, on our resources and plans moving forward.

2.2   However, the effectiveness of the 'lockdown' restrictions and of the vaccination programme has reduced community transmission rates to the extent that we are now able to revisit our previous plans, programmes and strategies and to begin to commit time and capacity to plan for the future. This recognises that as a HSCP we had an ambitious improvement programme, prompted by the Joint Inspection in 2019 and by audit findings. This programme sought to ensure the HSCP was adequately resourced and highly-performing and that its staff, our colleagues, were better enabled and supported to deliver high quality care and support to achieve the IJB's strategic ambition and improve outcomes for the people of Perth and Kinross.

2.3   Over the next few months, we intend to review our previous plans and programmes through a 'Covid-lens', thus taking account of the new operating conditions while building on all that we have accomplished over the past year. In doing so, we will assess whether our previous plans and strategies remain valid, relevant, priority and affordable and bring forward proposals for service redesign, improvement, and transformation to inform the HSCP's workplan over the next three years.

2.4   This report provides an update to members of the IJB on several developments being progressed by the HSCP in pursuance of the IJB's Strategic Commissioning Plan and priorities. We would intend to bring further reports on these matters over the year, to update on progress, or to seek decisions or formal approval.

3.   COMMUNITY MENTAL HEALTH AND WELLBEING STRATEGY

3.1   Under the leadership of Chris Lamont, Locality Manager, the HSCP continues to work with partners to progress the development of the 'Perth and Kinross Community Mental Health and Wellbeing Strategy'. The strategy will focus on the five key themes, which have been identified and agreed in consultation and engagement with local service providers and service users. The Strategy will also align with the recently published Tayside-wide strategy 'Living Life Well'.

3.2   The five key themes identified for our local Community Mental Health and Wellbeing Strategy are:

-   Good Mental Health for all - Prevention and Early Intervention
-   Access to Mental Health Services and Support - Primary and Community Care
-   Co-ordinated and Person-centred Care
-   Participation and Engagement
-   Review of Workforce Requirements

3.3   The proposed three-year Strategy will have a specific action plan in relation to each of these key themes, which will support the delivery of the improvements and changes that we aspire to achieve. We intend to present the final *Community Mental Health and Wellbeing Strategy* to the IJB in June for approval. Following approval, the Strategy will be co-ordinated and monitored through the Mental Health and Wellbeing Strategy Group. This group comprises a range of stakeholders and experiences and will ensure that the collaborative approach that informed the development of the strategy will also inform our approach to monitoring and implementation.

3.4   In addition, officers from the HSCP are also carrying out a self-assessment on progress against the recommendations of 'Trust and Respect', as well as the findings of a review of Tayside's Community Mental Health Services carried out by Healthcare Improvement Scotland. This will enable us to refocus on these important reports to a greater extent than we have been able to do

during the pandemic, to drive forward the necessary improvements and to ensure our services and partnership approaches are effective and responsive, in intervening early and responding effectively to deliver high quality, person-centred care and support.

4.   ADULT SUPPORT AND PROTECTION SELF-EVALUATION

4.1   In 2017/18, the Care Inspectorate, in partnership with Her Majesty's Inspectorate of Constabulary Scotland (HMICS) and Healthcare improvement Scotland (HIS), carried out inspections of six adult protection partnerships. This was to test and develop the inspection methodology ahead of a national programme that seeks to apply scrutiny and provide assurance that adults 'at risk of harm' are supported and protected by local arrangements, in line with the Scottish Government Adult Protection Improvement Plan (Adult support and protection improvement plan 2019-2022 - gov.scot (www.gov.scot).

4.2   The remaining 26 partnerships were to be inspected through 2020/22, however this programme was suspended due to the pandemic. On 4th March 2021, the Cabinet Secretary wrote to advise that the inspection programme was to recommence.

4.3   In anticipation of a possible inspection in Perth and Kinross, in early 2020 an Adult Support and Protection Leadership Group was formed to support and oversee self-evaluation and improvement work across the adult protection partnership. This comprised:

- Bill Atkinson – Independent Chair of the PK ASP Committee
- Gordon Paterson – Chief Officer for PKHSCP
- Jacqui Pepper – Chief Social Work Officer
- Diane Fraser – Head of Social Work and Social Care
- Mary Notman – Lead Officer for Adult Support and Protection
- Fiona Easton – ASP Inspection Lead
- Grace Gilling – NHS Tayside Interim Strategic Lead for ASP
- Sarah Brow – Temporary Detective Inspector for the Public Protection Unit
- Colin Paton – ASP Quality Assurance and Improvement Lead
- Sam Rankin and Mary Begbie – Business Support/Improvement Officers

4.4   Despite the pandemic, significant work has been progressed over the past twelve months, including:

- Several **Multi-Agency Workshops** took place in 2020, involving Police, Social Work and Health professionals to engage staff in preparing for the inspection, by reviewing current arrangements, understanding colleagues' experiences and perspective, identifying improvements and recognising areas of good practice.

- An **Adult Support and Protection survey** was carried out across all partner organisations. This enabled the ASP Leadership Team to assess colleagues' understanding of; ASP policy and procedures; their contribution to keeping people safe; their experience of ASP leadership

and the partnership vision; and the contribution of the National Care and Health Standards in underpinning a human rights-based approach.   It was recognised that although adult support and protection is embedded in practice in many service areas there were opportunities to extend this and to advance improvements.

- A **Position Statement** was formulated, in which the adult protection partnership evaluates current performance against the Care Inspectorate quality indicators and advances a range of actions to build on areas of strength and to address deficits. This has resulted in the production of an Adult Protection Partnership **Improvement Plan** which is now being populated to incorporate clear, SMART objectives, timescales and to identify the responsible lead officers.

4.4   While we know now that it is unlikely that Perth and Kinross will be included in the next tranche of inspections, we are committed to continue to progress the identified improvement work, to ensure that the services being provided by partners are as effective as possible in keeping adults at risk of harm as safe as possible. Satisfying ourselves that leadership is strong, that the vision is clear and that staff are supported to deliver interventions that are robust, person-centred, enabling yet protective will ensure that we are well placed to respond to any future Adult Support and Protection inspection when it comes.

5.   (INTERIM) WORKFORCE PLAN

5.1   In December 2019, the Scottish Government issued workforce guidance to NHS Boards and Integration Authorities to prepare the first version of a three-year workforce plan, for publication by 31 March 2021. More recently, in recognising that the pandemic has significantly altered the planning conditions and operating environment for health and social care services, the Scottish Government issued revised workforce guidance and timescales to produce local workforce plans. The deadline for completion of the 3-year workforce plan has now been delayed until March 2022, which will align with the National Financial Planning cycle, commencing in April 2022.

5.2   On 3rd March 2021, the Scottish Government issued further guidance requesting that NHS Boards and Integration Authorities develop a concise *Interim 2021/22 Workforce Plan*, to ensure a national picture of workforce need, influenced by the pandemic, could be established. The Interim Workforce Plan is to be submitted to the Scottish Government by 30 April 2021. The intention is that this will complement the most recent iteration of our Remobilisation Plan for 2021/22, to summarise the key workforce consequences of remobilisation and signpost any medium-term workforce risks.

5.3   The Perth and Kinross IJB Strategic Risk Register recognises the availability of workforce as one of the biggest risks to the delivery of the aims of integration and the IJB's strategic objectives. However, the Risk Register also recognises the limited management and corporate service capacity *within* the HSCP to support the production of key plans, programmes and strategies and this has presented a challenge to us in developing our Workforce Plan.

5.4   The development of a three-year Workforce Plan will be critical in identifying how the HSCP can best mitigate these risks. The HSCP is therefore developing the Interim Workforce Plan in a way that provides a strong foundation for the extensive work required over coming months to develop our medium-term plan. To achieve this we have:

   ✓ Consulted with Operational Leads to understand the immediate workforce challenges arising in sustaining and remobilising services over the next 12 months.

   ✓ Engaged with Third and Independent Sector Partners to better quantify their immediate workforce challenges and update our understanding of the more medium-term challenges and opportunities.

   ✓ Engaged with our Lead GP and researched existing data to better understand workforce issues within the wider Primary Care landscape and will continue this work with our GP Cluster Leads to consider the more medium-term challenges and opportunities across the Primary Care workforce.

   ✓ Harnessed the expert input from professional leads across Nursing, AHP, Medical Staffing, Primary Care and Social Work to establish the immediate workforce risks, the actions being taken to mitigate potential gaps and the opportunities to maximise workforce supply in the longer term.

5.5   Further, the HSCP has reconstituted its Workforce Planning Group to support this work and to review and scrutinise the initial draft of the Interim Workforce Plan prior to submission to the Scottish Government on 30 April 2021. Following submission of the Interim Workforce Plan, the Scottish Government Health and Social Care Workforce Planning Team will engage with local workforce planning leads and provide feedback. Thereafter, the interim plan will be presented to Perth and Kinross Integration Joint Board.

6.   STRATEGIC PLANNING

6.1   In February 2020, the IJB received a report advising of our intention to reinstate and refresh the IJB's Strategic Planning Group, with new terms of reference and membership. This was to be linked to the proposed development of a number of Strategy Groups (See Appendix 1) that would develop specific care group strategies, with a relevant financial framework aligned to the national strategic direction and the IJB's Strategic Commissioning Plan, ambitions and priorities.

6.2   IJB Members will be aware that the regulations underpinning the Public Bodies (Joint Working) Scotland Act 2014 requires each Integration Authority to have in place a Strategic Planning Group, with a specified membership and purpose outlined in statutory guidance.

6.3   The key functions of the Strategic Planning Group are to:

- Support the development of the Strategic Commissioning Plan.
- Review of the Strategic Commissioning Plan.
- Inform the HSCP's Strategic Needs Assessment.
- Provide locality representation.
- Enable robust stakeholder representation in the strategic planning process.
- Assess progress in the implementation of the Strategic Commissioning Plan against the health and wellbeing outcomes.

6.4   With the reduced prevalence and impact of the pandemic we are now able to revisit our plans to reinstate the Strategic Planning Group and have revised the draft Terms of Reference (Appendix Two). We have also identified a broad range of stakeholders who will be inviting to become members of the Strategic Planning Group. In line with the guidance, this will include:

• People who use health and care services.
• Unpaid Carers.
• Commercial providers of healthcare.
• Non-commercial providers of healthcare.
• Commercial providers of social care.
• Non-commercial providers of social care.
• Social work and social care professionals.
• Health professionals.
• Non-commercial providers of housing.
• Third sector bodies carrying out activities related to health and social care

6.5   The intention is that while each Strategy Group will be supported by its own stakeholder group comprising services users, carers and third sector partners, the overarching Strategic Planning Group will also include stakeholder representations. The SPG will consider emerging strategies and provide review, challenge and advice, while considering the extent to which these strategies align to the IJB's Strategic Commissioning Plan. The Strategic Planning Group will also monitor progress in delivering on the current Strategic Commissioning Plan and will report to the IJB on progress.

7.   CLINICAL, CARE AND PROFESSIONAL GOVERNANCE

7.1   Prior to the pandemic and following feedback from our professional leads, from the Clinical Quality Forum and the IJB, the HSPC was continuing to develop a more robust and comprehensive approach to clinical and care and professional governance. We are now able to progress this in collaboration with colleagues from the other Tayside HSCP in partnership with the GIRFE Group, and will be undertaking further development work in this regard over the coming months.

7.2   Inevitably, this work needs to be informed by the requirements of the Integration Scheme and the expectations this sets for the respective roles of officers, professionals leads, the statutory partners and their Committees, and the Integration Joint Board, with its strategic planning and commissioning role.

7.3   The Perth and Kinross Integration Scheme recognises that the arrangements in place for Clinical and Care Governance should assure the Integration Joint Board of the quality and safety of the services delivered (6.1). It highlights that the NHS Tayside Board is accountable for Clinical and Care Governance in relation to services provided by NHS Tayside (6.3) and that, in respect of professional social work and social care, the accountability lies with the Chief Social Work Officer who reports to the Council Chief Executive and elected members of Perth and Kinross Council (6.4).

7.4   The Integration Scheme outlines the responsibilities of the Integration Joint Board thus:

-     To ensure that explicit arrangements are made for professional supervision, learning, support and continuous improvement for all staff (6.5)

-     To ensure that there is evidence of effective information systems and that relevant professional and service user networks or groups will feed into the agreed Clinical and Care Governance and Professional Governance framework (6.6).

-     To embed mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework (6.9).

-     To ensure effective mechanisms for service user and carer feedback and for complaints handling (6.9)

7.5   The Integration Scheme advises that medical (6.11, 6.13) nursing (6.12) and social work (6.14) professionals will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

7.6   The Scheme further advises that the local Clinical and Professional Governance Forum will provide assurance to the Integration Joint Board (6.20) and will provide advice to the Strategic Planning Group and localities for the purposes of locality planning (6.21).

7.7   To inform our planned development work, it is important to also reflect on the arrangements that we currently have in place, against the requirements of the Integration Scheme. The following sections of this report provides a summary of the work that is being advanced in this regard by the Perth and Kinross Care and Professional Governance Forum (CPGF).

The Care and Professional Governance Forum

7.7.1 The CPGF has responsibility to ensure that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within the partnership. This includes seeking assurances from all partnership localities and hosted services within the context of the six domains of Clinical, Care and Professional Governance, being:

- o Information Governance
- o Professional Regulation and Workforce Development
- o Patient/Service User/Carer and Staff Safety
- o Patient/Service User/Carer and Staff Experience
- o Quality and Effectiveness of Care
- o Promotion of Equality and Social Justice

7.7.2 The CPGF is co-chaired by the HSCP Clinical Director and the Chief Social Work Officer. The CPGF previously met every two months, including during the pandemic (except in January 2021), however it now meets monthly.

7.7.3 The CPGF has put in place arrangements to receive regular ' **Exception Reports**' from services (including hosted services) and localities. This highlights where work or events vary significantly from that which would be expected. With the CPGF now meeting more frequently it is now intended that every service will report to every second forum.

7.7.4 Exception reports are based on the six domains and services and localities either report on each of these domains or provide a nil return, to provide assurance that each of these domain components have been fully considered and not omitted in error. This required approach now also supports consistent exception reports submissions from all services, in advance of each CPGF.

7.7.5 The scrutiny of exception reports at each CPGF, results in strengths being identified, opportunities for best practice to be shared and areas for improvement to be identified and monitored at future meetings. Any matters recognised as presenting serious risk are then incorporated into the CPGF's risk register and potentially escalated to the EMT and to the HSCP's Strategic Risk Register.

7.7.6 In addition to the routine Exception Reports the CPGF receives comprehensive **Annual Reports** from all services and Localities'. The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance and also seeks to incorporate the new Health & Social Care Standards.

7.7.7 The September meeting of the CPGF considered and commented on an Annual Reports from the HSCP Registered Care Services and the South Locality. In November, the CPGF received reports from the

hosted Public Dental Service and the Mental Health Officer Team. In reviewing each of these reports the CPGF gave particular attention to the ways in which services were responding and remobilising to the challenges being faced by the pandemic, delivering safe and effective services, in line with any recent Scottish Government or Public Health guidance. .

7.7.8   In addition, in pursuance of their governance role members of the CPGF had begun a programme of **site visits** to all HSCP services (including hosted services) and localities. hosted services), albeit the pandemic has deferred this.

7.7.9   As part of the overall framework, members have been using the "15 Steps Challenge" approach during these visits to gain insight into the overall service user experience of services within the HSCP. Verbal feedback is provided at the end of the visit, and a full summary of feedback is subsequently provided to the area being visited, with a request for actions to be identified to progress areas for improvement.

7.7.10 At each of its meetings the CPGF also considers reports; from the Datix system; on adverse events; complaints; external reports and investigations; Adult Support and Protection. Work is also progressing to develop governance dashboards to support care assurance across agreed professional standards. In considering these reports, the forum seeks to understand any thematic considerations that there may be which suggest further analysis may be required. Although delayed due to the Covid response, work to progress this has now resumed.

7.711 More recently, the NHS Business Unit has provided data directly to the CPGF on some MH performance indicators. The forum is awaiting data cleansing, analysis, comment and assurances from the relevant operational teams to consider this fully at forthcoming meetings.

7.7.12 In addition, to the work of the CPGF the HSCP have in place several other governance forums, including:

- Integrated Locality Care Governance Groups (monthly).
- Prison Healthcare Medicines Management Governance Group (monthly).
- Prison Healthcare Business and Governance Group (monthly).
- Nursing and Allied Health Profession Forum (bi-monthly) to explore pertinent professional issues with CPTMs and other relevant colleagues.
- Senior Nurses, AHP Professional Leads, and the Clinical and Professional Team Managers meet regularly on a 1:1 basis with the Lead Nurse and also the AHP Lead to discuss relevant professional and governance issues.
- Mental Health Portfolio Lead contributes to the Mental Health QPR Forum (quarterly).
- Partnership Short Life Working Group commenced to improve care governance for mental health services.

- Health Senior Management Team Huddle meets to review Datix risks and red adverse events (weekly).
- Clinical Governance Coordinator supports locality groups to undertake Local Adverse Event Reviews (LAER's) where required.
- Care Home Oversight Group meets to monitor and provide support to Care Home resident and staff safety wellbeing (daily).
- The P&K CPGF co-chairs contribute to the NHST Getting It Right For Everyone (GIRFE) group.

7.8   The information in the previous section seeks to provide assurance to the IJB on the extensive measures that the HSCP has in place to oversee professional, clinical and care governance. This is also provided to enable Members of the IJB to identify what further developments would enable them to be assured that adequate measures are in place and are being effectively utilised. This can then become the focus of further, more detailed, and regular reports to the IJB to enable Members to carry out their responsibilities in this regard.

8.   **CONCLUSION**

8.1   While the HSCP continues to respond to the impact of the pandemic the very positive and welcome reduction in prevalence and transmission rates is enabling us to move from the response phase, to now remobilise and recover. However, we recognise the significant impact the pandemic has had and the risks of new variants or of a third wave as the restrictions reduce. Despite the significant progress in delivering the vaccination programme across Tayside, there are still large number of the younger population not yet vaccinated. We also need to recognise that vaccination does not prevent infection but helps to reduce the effects of the virus on an individual who is infected. These factors serve to caution us against complacency and the HSCP remains ready to reinstate its Command Structure and response activity at short notice.

8.2   The progress being made in fighting the pandemic does though allow us to consider other activities, plans and strategies. This report provides an update to IJB Members on a number of the developments that we are seeking to advance, which are consistent with our Partnership Improvement Plan, aligned to the IJB's Strategic Commissioning Plan and in pursuance of its strategic priorities.

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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
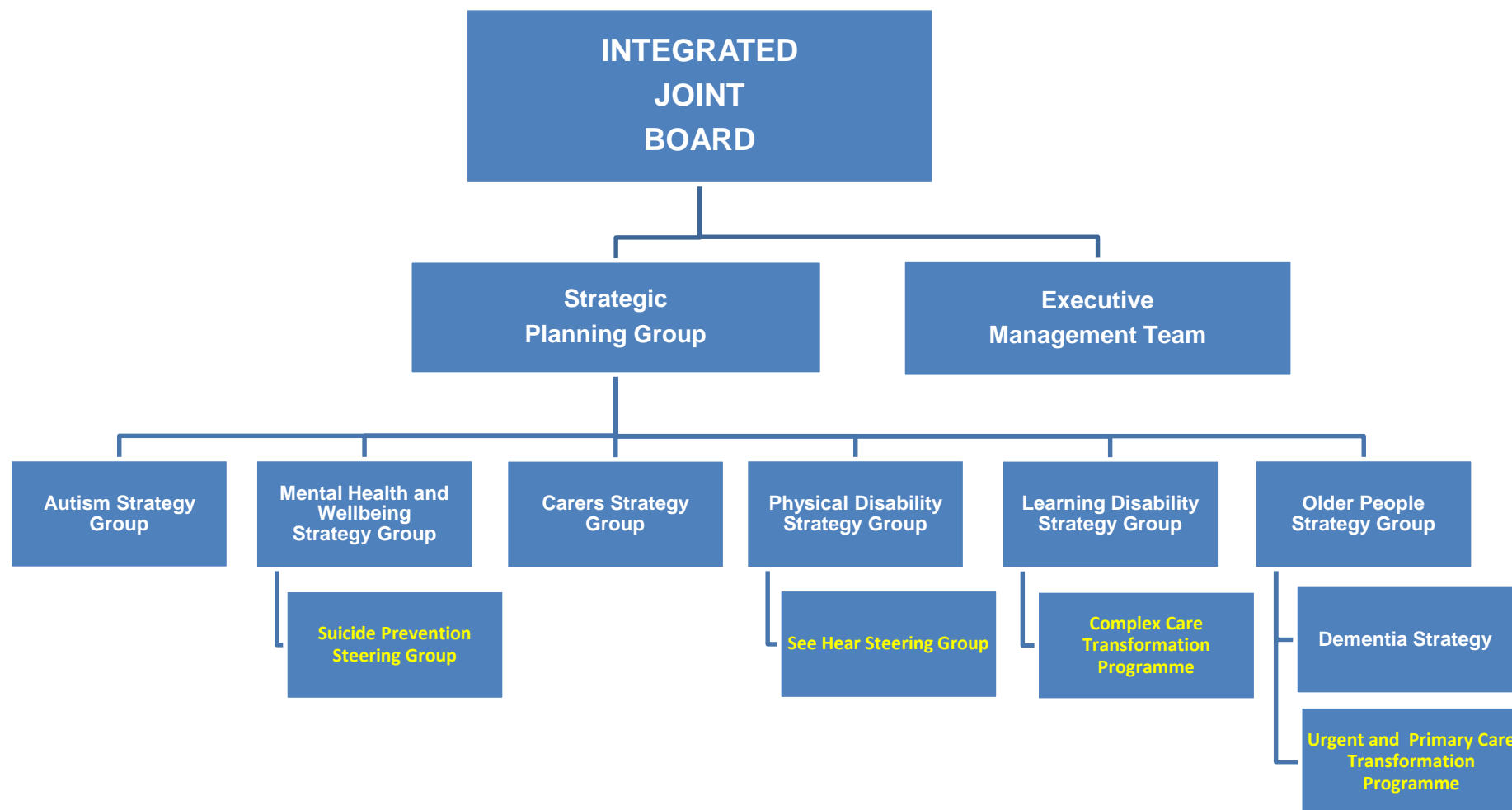
Perth and Kinross HSCP - Strategic Planning Group - Draft Terms Of Reference

The governance arrangements and the membership of the Strategic Planning Group are set out in the Public Bodies (Joint Working) (Scotland) Act 2014; Section 32. The Strategic Planning Group (SPG) has responsibility for the development of and oversight of the Strategic Plan for the Partnership. The SPG provides a governance reporting for locality groups and directly reports to the IJB and in respect of the annual strategic planning reporting arrangements.

1. Chair

The Chair of the Strategic Planning Group is the HSCP Chief Officer.
Vice Chair to be confirmed

2. Membership and Key Partners

The Public Bodies Joint Working (Scotland) Act 2014 sets out the legislative framework for the integration of health and social care. The associated regulations of the Act set out the arrangements for the membership of the Strategic Planning Group (SPG) including stakeholder representation.

• People who use health and care services.
• Unpaid Carers.
• Commercial providers of healthcare.
• Non-commercial providers of healthcare.
• Commercial providers of social care.
• Non-commercial providers of social care.
• Social work and social care professionals.
• Health professionals.
• Non-commercial providers of housing.
• Third sector bodies carrying out activities related to health and social care

Guidance on Strategic Planning emphasises the ongoing need for engagement as part of a continuous cycle of strategic planning. This Guidance also sees localities as the key to effective strategic commissioning. The Act requires the partnership to divide its area into two or more localities. The HSCP is divided into three localities North Perthshire, South Perthshire & Kinross, and Perth City. The views of localities need to be considered in strategic planning, we need to harness the skills of local people, the power of local associations and the supportive functions of local institutions and services to build stronger, more sustainable communities.

3. Purpose

Within the terms of the Act, the Strategic Planning Group fulfils a number of functions. Chiefly these are contributing to:

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

The activity of the Strategic Planning Group must also be framed by the integration principles (see Appendix A).

4. Values and Principles

The Ethical Standards in Public Life (Scotland) Act 2000, "the 2000 Act", provides for Codes of Conduct for local authority Councillors and members of relevant public bodies. The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are "devolved public bodies" for the purposes of the 2000 Act. The code of conduct developed for IJBs use the Model Code and the statutory requirements of the 2000 Act.

Partnership is defined, for these purposes, as "*the inclusion of all stakeholders involved in the provision of health and social care, including the processes of formulating, designing, reviewing, consulting and negotiating with regard to that provision".*

All SPG members must agree to work together within this framework in order to achieve sustainable improvement across the Health and Social Care Partnership, and all members jointly agree to commit to the following values:

- Mutual trust, honesty, and respect
- Openness and transparency
- Fairness/equity of view
- To reflect the SPG and Wellbeing Delivery Group across wider networks
- True engagement, recognising each other's views

5. Frequency of Meetings

The SPG will establish a cycle of meetings which includes formal and informal workshop approaches and meets quarterly. SPG meetings will be scheduled in advance of the formal IJB meetings to ensure members have an opportunity to review, comment and engage on the agenda and reports and provide comment and recommendations to the IJB. Additional meetings will be called by the request of members.

6. Strategic Planning Group Role and Remit

- Make a lead contribution to the development of the Strategic Plan for the HSCP
- Make a lead contribution to the annual review of the Strategic Plan
- Contribute to the assessment of progress in the implementation of the strategic plan against the National Health and Wellbeing Outcomes (see Appendix B)
- Support the development of Joint Strategic Needs Assessment and shared priorities
- Take a lead role in the implementation of the Health and Social Care Partnership's Strategic Plan
- Take an overview of the Joint Strategic Commissioning process
- Be empowered to establish task and finish groups to take forward work on strategic priorities identified within the strategic planning process
- Ensure that locality planning arrangements and emerging issues are reflected in its work
- Provide feedback to the Integration Joint Board on its activities
- Work constructively and collaboratively with other key partnerships and agencies as appropriate in relation to the delivery of health and wellbeing outcomes
- Act as a link to Community Planning Partnership (CPP) structures as required to support the Locality Partnership arrangements
- Align priorities and gather intelligence from other relevant strategic planning forums
- Receive reports from relevant other strategic planning forums

- Work to the national health and wellbeing outcome and the integration delivery principles
- Provide advice to the Integration Joint Board in developing responses to emerging Scottish Government Policy and regulations

In having oversight of the strategic plan, the SPG will give due consideration to:

a) The number of people who need service and what type
b) The level, quality, and cost of current service provision
c) How services can improve people's lives
d) How we develop services that are affordable and sustainable
e) How we procure services for delivery with best impact
f) How we monitor and review services

The SPG oversee the development and monitoring of the Partnership's Strategic Plan and Strategic Commissioning Plan. The SPG also provide a reporting structure for following Strategy Groups:

- Carers
- Autism
- Learning Disability
- Mental Health/Wellbeing and Suicide Prevention
- Substance Use
- Digital/TEC
- Physical Disability Strategy Group and See Hear Steering Group
- Older People
- Communities

7. Conduct of Business

All papers for meetings will be issued to members at least a week before the date of the meeting in electronic format.

Formal minutes will be taken. Any action notes will be issued to the appropriate Forum member within 7 days of the meeting in question.

Integration Delivery Principles

(1) The integration delivery principles are -

a. that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,
b. that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible -

(i) is integrated from the point of view of service-users,
(ii) takes account of the particular needs of different service-users,
(iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided,
(iv) takes account of the particular characteristics and circumstances of different service-users,
(v) respects the rights of service-users,
(vi) takes account of the dignity of service-users,
(vii) takes account of the participation by service-users in the community in which service-users live,
(viii) protects and improves the safety of service-users,
(ix) improves the quality of the service,
(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),
(xi) best anticipates needs and prevents them arising, and
(xii) makes the best use of the available facilities, people, and other resources.

NATIONAL HEALTH AND WELLBEING OUTCOMES

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5. Health and social care services contribute to reducing health inequalities.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

7. People using health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care services.

PERTH & KINROSS INTEGRATION JOINT BOARD

23 APRIL 2021

TAYSIDE IJB RISK MANAGEMENT STRATEGY

Report By Chief Officer (Report No. G/21/34)

PURPOSE OF REPORT

The purpose of this report is to recommend for approval a revised 'Tayside IJB Risk Management Strategy'.

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1. RECOMMENDATION(S)

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

1.1 Notes and approves the revised 'Tayside IJB Risk Management Strategy' as attached as Appendix 1 to this report.

1.2 Requests the Head of Finance and Corporate Services to revise Perth and Kinross Health and Social Care Partnership's Local Risk Management Framework, taking into account the revised 'Tayside IJB Risk Management Strategy', and bring forward to the September 2021 Audit and Performance Committee for approval.

2. BACKGROUND

2.1 At its meeting of the 15th January 2016, Perth and Kinross Integration Joint Board adopted a Risk Management Strategy and Policy which had been developed in partnership by the three Tayside Health and Social Care Partnerships, the three Tayside local authorities and NHS Tayside. This fulfilled a commitment in the Integration Schemes to jointly develop such a strategy. The purpose of the strategy was to ensure the:

"Identification, assessment and prioritisation of risk related to the delivery of services, particularly those which are likely to affect the Integration Joint Board's delivery of the Strategic Plan; identification and description of processes for mitigating these risks; and agreed reporting standards."

2.2 Following the adoption of the initial Tayside Risk Strategy, in July 2016 the IJB approved the Perth and Kinross Risk Management Framework which underpins the strategy and provides the mechanisms and approach taken to manage risk within the Health and Social Care Partnership and the IJB. The local Risk Management Framework was last reviewed, updated and approved by the Audit and Performance Committee in July 2019

3. MAIN REPORT

Tayside IJB Risk Management Strategy

3.1 A Tayside Risk Management Group was formed with risk management leads from each of the Tayside Health and Social Care Partnerships, Local Authorities and NHS Tayside. The group has worked together over the last 18 months (with considerable disruption due to the Covid pandemic response) to review the current strategy reflecting the experience of all parties and considering best practice. This collaborative approach has benefitted the development of the strategy document and more broadly has strengthened connections between partner organisations. In recognition of this the Tayside Risk Management Group has agreed to continue to meet on a regular basis. This arrangement will allow partner organisations to take forward risk management arrangements including continued development of best practice and will create greater opportunities to ensure alignment of identified risks where appropriate.

Perth and Kinross Risk Management Framework

3.2 Recognising the refreshed 'Tayside IJB Risk Management Strategy', and the development work which has been undertaken locally and across Tayside it is proposed that the existing Perth and Kinross Risk Management Framework now be revised to ensure its alignment with the new Tayside Risk Management Strategy.

4. CONCLUSION

4.1 The revised Tayside Strategy is attached at Appendix 1 to this report and sets out the proposed risk management approach for each of the Tayside IJBs. This strategy has been developed collaboratively across Tayside with contributions from representatives of all of statutory partner organisations. Further detail on the specifics of how the strategy will be implemented in Perth and Kinross are proposed to come forward via a revised Local Risk Management Framework.

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Appendices
Appendix 1 – Tayside IJB Risk Management Framework

6.2

Integration Joint Boards

Risk Management Strategy

1

CONTENTS

The Risk Management Approach and Vision

1.1   The Integration Joint Boards (IJBs) are committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2   In doing so the aim is to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the IJBs and others who interact with the services delivered under their direction.

1.3   The IJBs believe that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of objectives, better clinical, care and financial outcomes, achievement of targets and fewer unexpected problems.

1.4   They purposefully seek to promote an environment that is risk 'aware' and strive to place risk management information at the heart of key decisions. This means that the IJBs can take an effective approach to managing risk in a way that addresses significant challenges and enable positive outcomes.

1.5   The IJBs promote the pursuit of opportunities that will benefit the delivery of their Strategic and Commissioning Plans. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the achievement of strategic aims.

1.6   The IJBs will receive assurance reports, including internal and external audit reports, not only on the   adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to their wider governance arrangements. The IJB's will share the findings of such reports with each other to ensure consistency of good practice across the Tayside region in line with information sharing protocols.

1.7   The IJBs, through the following risk management strategy, have established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- supports delivery of key aims and objectives – priorities and outcomes
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse events, claims and/ or litigation; and
- a positive reputation established for the Integration Joint Boards.

3

Strategy - Implementing the Strategy

1.	**Introduction**

1.1 The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the IJBs;

- establish communication and sharing of risk information through all areas of the IJBs;

- initiate measures to reduce the IJBs exposure to risk and potential loss through the design & implementation of robust portfolios of internal controls.; and,

- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, such as relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats and the riisk to delivery of strategic and commissioning plans.

1.3 **Strategic risks** represent the potential for the IJBs to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within their Strategic Plans, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the operational services delivered by the Local Authority and Health Board, as commissioned through the Strategic Commissioning Plan and Directions by the IJB. As the providers of the operational health and social care services, the Local Authority and Health Board have responsibility for making appropriate arrangements in relation to the management, monitoring and reporting of operational risks. On a day to day basis these risks will be managed with the respective risk management frameworks of the Local Authority and Health Board, by the IJB's Chief Officer acting in their capacity as the Local Authority / Health Board Director for the relevant operational services. Where operational risks are such that they may have an impact on the deliverability of the IJB's Strategic Commissioning Plan however, they also require to be reflected and managed as a strategic risk within the IJB risk management framework.

1.5 This document represents the risk management framework to be implemented across the Joint Boards and will contribute to their wider governance arrangements.

2.	**Risk management process**

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects[1] It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

2.2 The IJBs embed risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities.

2.3 IJBs will ensure arrangements are in place for the reporting of risks as part of the monitoring and review process.

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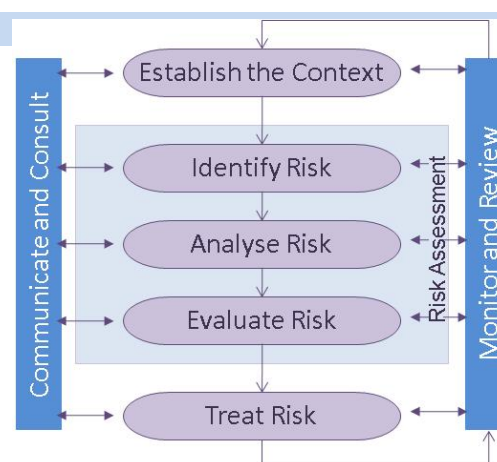
[1] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

4

2.4   The IJB's risk management framework harnesses the activities that identify and manage uncertainty, allows it to take opportunities and to take managed risks not simply to avoid them, and systematically anticipates and prepares successful responses. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is to establish the IJB's risk appetite in relation to its strategic risks.

2.5   Risk appetite provides a framework which enables an organisation to make informed management decisions. By defining a risk appetite IJBs will clearly set out thresholds around which risks can be tolerated and hence where the IJB is willing to operate, the extent to which risks need to be managed and at which point they should be escalated. Consideration may also be given to the optimal or target range within which risks should sit and where the IJB aims to operate. These thresholds are for IJBs to determine and although there are advantages to statutory partners having similar appetites this may not be possible to achieve. Variance in this regard, although accepted as a practical reality, needs to be borne in mind when considering the nature of identified risks, how they are similarly identified and within partner bodies and then how they are managed/controlled accordingly.

The benefits of adopting a risk appetite include:

- Supporting informed decision-making;

- Reducing uncertainty;

- Improving consistency across governance mechanisms and decision-making;

- Supporting performance improvement;

- Focusing on priority areas within an organisation;

- Informing spending review and resource prioritisation processes.

2.6   When developing its risk appetite, an organisation needs to consider a range of issues, including the norms of the environment and the sectors in which it operates, its own culture, as well as governance and decision-making processes. It also needs to consider its ability to implement this risk appetite.

3.   Application of good risk management across the IJB activities

3.1   Standard procedures (3.1 – 3.9) will be implemented across all areas of activity that are under the direction of the IJBs in order to achieve consistent and effective implementation of good risk management.

3.2   Risk management information will (wherever possible) be used to guide major decisions alongside other factors that require consideration as part of an impact assessment. All decision papers will overtly reference risk and any links to the IJB Strategic Risk Register.

3.3   Development, escalation and horizon scanning of risk involving key stakeholders and subject experts who have knowledge and experience of the activity or process under consideration.

3.4   Appropriate ownership of risk: IJB Strategic risks will be owned by/assigned to and managed by those individual/s who are best placed to oversee the risk and manage the development of any new risk controls required by the Chief Officer of the relevant IJB in conjunction with Senior Management from NHS Tayside and the Local Authority.

3.5   Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.

3.6   Consistent response to risk that is proportionate to the level of risk and risk appetite..

5

3.7   Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

3.8   The Integrated Joint Board or delegated Committee will routinely receive risk management reports from the Chief Officer or Chief Financial Officer for agreement or approval at least bi-annually.

3.9   The IJB or delegated Committee shall receive an annual Risk Management Report which provides an overt conclusion of the adequacy and effectiveness of the IJB's risk management arrangements and the application of this risk management strategy.

3.10   As noted in sections 2 and 4 above, the Chief Officer shall prepare local procedures which allow for detailed review, response and escalation of opertional risks which take account of other governance and management structures operated by the IJB and its partners including in particular, arrangements for Clinical and Care, Staff and Information Governance.

Risk Leadership and Accountability

4.   Governance, roles and responsibilities

4.1   Integration Joint Boards and/or delegated Committee
Members of the Integration Joint Boards, including as members of the appropriate delegated Committee are responsible for:
- oversight of the IJBs risk management arrangements including seeking assurance that these are effective;
- receipt, review and scrutiny of reports on strategic risks and any key operational risks that require to be brought to the IJBs attention; and,
- ensuring that all IJB Board and Standing Committee papers adequately explain associated risks and overtly refer to the IJB Risk Register where relevant

4.2   Chief Officer
The Chief Officers have overall reponsibility for the IJBs risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officers will keep the Chief Executives of the IJBs partner bodies (Council and Health) informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of their Strategic Plans or the reputation of the IJB and vice versa.

4.3   Chief Financial Officer
The Chief Financial Officer will be responsible for ensuring financial risks are identified and mitigating actions identified for the consideration of the IJB and delegated Committees as appropriate.

4.4   HSCP Senior Management Team
Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:
- supporting the Chief Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic, shared key operational risks and escalating any matters of concern to the IJB Chief Officer; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

6

4.5   Individual Risk Owners/Risk Managers
It is the responsibility of each risk owner/manager to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix both for probability / likelihood and consequence / impact taking into account exisitng controls and the potential likelihood and consequences after treatment of the risk
- data on which risk evaluations are based are robust and reliable;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- the whole risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk or which are proposed are proportionate to the context and level of risk and are effective in practice
- risks are recorded using the relevant electronic risk management recording system framework .

4.6 All persons working under the direction of the IJB within the HSCP
Risk management should be Integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of reporting incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

4.7   Partner Bodies
Partner bodies will continue to operate appropriate Risk Management processes for operational risk and Chief Executives of the partner bodies will ensure that processes will be put in place to alert the IJB of any strategic or operational risks which are likely to impact on the delivery of the IJB's Strategic and Commissioning Plan. The partner bodies will provide formal assurance to the IJB on the operation of their Risk Management arrangements and of the adequacy and effectiveness of key controls which could impact on the acheivement of IJB objectives. The IJB will provide reciprocal assurance, including to other IJB's in their capacity as being responsible for hosted services, on its Risk Management processes and key controls.

It is the responsibility of relevant specialists including those from the partner bodies, (such as risk managers/coordinators) to attend meetings where appropriate to consider the implications of risks and provide relevant advice. However ultimate responsibility for risk remains with the individual designated risk owners / risk managers within the HSCPs.

Resourcing Risk Management

5.   Resourcing the risk management framework

5.1   Much of the work on developing and leading the ongoing implementation of the risk management framework for the Integration Joint Boards will be resourced through the Senior Management Team's arrangements (referred to in 4.4). The IJBs will work with partner bodies to ensure that the risk management function of the IJB's is adequately supported in accordance with the Integration Scheme

5.2   In order to facilitate the continued development and embedding of consistent risk management approaches and principles across the Tayside IJB's, a Tayside Risk Management Working Group has been established which consists of risk management leads from each of the IJB's, local authorities and NHS Tayside.

5.3   Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that this will be taken forward by the partner organisation, within current resource where possible under the direction of the IJB and normal budget setting and financial management processes.

Training, Learning and Development

6	Risk management training and development opportunities

6.1   To effectively implement this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying opportunities to improve systems and processes.

6.2   Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJBs and in developing risk management maturity. The Senior Management Teams will regularly review risk management training and development needs and source the relevant training and development opportunities required through the respective partner bodies. These training requirements will include officers and IJB members as appropriate.

6.3   The majority of risk-related courses/ training will be delivered through resources already available to the IJB through the partner body risk management functions, including provision of risk management training to reflect integrated service arrangements. Wherever possible the IJBs will ensure that any additional risk management training requirements and costs will be kept to a minimum.

Monitoring and Reporting

7	Monitoring risk management activity and performance

7.1   Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.

7.2   The IJBs operate in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made as appropriate as reflected in the features of good risk management outlined in section 3.

7.3   Monitoring will include formal review of the IJBs risk profile at Senior Management Team level on at least a quarterly basis taking into account all relevant strategic, operational and shared risks.

7.4   The HSCP Senior Management team will consider risks associated with items on their management team agenda and will consider whether any items should be added to partner bodies operational risk registers and / or considered for inclusion in the IJB's Strategic Risk Register.

7.5   Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives. The IJB will therefore set and monitor key performance indicators for its Risk Management processes to be reported formally at least annually as per of the annual Risk Management Report with regular reporting to the appropriate delegated committee.

7.6   Performance data linked to the Strategic Plans will be presented to inform the identification of new risks and / or highlight where existing risks require more attention and provides a conclusion on whether the information within the risk register required amendment.

7.7   Reviewing the IJBs risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

Communicating Risk Management

8	**Communicating, consulting on and reviewing the risk management framework**

8.1   Effective communication of risk management information across the IJBs, HSCPs NHS and Local Authority is essential to developing a consistent and effective approach to risk management.

8.1   Copies of this policy and strategy will be widely circulated via the Senior Management Teams and will form the basis of any risk management training.

8.2   This policy and strategy will be reviewed as a minimum once every 3 years led by the IJBs with support from the NHS and Local Authority to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Boards business environment.

9

		Very Low/Rare (1)	Low/ Unlikely (2)	Low to High/ Possible (3)	High/ Likely (4)	Very High/ Almost Certain (5)
Impact/Consequences	**Critical/Extreme (5)**	5	10	15	20	25
	Major (4)	4	8	12	16	20
	Significant/Moderate (3)	3	6	9	12	15
	Marginal/Minor (2)	2	4	6	8	10
	Negligible (1)	1	2	3	4	5

Likelihood/Probability

10

It is acknowledged that terminology in common use can, and does, vary across organisations. Variations in terminology between the organisations contributing to this document are set out in the table below to permit a read-across between the contributing bodies, and to provide a common definition for these as appropriate.

TERMINOLOGY IN USE				
Angus IJB	**Dundee IJB**	**PKC IJB**	**NHS**	**Common Definition**
Inherent risk (without mitigation)	Inherent Risk	Inherent Risk	Risk Exposure Rating – No Controls	The level of risk in the absence of all but the most basic of control measures
Residual risk (with mitigation)	Residual Risk	Residual Risk	Risk Exposure Rating – Current Controls	The level of risk at the current stage of implementation of control measures (also referred to as controlled risk)
Target Risk	Target Risk	Target Risk	Risk Exposure Rating – Planned/Proposed Controls	The level of risk which it is expected to be achieved with full and effective implementation of available control measures
N/A	Risk Universe	N/A	N/A	Refers to all of the organisation's risks
Risk Register	Risk Register	Risk Register	Risk Register	Comprehensive database containing the organisation's risks at both Corporate / strategic and Service / operational levels
Strategic Risks	Strategic Risks	Strategic Risks	Strategic Risks	Risks which have the potential to impact high level / strategic objectives usually held at executive level
Operational Risks	Operational Risks	Operational Risks	Service Level Risks	Risks which may impact on the day to day delivery of services usually held at service level
Project Risks	Project Risks	Project Risks	Project Risks	Risks which impact directly on the delivery of individual projects
Current Controls. Datix/Pentana/ ADASTRA	Control Measures	Existing Controls	Current Controls	The things we do to influence the likelihood of a risk event happening and / or to mitigate the level of impact of a risk event if it does occur
	Pentana	Datix (operational risks)	Datix	A software solution used under licence, to maintain Risk Registers electronically. Also used for some partner and project Risk Registers and for action and performance management

11

				TERMINOLOGY IN USE
Angus IJB	**Dundee IJB**	**PKC IJB**	**NHS**	**Common Definition**
Identification of 'emerging risk'	Horizon Scanning	Emerging Risk	Horizon Scanning	A medium to long term view seeking to identify risks which are 'on or over the horizon', with the intention to assess and where appropriate mitigate against them
Current Pending Treated/Archived Closed Rejected	'5 T's'	Take Treat Transfer Terminate	Current Pending Treated/Archived Closed Rejected	These are the responses to risk, how we propose to deal with it in headline terms, and consist of: • Terminate – remove the risk completely • Transfer – e.g. to a partner or through insurance • Tolerate – accept the risk as-is • Treat – implement actions or / and put in place control measures The standard '4 T's' in common usage are as above. However, this can be expanded to '5 T's' to also include: • Take Opportunities – where, for example, there is scope to take increased risk in order to gain added benefit / reward
N/A	N/A	N/A	Risk Category	Select from: Compliance/Legislative/Regulatory Quality (of care)/Clinical Reputational Resource Financial Resource Workforce
Risk Owner	Risk Owner	Risk Owner	Risk Owner	This is the person who is ultimately responsible for the risk and who will be the subject matter expert
Risk Manager	Risk Manager	Risk Manager	Risk Manager	This is the person who has day to day operational management of the risk and who will be responsible for monitoring the risk and coordinating any actions needed to manage the risk
Risk Review Date	Due Date	Review Date	Risk Review Date	This is the date by which the next review must take place
Likelihood	Probability	Probability	Likelihood	Frequency of the event occurring
Consequence or Impact	Impact	Impact	Consequence	Impact on the organisation should an identified risk occur
Risk Exposure Rating	Risk Score	Risk Exposure Rating	Risk Exposure Rating	Outcome based on likelihood x consequences. Determines whether a risk is red, amber, yellow or green.
Risk Appetite	Risk Appetite	Risk Appetite	Risk Appetite	

12

PERTH & KINROSS INTEGRATION JOINT BOARD

23 APRIL 2021

2020/21 FINANCIAL POSITION

Report by the Chief Financial Officer (Report No. G/21/37)

PURPOSE OF REPORT

The purpose of this report is to advise the Integration Joint Board of:-

(i)   The 2020/21 projected year end out-turn for core services, based on financial performance for the 11 months to 28 February 2021;

(ii)   The impact of the Covid-19 Pandemic on the year end financial forecast;

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1.   RECOMMENDATIONS

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

(i)   Note the £3.107m projected year-end underspend in relation to core services

(ii)   Note the projected year end surplus in relation to Covid-19, after taking account of confirmed additional Scottish Government funding, to be carried forward in an ear-marked Covid-19 reserve

(iii)   Notes the update regarding the IJB reserves position.

2.   BACKGROUND

2.1   The IJB received a finance update at its meeting on 17th February 2021 (Report No. G/21/10) presenting the position as at 31 December 2020. This report provides an update on that position.

3.   OPERATIONAL POSITION OVERVIEW

3.1   An underspend of £3.107m is forecast on the underlying operational position, based on the 11 months to 28 February 2021. This is an improvement of £0.599m from the last report to the IJB. The key movements are provided in the narrative below.

Table 1 below provides a high level summary across each devolved service, and a comparator to the last report.

TABLE 1

Service	Month 9 Report Projected Over / (Under) £m	Month 11 Report Projected Over / (Under) £m
Hospital & Community Health	(1.082)	(1.318)
Hosted Services	(0.311)	(0.359)
Prescribing	0.071	0.152
General Medical/Family Health Services	(0.010)	(0.042)
Sub-Total Core Health Position	(1.332)	(1.567)
Financial Plan Deficit	0.987	0.987
Sub-Total Health	(0.345)	(0.580)
Social Care	(2.163)	(2.527)
Total Health & Social Care	**(2.508)**	**(3.107)**

3.2   Health is projecting an in year under spend of £1.567m which more than offsets the recurring Financial Plan deficit leading to a net forecast underspend for the year of £0.580m.

3.3   Social Care is projecting an operational underspend of £2.527m.

3.4   Both Health and Social Care Operational Forecasts exclude slippage on savings which are reported as Covid-19 Related costs in Section 7.

4.   SERVICE BY SERVICE PROJECTED POSITION

The breakdown of the projected position is provided by service in Appendix 1.

4.1   HOSPITAL AND COMMUNITY HEALTH CARE

4.1.1   **Older People Services**: The projected position for Older People Services is an overall underspend of £0.801m. This is a £0.162m increase in underspend from the last report. The main variances and movements are within-

- Investment monies are projecting an overall underspend of £0.430m. These monies were provided as part of the 2019/20 and 2020/21 Financial Plan, for intermediate care beds and the respiratory community model, however progress has been delayed. This forecast is in line with that reported at month 9.
- Medicine for the Elderly are projecting an overspend of £0.075m, a reduction of £0.025m from the last report. The overspend is due to staffing costs being above the budgeted staffing model.

- Community Hospitals are projected to underspend by £0.265m, which is in line with the last report. This underspend is mainly driven by staff vacancies throughout the year.
- Intermediate care teams are projected to underspend by £0.141m, a minimal movement from the last report. This underspend is mainly resulting from vacancies within teams.
- Psychiatry of Old Age (POA) Services are projecting a £0.068m overspend overall, broadly in line with the last report. An overspend of £0.428m is projected for inpatient services due to staffing establishment and costs being above budgeted level. The staff cost overspend in inpatient services is being partially offset by an underspend in non-pay budgets. However, the main offset is due to the underspend in community POA services, driven by vacancies.

4.1.2 **Adult Services**: The projected position for Adult Services is an underspend of £0.280m, an increase of £0.020m from the last report. This underspend is driven by vacancies within General Adult Psychiatry, Substance Misuse Service and Learning Disability Teams.

4.1.3 **Other Areas**: For all other areas within the Core Hospital and Community Health position the projected position is a £0.237m underspend (an increase in underspend of £0.053m from the last report), the main variance and movement is within Medical Trainees expenditure, reflecting updated information from the latest rotation.

4.1.4 **Prescribing:** An overall overspend of £0.152m is forecast, an increase of £0.081m from the last report. Actual volume growth is lower than plan (by 4.1%) and lower than previous year (by 2.2%). Price growth is higher than anticipated (by 6.5%) however, in net terms, expenditure (excluding savings) is in line with plan. The undelivered savings are required to be reported within the Covid-19 Expenditure Forecast (see Section 7 below).

4.1.6 **General Medical/Family Health Services:** An underspend of £0.318m is forecast as a result of both historical underspend and a rates underspend. However, this is entirely offset by significant in year 2c practice costs across Dundee and Angus, of which Perth & Kinross are attributed a £0.276m share of the overspend.

4.1.7 **Financial Plan Deficit:** The £1.2m underlying opening budget deficit for health services has been reduced through a small number of recurring opportunities to £0.987m.

4.1.8 **Large Hospital Set-Aside:** This is a budget that is devolved to the Partnership for Strategic Planning purposes but is operationally managed by the Acute Sector of NHS Tayside. No variance is projected against this budget as this is reported within the NHS Tayside Operating Division Financial Position.

4.2   HOSTED SERVICES

4.2.1   Perth and Kinross IJB (PKIJB) directed hosted services include Podiatry, Community Dental Services and Prison Healthcare. Within Prison Healthcare an underspend of £0.267m is forecast, driven by staff vacancies throughout the year. In Podiatry, staff vacancies and reduced expenditure on supplies are driving a forecast underspend of £0.290m. Dental is forecasting a £0.160m underspend, driven by staff vacancies and supplies expenditure reduction. These are being partially offset by a carried forward uplift and superannuation shortfall of £0.304m, of which the PKIJB share is £0.098m and is included within the deficit described in paragraph 4.1.7 above.

4.2.2   Services hosted within Angus and Dundee IJB's are projecting an overall £0.576m overspend, of which £0.193m is the PKIJB share. However, of this share, £0.315m is related to projected Covid-19 costs. This forecast position has been adjusted to move the £0.315m into the Covid-19 position. The costs are detailed in the Covid-19 section below.

4.3   SOCIAL CARE

4.3.1   **Older People Services**: The projected position for Older People Services is an underspend of £1.493m. This is an increase of £0.125m from the last report. The main variances and movements are as follows:-

- Care at Home are projecting an underspend of £0.549m. This underspend has reduced by £0.071m from last reported. The underspend is due to the level of hours delivered being less than the level budgeted for.
- External Residential and Nursing Placements are forecasting an underspend of £0.387m due to occupancy levels, this is an increase of £0.148m from the last report. The movement is due to a recent reduction in the number of placements.
- Local Authority Homes are projecting an overspend of £0.039m, a reduction of £0.025m from the last report. The overspend is driven by supplies spend being higher than budgeted.
- Day Services, Carers, Occupational Therapy Equipment and Short Breaks are forecasting an underspend of £0.596m, an increase of £0.023m from the last report. The underspend has resulted from changes in services throughout the year and usage levels.

4.3.2   **Adult Services**: The projected position for Adult Services is an underspend of £0.895m, an increase of £0.166m from the last report. The variance is mainly due to delays in packages commencing, a reduction in respite usage, and a reduction transport costs.

4.3.3 **Other Areas**: For all other areas within Social Care the projected position is an overall £0.139m underspend, an increase of £0.066m from the last report. Locality teams are forecasting a £0.164m underspend, driven by a reduction in transport costs and some staff slippage. Commissioned services are projecting an underspend of £0.067m. These are being partially offset by a bad debt provision, now being forecast at £0.066m.

5. SAVINGS

5.1 The 2020/21 savings plan for Core Health & Social Care totalled £3.993m. Of this £2.228m is projected to be delivered.

5.2 Capacity to deliver the remaining savings in year has been significantly impacted due to Covid-19. The balance of £1.765m has been included within the Covid-19 forecast costs as unachievable savings.

5.3 As referred in section 4.1.4 above, prescribing savings have not been fully achieved due the pause on the Quality, Safety & Efficiency in Prescribing (QSEP) programme as a direct result of Covid-19 and £0.431m has been included within the above forecast shortfall in savings delivery.

5.3 Detail of the savings plan projection is provided in Appendix 3.

6. RESERVES

6.1 As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves. These reserves are retained separately from general reserves. Appendix 4 sets out the anticipated year-end position as at 28th February 2021.

6.2 Since the last report to the IJB, the projected year end balances for the Primary Care Improvement Fund, ADP fund and MH Action 15 Fund have increased by a net £1.814m. This is mainly due to the change of approach and treatment of the reserves previously held at Scottish Government, on the IJB's behalf. The Scottish Government has now transferred these reserves, to be held within the IJB earmarked reserves.

6.3 An update on the Covid-19 reserve is given in Section 7 below.

7. COVID 19 FINANCIAL POSITION OVERVIEW

7.1 The financial impact of PKHSCP's response to the Covid-19 pandemic is routinely reported to Scottish Government through the return of its Local Mobilisation Plan (LMP) templates. These returns detail costs incurred to date and the forecast for the year. These include costs incurred as a direct consequence of Covid-19 and the impact on deliverability of the IJB's savings plan for 2020/21.

7.2   The forecast costs of Covid-19 remain the same as that last reported to the IJB in February, with a projection of £8.836m.

7.4   As at March 2021, the full £8.836m of Covid-19 income has been received from the Scottish Government. Of this, £5.903m relates to costs incurred within Social Care and £2.933m in Health.

7.5   In addition to the £8.836m received to cover forecast 2020/21 Covid-19 costs, the Scottish Government have allocated a further £3.963m for future Covid-19 costs. In line with Scottish Government advice, this will be required to be carried forward in an ear-marked reserve to cover 2021/22 Covid-19 Costs. The net forecast position, taking account of this further allocation, is summarised in the table below.

TABLE 2

	Health	Social Care	Total
Gross Covid-19 Cost	2.933	5.903	8.836
Less SG Income Received	(2.933)	(5.903)	(8.836)
Further Income Received			(3.963)
Total Cost 2020/21	**0.000**	**0.000**	**(0.3963)**

7.6   Any slippage on the forecast £8.836m expenditure will be added to the Covid-19 reserve and carried forward in to 2021/22.

8.   **CONCLUSION**

8.1   A significant £3.107m underspend on core services is projected for 2020/21. In line with the Integration Scheme this will be carried forward to 2021/22 as a general reserve. As part of the 2021/22 Budget, consideration has been given to its application.

8.2   After taking account of Scottish Government income confirmed and anticipated, a surplus balance of £3.963m is projected to be carried forward in an ear marked reserve for Covid-19 costs in 2021/22. This is in line with Scottish Government advice. As part of the 2021/22 Budget, consideration has been given to its application.

Jane M Smith
Chief Financial Officer

Appendices

Appendix 1 - Summary Financial Position
Appendix 2 - Hosted Services
Appendix 3 - 2020/21 Savings Delivery
Appendix 4 - IJB Reserves

P&K Position as at end February 2021   **APPENDIX 1**

	NHS Directed Services		Social Care		Health & Social Care Partnership	
	Budget £'000	Projection at End February Over / (Under) £'000	Budget £'000	Projection at End February Over / (Under) £'000	Budget £'000	Projection at End February Over / (Under) £'000
Older People Services	25,474	(801)	43,040	(1,493)	68,510	(2,294)
Adult Support & Wellbeing Services	4,119	(280)	24,210	(895)	28,329	(1,175)
Other Community Services	0	0	4,619	(164)	4,619	(164)
Management/Commissioned/Other	27,260	(237)	(14,572)	25	15,130	(212)
Sub-Total Hospital & Community Health	**56,853**	**(1,318)**	**57,297**	**(2,527)**	**116,589**	**(3,845)**
P&K IJB Hosted Services	9,128	(511)	0	0	9,209	(511)
Hosted Services Recharges	5,517	152	0	0	5,382	152
Sub-Total Hosted Services	**14,645**	**(359)**	**0**	**0**	**14,591**	**(359)**
GP Prescribing/Other FHS	26,541	152	0	0	25,954	152
General Medical Services/ Family Health Services	47,977	(42)	0	0	47,782	(42)
Sub-Total Core Position	**146,016**	**(1,567)**	**57,297**	**(2,527)**	**204,915**	**(2,527)**
Financial Plan Deficit	(1,175)	987	0	0	(1,175)	987
Total P&K HSCP	**144,841**	**(580)**	**57,297**	**(2,527)**	**203,740**	**(3,107)**
Large Hospital Set-Aside (as at 2019/20)	**16,280**	**0**	**0**	**0**	**16,280**	**0**
Covid Cost Position						
Undelivered Savings (Covid Mobilisation Costs)		827		938		1,765
Covid Mobilisation Costs		2,106		4,965		7,071
Covid Income Received		(2,933)		(5,903)		(8,836)
Further Covid Income Expected						(3,963)
Total Covid Cost		**0**		**0**		**(3,963)**
Grand Total		**(580)**		**(2,527)**		**(7,070)**

HOSTED SERVICES POSITION **Appendix 2**

Services Hosted in Perth & Kinross IJB on behalf of Tayside IJBs	Annual Budget	Projected Variance Over / (Under)
	£'000	£'000
PERTH & KINROSS HOSTED SERVICES (excl Financial Plan Deficit)	9,128	(306)
Less: Covid Costs included in Local Mobilisation Plan	0	(205)
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	6,070	(275)
BALANCE ATTRIBUTABLE TO PERTH & KINROSS		(236)

Services Hosted in Angus & Dundee on behalf of Perth & Kinross IJB	Annual Budget	Projected Variance Over / (Under)
	£'000	£'000
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE		
Palliative Care	6,232	234
Brain Injury	1,786	160
Homeopathy	29	6
Psychology	5,657	(301)
Psychotherapy (Tayside)	984	82
Dietetics (Tayside)	3,475	35
Sexual & Reproductive Health	2,260	(470)
Medical Advisory Service	105	(48)
Tayside Health Arts Trust	100	0
Learning Disability (Tay Ahp)	852	(110)
Balance of Savings Target/Uplift Gap	(510)	585
Grand Total	20,969	172
Perth & Kinross Share (33.5%)		58
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS		
Forensic Service	1,017	190
Out of Hours	8,081	340
Tayside Continence Service	1,802	0
Pharmacy	1,503	(32)
Speech Therapy (Tayside)	1,200	(125)
Balance of Savings Target/Uplift Gap	17	31
Grand Total	13,620	404
Perth & Kinross Share (33.5%)		135
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE		193
Less: Covid Costs included in Local Mobilisation Plan		(315)
SUB-TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE		(122)
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	0	(359)

APPENDIX 3

PKIJB Financial Recovery Plan
2020/21
as at September 2020

Description	Planned £m	Projected (as at February 2021) £m	Variance Shortfall / (-) Surplus £m
Ring fenced Surplus for Health Services within 2019/20 Financial Plan	0.457	0.457	0.000
Relocation from Highland House	0.048	0.048	0.000
Integration of Health & Social Care Teams	0.267	0.083	0.184
Redesign of Rehabilitation Beds	0.240	0.000	0.240
General Pharmaceutical Services Budget Realignment	0.880	0.861	0.019
Quality, Safety & Efficiency in Prescribing	0.412	0.000	0.412
Prescribing Management Group Savings Plan	0.094	0.094	0.000
Single Handed Care	0.100	0.100	0.000
Review of Supported Living	0.160	0.148	0.012
Review of Care Home Placements	0.462	0.232	0.230
Transformation of Services for People with Complex Care Needs	0.500	0.105	0.395
Review of Care at Home	0.100	0.100	0.000
Contributions Policy	0.273	0.000	0.273
Totals	**3.993**	**2.228**	**1.765**

APPENDIX 4 IJB RESERVES

In March 2017 (IJB Report G/17/51) the IJB described and agreed its 'Reserves Policy'. This set out that the IJB may hold both 'ear-marked' reserves and general reserves. Ear-marked reserves will generally be for specific projects or ear-marked due to specific constraints or factors regarding funding, while general reserves are intended to assist the IJB manage its overall resources over the longer term. The IJB agreed it would set itself a target of having a general reserves equivalent to 2% of approved budgets (c£3.8m).

As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves.

Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding. At the end of 2019/20 the IJB ring-fenced reserves includes Scottish Government (SG) funding to support the new GMS Contract (Primary Care Improvement Fund), Mental Health Funding (Action 15 funding), Alcohol and Drug Partnership (ADP) Funding and specific Covid-19 Funding (Covid-19 Fund). These reserves are retained separately from general reserves.

A reserve is required for Covid-19 funding. This funding has been allocated to PKIJB from the Scottish Government for Covid-19 related expenditure. The allocation provided in 2020/21 is projected to be in excess of costs incurred and this will be carried forward into 2021/22 specifically for future Covid-19 related expenditure.

The table below sets out the anticipated year-end position as at 28 February 2021.

Perth & Kinross IJB Earmarked Reserves	Opening Balance 1 April 2020	Transfer of Reserve (Previously Held at SG)	Other Increase or (reduction) in reserve	Closing balance 31 March 2021
	£'000	£'000	£'000	£'000
Primary Care Improvement Fund	66	1,177	98	1,341
Mental Health - Action 15 Fund	19	57	4	80
Primary Care Transformation Fund	355	0	(26)	329
Perth & Kinross ADP Fund	206	346	(8)	544
Partnership Transformation Fund	431	0	(39)	392
GP Premises Improvement Fund	82	0	(76)	6
COVID-19 Fund	0	0	3,963	3,963
Total	**1,159**	**1,580**	**3,916**	**6,655**

Note - The Out of Hours funding for Tayside is being carried forward by Angus as the Host IJB. This is being carried forward on behalf of all 3 IJBs in a ring fenced reserve.

ANNUAL REPORT

2019-2020

MAPPA
Tayside Multi Agency
Public Protection Arrangements

ANNUAL REPORT 2019 -2020

Welcome to the 2019/2020 annual report on Tayside's Multi Agency Public Protection Arrangements (MAPPA). Protecting the most vulnerable in our communities is the priority of all agencies working in partnership within MAPPA. The agencies are committed to working together to prevent people becoming victims of serious harm and to support and monitor offenders to manage the risk of further offending. Whilst it is never possible to totally eliminate risk entirely, all reasonable steps need to be taken to reduce the risk of serious harm to the public from known offenders.

This year has seen the publication of two Significant Case Reviews and a range of actions have been identified to improve MAPPA processes at both national and local level and many of which these have already been implemented. This coming year a priority of the MAPPA Strategic Oversight Group will be to ensure these are fully implemented and strengthen our local arrangements.

The agencies within Tayside have continued to work effectively together and place the protection of the public as their highest priority. This report sets out the work undertaken by MAPPA and reflects the determination of all involved to ensure that this important area of work remains at the forefront. I acknowledge this and wish to thank all partner agencies for their continued support and commitment to the work of MAPPA in Tayside.

Elaine Torrance
Independent Chair
Tayside MAPPA Strategic Oversight Group (SOG)

2

MAPPA In Tayside

The foundation of MAPPA is the partnership work between a range of agencies. By sharing information, joint management, assessing risk and co-ordinated activity, we are in a better position to protect the public from harm.

In Tayside while Community Justice Social Work (CJSW), Police, Scottish Prison Service (SPS) and Health (NHS Tayside) hold the prime responsibility for the effectiveness of MAPPA they are actively supported by a diverse group of organisations and services which have a duty to co-operate, including Children's Services, Housing, third sector agencies and electronic monitoring providers. The aim is always to get the right agencies around the table for each individual case to assess risk and provide appropriate monitoring and support.

The MAPPA process often commences when the offender is still in prison or detained in hospital. When release/discharge conditions are being considered public safety is of the highest priority.

The MAPPA process becomes vitally important when the offender is released into the community and the management of risk is continually assessed and regularly reviewed at formal multiagency meetings.

It is recognised that no system can provide an absolute guarantee that an offender assessed as dangerous will not reoffend. However, last year more than 99% of MAPPA offenders who were being supported and monitored did not commit a serious further offence and we will continue our efforts to reduce the risk posed by high risk of serious harm offenders in Tayside.

The responsible authorities of Tayside are:

- Dundee City Council
- Perth & Kinross Council
- Angus Council
- Police Scotland
- Scottish Prison Service
- NHS Tayside

1
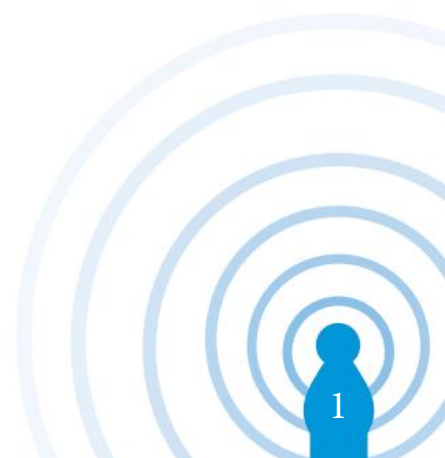
Violent and Sex Offender Register (ViSOR)

The Violent and Sex Offender Register is a UK-wide IT system to assist the multi-agency management of people who pose a serious risk of harm to the public. Since implementation of ViSOR, the responsible authorities, Police, Social Work, Health and SPS, are able to share risk assessments, risk management plans and risk information on individuals in a timely way.

In Tayside ViSOR is used by Police, CJSW, Health and SPS. The system can be accessed 24/7 by Police Scotland so if a Police officer on patrol wishes to know anything about an offender all the information they require is at hand, for example licence conditions or Sexual Offences Prevention Order (SOPO) conditions.

Managing dangerous offenders is all about identifying risks, making decisions and putting plans together to deal with the risk. ViSOR is at the heart of this and contributes to the reduction of further offending and protection of the public.

WHAT WE SAID WE WOULD DO in 2019/2020

In our last annual report the following priority action were agreed and a summary of progress is provided for each below

- Examine and action recommendations from the Significant Case Reviews that are currently on going
- Progress audits across the 3 local authorities
- Improve data collection and reporting to the Strategic Oversight Group
- Continue to deliver training across the Tayside Partnership with a focus on learning from audits and significant reviews to improve our practice
- Review and streamline the arrangements for undertaking Initial Case Reviews

2

Examine and action recommendations from the Significant Case Reviews that are currently on going

Within this year we saw the publication of 2 Significant Case Reviews, both carried out by external reviewers who closely examined each case and the management of the individuals involved to inform the reports, Person X and Prisoner Z. The actions from these reports have been regularly reviewed and scrutinised as part of the MAPPA SOG assurance processes.

1 May 2019 saw the publication date of SCR – Person X, which included 14 recommendations, with 5 for the MAPPA Strategic Oversight Group (SOG), 3 for NHS and 6 for Police Scotland. Since publication all agencies have accepted and reviewed the recommendations and progressed the agreed actions as required in the action plan. As a result of this SCR the practices of MAPPA Level 1 have been reviewed and additional MAPPA chair training has been carried out. Police Scotland has also ensured that training for newly appointed Offender Management Officers in Tayside is completed as soon as possible after appointment. Police Scotland ViSOR Unit has introduced a new information sharing process with Home Office Immigration in relation to foreign nationals' subject to Sex Offender Notification Requirements. The NHS now have alerts on all managed individuals and are progressing a Public Protection framework. 26 November 2019 saw the publication of SCR – Prisoner Z, which included 10 recommendations, with 5 for SPS, 2 for Scottish Government, 1 for Tayside MAPPA SOG, 1 for National SOG and 1 for Police Scotland. All the agencies have accepted and reviewed the recommendations and changes have been made to policy and practice at both local and national level.

SPS have implemented a new Risk Management Progression and Temporary Release Guidance which incorporates a revised Community Access Risk Assessment (CARA). The CARA provides details of risk factors, early warning signs, protective factors and the risk management plan. The SPS have also held an external review of the processes and the findings all of which will be shared with MAPPA partners. Scottish Government along with partner agencies are continuing with a review of national MAPPA Guidance which will be consulted on in the coming months.

Locally, in Tayside we have ensured that all MAPPA relevant prisoners, with community access, are subject to a MAPPA Level 2 meeting with all appropriate agencies attending. The minutes of these meetings are shared with the SPS Risk Management Team. An audit of MAPPA minutes for individuals currently in prison but with community access was undertaken as part of the assurance process for Prisoner Z SCR. The audit confirmed that MAPPA meetings were appropriately analysing risk relating to the offender in the community and clearly communicating their recommendations to the SPS Risk Management Team. The published reports and recommendations can be found on the local council websites. Person X can be found on Dundeeprotects.co.uk and Prisoner Z on Angus Council website.

3
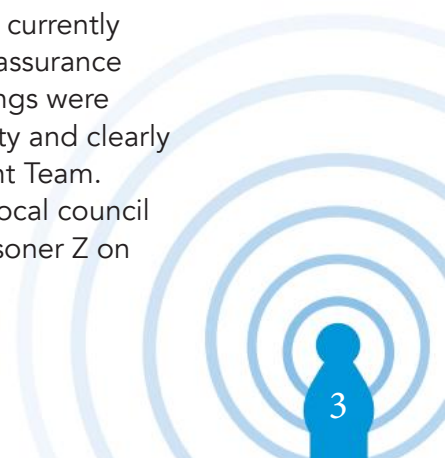
Progress audits across the 3 local authorities

In this year a national audit assessment tool was devised so that data collected in each MAPPA area of Scotland can be scrutinised. We in Tayside have examined a number of cases examining relevant risk assessments and risk management plans and the multi-agency arrangements with each individual. In each case we also examined the impact of the MAPPA process and evidenced any positive outcome for the individual. This process highlighted the good information sharing between agencies and also proactive policing with new offences being discovered. Similar audits will be carried out 4 times a year and the findings will be reported to the SOG.

Improve data collection and reporting to the SOG

Data collection has been improved with an enhanced range of statistical information being provided at each SOG meeting. This provides management information to help analyse trends and examine practice. Of particular interest to the SOG are further offending, warnings and breaches of orders, number of meetings held, prison releases and recalls to custody.

It should be noted that all sexual re-offending by a MAPPA managed individual requires an Initial Notification to be sent to the chair of the MAPPA SOG to determine if a fuller SCR is needed and a process is in place to review cases further where required. If a MAPPA SCR is judged not to be required and the individual is subject to a Community Justice Order, then an Initial Analysis of the circumstances must be compiled by a manager independent of the practice and submitted to the Care Inspectorate. This highlights that there are built-in mechanisms to continually examine practice, particularly in the small number of cases where re-offending has occurred.

Continue to deliver training across the Tayside Partnership with a focus on learning from audits and significant reviews to improve our practice

During this year training has taken place for all MAPPA Chairs with a particular focus of defensible decision making and preparation of risk management plans. This training is given to all persons who will chair a MAPPA meeting at Level 1, 2 or 3. This year 15 staff members were trained and continue to chair the MAPPA meetings. Training will continue to be a priority in the coming year and will need to be adapted due to the impact of the current restrictions on face to face meetings due to the pandemic.

Review and streamline the arrangements for undertaking ICR's

A further key focus for the SOG this year was a review of the management of reported further offending and to clarify the process for submission of a notification for consideration by the SOG chair for progression to an Initial Case Review or Significant Case Review. A revised process has been agreed and implemented. When a notification is submitted to the SOG chair and if further information is required an ICR Panel will be called to consider the circumstances. This panel will be made up of a representative from CJSW, Police, NHS, the MAPPA Co-ordinator and SOG chair. This panel will then consider whether the case needs to progress to a SCR and if there are any areas of good practice or areas for learning, before making proposals to the chair.

5

STATISTICAL INFORMATION

As of 31 March 2020, there were 407 Registered Sex Offenders managed in the community in Tayside, an increase of 27 offenders on the previous year. Of these, 144 (35%) were subject to a statutory supervision requirement with Community Justice Social Work and managed jointly with Police Scotland Offender Management officers.

The number of offenders managed in each area is detailed below;

ANGUS – 116 - an increase of 14 on the previous year
DUNDEE – 167 – an increase of 11 on the previous year
PERTH & KINROSS – 124 – an increase of 2 on the previous year

In March 2016 MAPPA was extended to include Category 3 offenders, who are certain high-risk individuals subject to a statutory order and require multi-agency management. This year 4 individuals have been considered under the Category 3 process.

If an offender is convicted of a sexual offence overseas and thereafter moves to the UK or is deported back to the UK then the police can apply to the courts for a Notification Order. This order then makes that individual a registered offender and subject to Sex Offender Notification Order requirements as if convicted in this country. At this time there are 6 offenders managed by such an order in Tayside.

Over the past 10 years there has been an increase of 113 offenders in the community and to accommodate this increase the Offender Management Units and Social Work Public Protection teams have added to their staff numbers. The following graph shows that increase and also included is the number of offenders who are jointly managed, by Community Justice Social Work by means of an order eg licence or Community Payback Order and are Registered Sex Offenders.

RSOs in the community
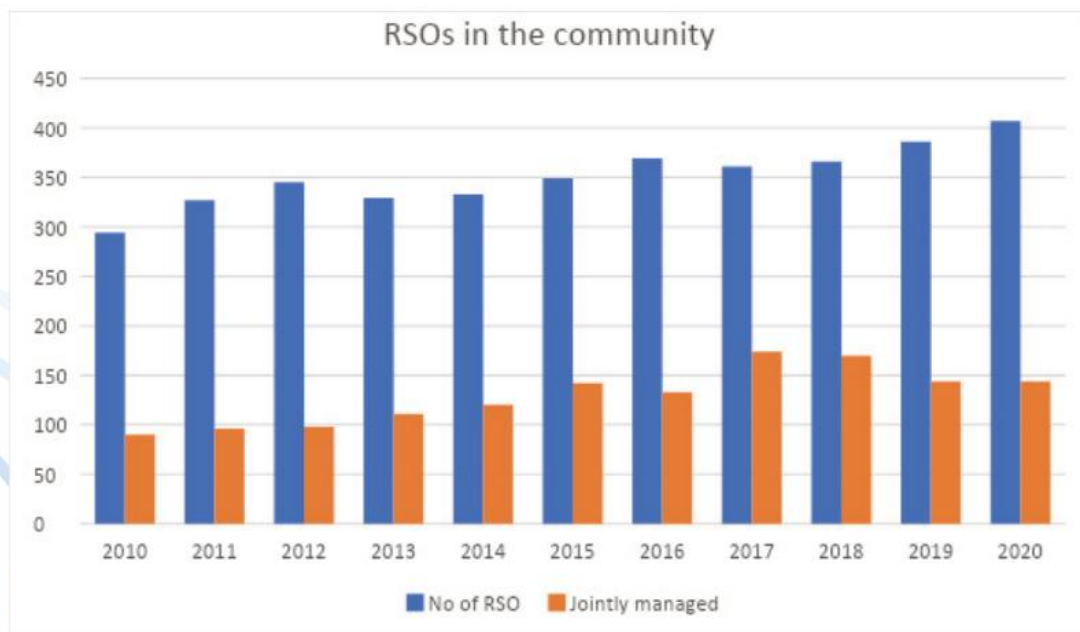
The following graph provides a comparison between the areas of Scotland. The information was drawn from ViSOR.
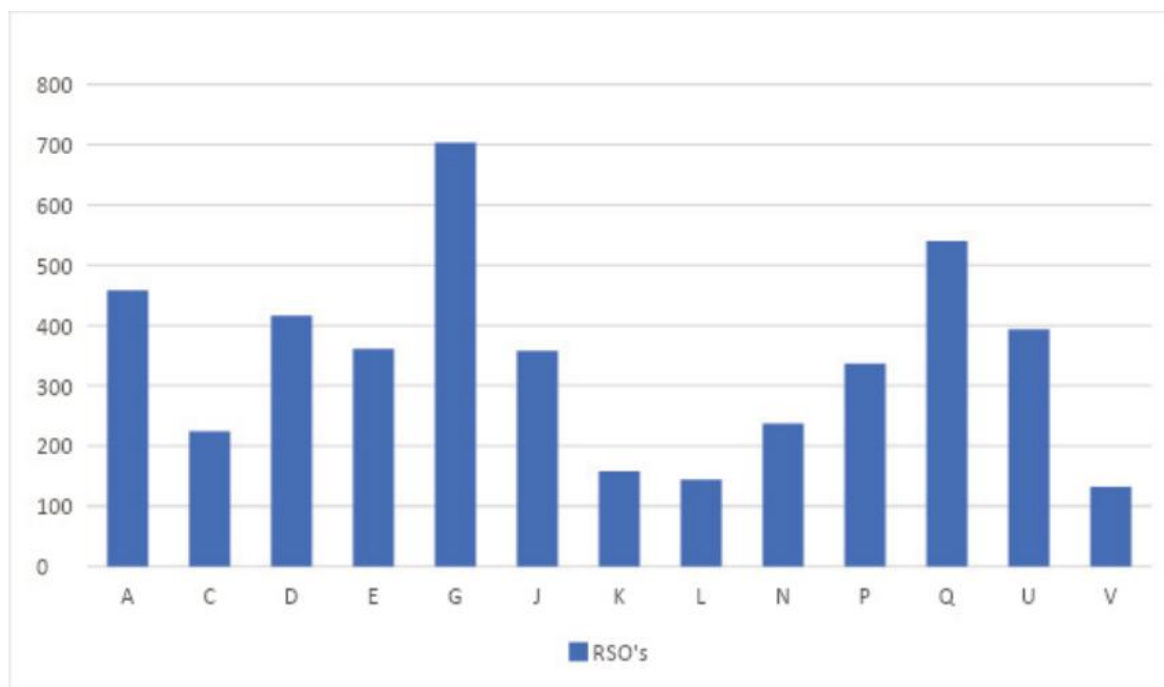
A Aberdeen, Aberdeenshire & Moray	J Lothians & Scottish Borders	Q Lanarkshire
B Forth Valley	K Renfrewshire & Inverclyde	U Ayrshire
D Tayside	L Argyll & West Dumbartonshire	V Dumfries & Galloway
E Edinburgh	N Highlands & Islands	
G Glasgow	P Fife	

FORWARD PLANS

The following priorities have been identified for the coming year 2020/2021

- Further development of Risk Register for SOG following impact of Covid 19

- Implement the Strategic Plan including outstanding actions identified from Significant case Reviews

- Training plan to be developed and agreed

- Communication plan to be agreed and implemented

- Further progress with data collection and analysis

As the year 2019/2020 ended, the Pandemic Covid 19 necessarily caused a change in the way we operated both as a MAPPA SOG and at an operational level. As we went into lock down all our MAPPA meetings at Level 1,2 and 3 changed from being face to face and are now conducted using teleconference technology. This has meant that all required MAPPA meetings have been held in required timescales with all partners able to engage in the meetings and contribute.

The Offender Management Unit and Community Justice Social Work workforce have continued to contact their clients by telephone and offer secure office appointments and home visits where required all acknowledging social distancing and the use of personal protective equipment. At HMP Castle Huntly home leave prisoners were unable to access the wider community and this restriction remains.

The MAPPA SOG has continued to meet by teleconference more regularly to monitor the arrangements and has made a priority of establishing a Risk Register to share information and analysis of the evolving risks as the management of the Pandemic progressed. MAPPA figures and analysis were also part of a wider Protecting People dataset managed by each Chief Officer's Group in Angus, Dundee and Perth & Kinross. Although the vast majority of these actions took place in the 20-21 reporting period it is important to explain the arrangements that were put in place in late March 2020 to respond to the Public Health crisis and will be further developed over the coming year.

8

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MAPPA
Tayside Multi Agency
Public Protection Arrangements

Recycled Paper

PERTH & KINROSS INTEGRATION JOINT BOARD

23 April 2021

**PERTH AND KINROSS CHILD PROTECTION COMMITTEE (CPC)
STANDARDS AND QUALITY REPORT 2019/2020**

Report by Jacquie Pepper, Chief Social Work Officer (Report No. G/21/36)

PURPOSE OF REPORT

Perth and Kinross Child Protection Committee (CPC), in compliance with Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities (Scottish Government: February 2019), publishes an annual Standards and Quality Report. This Standards and Quality Report, for the academic year 2019/2020 provides an overview of the key activities and work of the CPC to protect children and young people from harm, abuse and exploitation. This report identifies achievements, key strengths, the impact of the COVID-19 pandemic and areas for further improvement. It also sets out the CPC's programme of improvement work for 2020 and beyond.

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1. **BACKGROUND/MAIN ISSUES**

1.1 All Child Protection Committees in Scotland are encouraged to publish an Annual Report in compliance with the requirements described in *Protecting Children and Young People: Child Protection Committee and Chief Officer Responsibilities* (Scottish Government: February 2019). This Standards and Quality Report (S&Q) covers work of the CPC for the academic year from 1 August 2019 to 31 July 2020.

1.2 The S&Q report reflects the Care Inspectorate's Quality Indicator Framework: *A quality framework for children and young people in need of care and protection* (Care Inspectorate: Revised 2019).

1.3 The S&Q report presents an overview of performance in services to protect children and young people and is based on sound evidence, obtained through

a wide range of single and multi-agency quality assurance and self-evaluation activities. It describes achievements, key strengths, the impact of the COVID-19 pandemic and areas for further improvement. It also describes the capacity for continuing improvement and the CPC's improvement programme for 2020 and beyond.

1.4   The pictorial summary on page 5 of the S&Q report provides a graphic synopsis of the entire S&Q report and identifies increasing demands on key child protection processes; significantly improved provision and use of data; a much improved and blended approach to seeking and representing the views of children and young people, in particular the provisions of independent advocacy and improving frontline practice, all enabled by new technologies and practice guidance.

1.5   The headline statistical data presented on pages 9 to 14 of the S&Q report show that the number of child concern reports has risen for a third successive year; by far the majority continuing to come from Police Scotland. The number of children and young people who have been the subject of an inter-agency referral discussion (IRDs), leading to a child protection investigation, has also continued to grow over the last three years.

1.6   The number of children and young people, being considered at initial child protection case conferences and subsequently being placed (registered) on the Child Protection Register (CPR), has fallen slightly this year, however the conversion rate between conference and registration remains high at 91%; confirming that the children and young people, most at risk of significant harm, abuse and exploitation are being correctly identified, managed, supported and protected.

1.7   For those children and young people whose names have been placed on the CPR (registration), we continue to closely monitor both short term and longer term periods of registration. The data also shows that 138 new CPR registration took place during the year, representing a reduction from the previous year. However, the number of children and young people whose names were still on the CPR at 31 July 2020 is significantly greater than in previous years. Without doubt, this is a direct consequence of the COVID-19 pandemic and subsequent containment measures, which temporarily interrupted well-established multi-agency review arrangements, resulting in a 20% increase being realised between March and July 2020. New and creative ways of working are now allowing multi-agency staff an opportunity to review these registration periods, for example with key multi-agency child protection meetings taking place virtually.

1.8   The areas for concern being recorded most frequently continue to be domestic abuse, parental mental ill-health and parental drug and/or alcohol use; sometimes referred to as the *"trio of risk"*. Neglect and non-engagement also continue to feature highly. It is also recognised that in the majority, if not all of these cases, there will be an element of emotional abuse.

1.9   The data (financial year) also shows that referrals to the Scottish Children's Reporter Administration (SCRA) have risen this year, in cases where children and young people are in need of compulsory measures of care. The CPC

continues to monitor the use of legal measures, particularly Compulsory Supervision Orders (CSOs), which have fallen this year and Child Protection Orders (CPOs), which have been generally increasing over the last five years. This year, the number of unborn baby referrals has fallen again, with the majority continuing to come from Health Services.

1.10   Since March 2020, as a managed response to the COVID-19 pandemic and subsequent containment measures, the CPC has been receiving more frequent data, in a more integrated way. The CPC quickly developed a dataset, which included all the data being collected nationally via the Scottish Government and through COSLA and SOLACE, as well as some local key performance indicators.

1.11   For example, on a weekly basis, the CPC has been monitoring the number of CCRs received weekly with a domestic abuse marker. It has also been monitoring how many times children and young people, with a child protection plan, have been physically seen, face-to-face, by their social worker (lead professional), on at least a fortnightly basis, and how many children and young people, with a multi-agency plan, have been contacted (including visits, seen face-to-face, online and telephone) by a key worker, primarily a social worker and / or other key professionals, on at least a weekly basis, both of which has remained very high.

1.12   Pages 16 to 24 of the S&Q report also evidences a significantly improved picture in the provision of, and access to, advocacy support, particularly independent advocacy support, for children and young people involved in key meetings. It also evidences the impact the COVID-19 pandemic and containment measures have had on face-to-face work with children and young people and how a creative and blended approach to contact, visits, engagement, seeking and representing the views of children and young people has been continued, and in many ways enhanced, through innovative working and the use of existing and new technologies. It also shows increasing awareness of and support to young people's mental health and wellbeing.

1.13   The S&Q report also acknowledges that whilst there has been an expected reduction in the take-up rate of multi-agency face-to-face training, particularly since March 2020, this has been pro-actively compensated by a significant increase in the use of the Online Modules and the CPC has also introduced new Digital Learning Opportunities on key practice issues. Additionally, the CPC's social media footprint and reach has also increased significantly over the last year.

1.14   Child Sexual Exploitation (CSE) continues to be a priority area of work for the CPC and partner agencies. Throughout the year, work has been undertaken to consolidate the partnership's approach of zero-tolerance to abuse and exploitation across Perth and Kinross. Of particular note is the work of the Yo ung People's Advisory Group and their Young People's Online CSE Survey 2019, which received 1,748 responses (574 in 2017) from across all Secondary Schools in Perth and Kinross. Reassuringly, whilst we remain vigilant to such abuse and exploitation, local data shows that there has actually been a reduction in this type of crime recorded by the police (page 30

4

of the S&Q report).

1.15   Much of the CPC's improvement work continues to be taken forward via the CPC Practice Improvement Working Group, chaired by Hazel Robertson, Head of Services for Children, Young People and Families and the CPC continues to support the work of the Tayside Regional Improvement Collaborative (TRIC) Priority Group 5 (PG5): Safeguarding and Child Protection, which is chaired by Jacquie Pepper, Chief Social Work Officer. The improvement work of this TRIC PG5 has been significantly progressed and is currently focussed on relationship building with families, working together, and workforce development, to change and improve the culture, ethos and day-to-day frontline multi-agency child protection practice. The work of TRIC PG5 continues to provide added value to the improvement work of the CPC. A concise summary of this work can be found at page 35 of the S&Q report.

1.16   In conclusion, the S&Q report evidences our continued capacity for further improvement and our next steps; which are described on page 36 of the S&Q report. This is supported by the evidence contained within the CPC Improvement Plan 2018 – 2020 (Final Update) at 31 July 2020 which accompanies this report (Appendix). This shows the significant progress we have made in implementing the improvement actions to support frontline practice since 2018.

1.17   Through the work of the CPC, there is a commitment to remain alert; to continually identify areas of risk; to ensure continuous improvement and to maintain excellence in the work of the CPC.

2.   CONCLUSION AND RECOMMENDATIONS

2.1 It is recommended that the Council:

(i)   Notes the wide range of work being carried out by Perth and Kinross Council and partners through the Child Protection Committee, to provide high quality services to protect children and young people, in particular the high level commitment to continuous improvement through self-evaluation; and

(ii)   Endorses the contents of this report and the Child Protection Committee Standards and Quality Report 2019/2020 (Appendix 1) and the contents of the CPC Improvement Plan 2018 – 2020 (Final Update) at 31 July 2020 (Appendix 2).

2.2 It is recommended that the Scrutiny Committee:

(iii)   Scrutinises and comments as appropriate on the Child Protection Committee Standards and Quality Report 2019/2020 (Appendix 1)   and the contents of the CPC Improvement Plan 2018 – 2020 (Final Update) at 31 July 2020 (Appendix 2).

5

2.3   It is recommended that the Integrated Joint Board notes this report.

Author(s)

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Jacquie Pepper	**Chief Social Work Officer, Perth and Kinross Council**	ECSCommittee@pkc.gov.uk 01738 475000

Approved

Name	Designation	Date
Sheena Devlin	**Executive Director (Education and Children's Services)**	

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

All Council Services can offer a telephone translation facility.

6

1.   **IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION**

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

1.   **Strategic Implications**

Community Plan / Single Outcome Agreement

1.1   This section sets out how the proposals relate to the delivery of the Perth and Kinross Community Plan/Single Outcome Agreement in terms of the following priorities:

(i)   Giving every child the best start in life;
(ii)   Developing educated, responsible and informed citizens;
(iii)   Promoting a prosperous, inclusive and sustainable economy;
(iv)   Supporting people to lead independent, healthy and active lives; and
(v)   Creating a safe and sustainable place for future generations.

This report relates to Objective No (i).

Corporate Plan

1.2   This section sets out how the proposals relate to the achievement of the Council's Corporate Plan Objectives.

(i)   Giving every child the best start in life;
(ii)   Developing educated, responsible and informed citizens;
(iii)   Promoting a prosperous, inclusive and sustainable economy;
(iv)   Supporting people to lead independent, healthy and active lives; and
(v)   Creating a safe and sustainable place for future generations.

7

This report relates to Objective No (i).

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

2. Resource Implications

Financial

2.1 There are no known resource implications at this time

Workforce

2.2 There are no known workforce implications at this time.

Asset Management (land, property, IT)

2.3 There are no asset management implications at this time.

3. Assessments

Equality Impact Assessment

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

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

Strategic Environmental Assessment

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

Sustainability

3.3 Not Applicable.

Legal and Governance

3.4 There are no legal implications at this time.

Risk

3.5 There are no associated risks at this time.

3.6 N/A

8

4.   Consultation

<u>Internal</u>

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

<u>External</u>

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

5.   Communication

5.1   There are no Communication issues at this time

2.   BACKGROUND PAPERS

None

3.   APPENDICES

Appendix 1:   Perth and Kinross Child Protection Committee Standards and Quality Report 2019/2020

Appendix 2:   Perth and Kinross CPC Improvement Plan 2018 – 2020 (Final Update) at 31 July 2020

Standards and Quality Report 2019/2020

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

Contents

Guardian/Keeper:	**Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2019/2020**
Version Number:	1.0
Approved by CYPFP:	18 September 2020
Approved by CPC:	27 August 2020
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Effective From:	15 December 2020
Review Date:	N/A
ECHR Compliant:	Yes
Diversity Compliant:	Yes
Data Protection / GDPR Compliant:	Yes
FOI Compliant:	Yes
Health & Safety Compliant:	Yes

Preface by the Children, Young People and Families Partnership

The Chief Officers of the public sector organisations in Perth and Kinross, Elected Members of Perth and Kinross Council, Tayside NHS Board and the Command Team of Police Scotland's Tayside Division, are pleased to support the Perth and Kinross Child Protection Committee (CPC) Standards and Quality Report 2019/2020.

The Children, Young People and Families Partnership (CYPFP) continually strives for excellence in our children's services and continues to provide strong and robust collective leadership; direction; governance; scrutiny; challenge and support to the work of the CPC. Our individual and collective commitment to the *protection* of children and young people in Perth and Kinross remains paramount.

It is our firm belief that *safeguarding, supporting* and *promoting* the *wellbeing* of all children and young people and protecting them from harm, abuse and exploitation is *everyone's job.* We take this responsibility very seriously and we are committed to *enabling all children and young people to be the best they can be* and to achieving our shared, ambitious and compelling vision that our *children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up.*

We acknowledge the strong partnership work of the CPC; its Working Groups; the wider child protection community and all staff working in the public, private, third and independent sectors across Perth and Kinross; whose commitment, dedication and hard work continues to provide better outcomes for vulnerable children and young people at risk of harm, abuse and exploitation.

We particularly acknowledge the significant impact the COVID-19 pandemic and subsequent containment measures have had on the lives of children and families and on practitioners living and/or working across Perth and Kinross. As leaders, through the CYPFP and the Perth and Kinross Public Protection Chief Officers' Group (COG), we continue to work collectively together to ensure key child protection services and processes remain properly resourced and in many areas of practice, enhanced and enabled by new ways of working and/or new technologies, to ensure children, young people and families are kept safe and continue to get the help they need, when they need it.

Whilst we are pleased that this report shows our child protection services continue to improve, we continue to remain vigilant. Going forward, we are not complacent and together with the CPC, we strive for excellence, continuous improvement and to realise fully our capacity for improvement.

We commend and endorse this CPC Standards and Quality Report for 2019/2020.

Karen Reid
Chief Executive
Perth and Kinross Council

Grant Archibald
Chief Executive
NHS Tayside

Andrew Todd
Chief Superintendent
Police Scotland – Tayside Division

Katie Pacholek
Locality Reporter Manager
Scottish Children's Reporter Administration

Date: 18 September 2020

Introduction by the Independent Chair of Perth and Kinross CPC

Welcome to our CPC Standards and Quality Report 2019/2020. This report covers the period 1 August 2019 to 31 July 2020.

This is the second CPC Standards and Quality Report I have presented since my appointment as the Independent Chair of the CPC in May 2018. Once again, this report presents a high-level overview of our multi-agency activity for the past year. This report identifies our *achievements*; *key strengths* and *areas for further improvement*. It also describes *our capacity for improvement* and our ambitious *improvement programme* and *work plan* for the future.

2019/2020 has been a very challenging year for the CPC and all partners. In March 2020, the COVID-19 pandemic and subsequent containment measures impacted very heavily on the way our partnership has traditionally operated and in the way child protection services were delivered. Nevertheless, our strong partnership arrangements have allowed us to quickly identify, change and adapt to new ways of working and in many aspects, strengthened what was already a very mature and well established working partnership.

We have continued to support frontline workers to deliver key child protection services and we are working to ensure they remain empowered and enabled to do so, with blended approaches to increased learning and development opportunities and with the support of new practice guidance technologies.

We have successfully implemented and delivered significant practice improvements in terms of the CPC Improvement Plan 2018 – 2020, and have done so, and will continue to do so, in partnership with the CPC Practice Improvement Working Group and the Tayside Regional Improvement Collaborative (TRIC), in particular with Priority Group 5 (PG5) (Safeguarding and Child Protection).

We remain clearly focused on practice change and improvement, which empowers and supports a competent, confident and professionally curious workforce. We have made, and we are continuing to make, sustained improvement in our key child protection processes and practices and our capacity to do so remains very strong.

In conclusion, I must acknowledge the hard work, commitment and dedication of all our staff, which remains outstanding and which is improving the life chances of all children, young people and families across Perth and Kinross and keeping them safe.

Bill Atkinson
Independent Chair of Perth and Kinross Child Protection Committee (CPC)

Date: 27 August 2020

CPC Standards & Quality Report 2019/20 Summary

Numbers Increasing:

Child Concern Reports (7% increase in children subject to CCRs)

Inter-Agency Referral Discussions (7% increase in children subject to IRDs)

Child Protection Investigations (26% increase in children subject to CPIs)

Child Protection Register (23% increase in children on CPR)

97
79 in 2019

Children on Child Protection Register (at 31st July 2020)

The areas for concern being recorded most frequently continue to be parental mental ill-health; domestic abuse and problematic parental drug and / or alcohol use, commonly referred to as the **trio of risk**. Also seeing increasing levels of non-engagement from families

Domestic abuse
Mental ill-health
Emotional Abuse
Substance misuse

Improvements seen in:

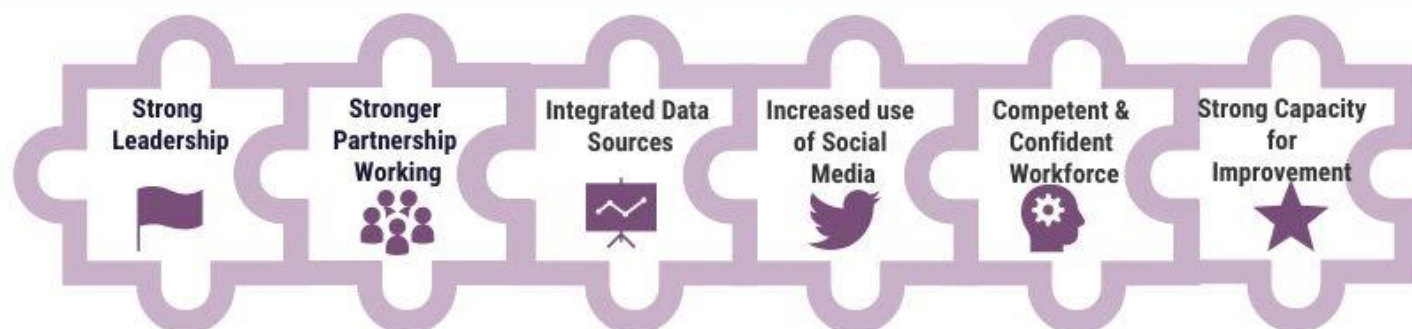**Engagement with young people**

Use of new technologies

Additional support for Young Carers

Independent Advocacy

Support for Young People's Mental Health

Increased monitoring during COVID

Strong Leadership	Stronger Partnership Working	Integrated Data Sources	Increased use of Social Media	Competent & Confident Workforce	Strong Capacity for Improvement

---

Staff Learning and Development

Increased engagement with Online training modules

5782 2019/20

3175 2018/19

New Practitioner Guides developed:

- Code of Practice: Information Sharing, Confidentiality and Consent
- Chronologies
- Professional Curiosity
- Resolution and Escalation Arrangements
- Inter-Agency Referral Discussions
- Concern For Unborn Babies
- Participation in Child Protection Meetings

Listening to and Seeking Views from Children and Young People

IAPK Independent Advocacy Perth & Kinross **179%** Increase in the number of children and young people supported by Independent Advocacy

Mind Of My Own **38%** Increase in statements received from children and young people or workers

PKAVS **338** Number of Young Carers supported - provision of education, counselling and respite support

see beyond **1748** Number of responses to YP Advisory Group survey on CSE (compared with 574 responses in 2017)

iRIGHT FOR YOU **480** Young people supported to provide their views in key meetings
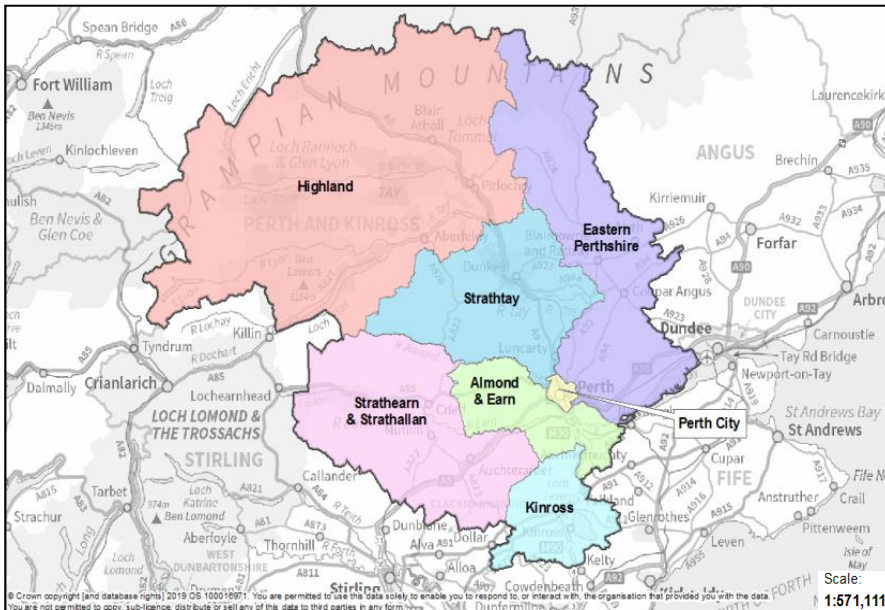
NSPCC SCOTLAND **2657** Number of pupils participating in the Speak Out Stay Safe Programme

5

Context

This section sets out our shared, ambitious and compelling vision and briefly describes the context within which we deliver our services for children, young people and families across Perth and Kinross.

Perth and Kinross

Perth and Kinross covers an area of 5,286 square kilometres and is the fifth largest area by land mass in Scotland. The past decade has seen above average growth in population, which now stands at 151,290. Children aged 0-17 make up 18% of the population with numbers expected to remain stable. The geographical distribution of the population across urban, rural and remote areas poses challenges for the planning and delivery of services.

In Perth and Kinross, there are seven community planning local action partnership areas: Perth City; Kinross-shire; Almond and Earn; Strathearn and Strathallan; Highland; Strathtay and Eastern Perthshire. These localities each have a local action partnership made up of elected members, communities, and public services.

Through the local action partnerships, the community planning partnership identifies their particular needs and challenges. Perth & Kinross council has 40 councillors in 12 electoral wards.

NHS Tayside is responsible for commissioning health care services for residents across Tayside and had a combined population of 417,470 based on mid-year 2019 population estimates published by National Records of Scotland. NHS Tayside's governance includes three major hospitals; a number of community hospitals and also includes over 60 GP surgeries and a variety of health centres staffed by thousands of employees.

The Tayside Division of Police Scotland's command area covers 2000 square miles. The Council's Education and Children's Services deliver integrated services for children, young people and families.

Our Vision

Our shared, ambitious and compelling Vision, articulated in the Tayside Plan for Children, Young People and Families 2017 - 2020 is that:

> *"Our children and young people will have the best start in life*
> *and Tayside will be the best place in Scotland to grow up"*

Our Five Priorities:

1. *Our children and young people will have the best start in life, they will be cared for and supported to learn in nurturing environments*

2. *Our children, young people and their families will be meaningfully engaged with learning and combined with high quality learning experiences, all children and young people will extend their potential*

3. *Our children and young people will be physically, mentally and emotionally healthy*

4. *Our children and young people who experience particular inequalities and disadvantage will achieve health, wellbeing and educational outcomes comparable with all other children and young people*

5. ***Our children and young people will be safe and protected from harm at home, school and in the community.***

National Context

The protection of children and young people in Scotland is set within the wider policy and practice context of *Getting it right for every child* (GIRFEC). Fundamentally child protection sits within, and is an integral part of, the wider GIRFEC approach. Both are inextricably linked and prerequisites in improving outcomes for children and young people, keeping them safe and protecting them from harm, abuse and exploitation.

The Scottish Government's Child Protection Improvement Programme (CPIP) remains the current national improvement programme for child protection across Scotland.

Local Context

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

Child Protection Committee (CPC)

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

The work of the CPC is articulated by the CPC Improvement Plan; which is aligned with, and continues to support the Tayside Plan for Children, Young People and Families 2017 - 2020.

7
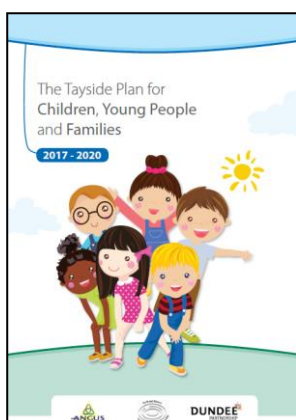
Management Information and Performance Outcomes

This section describes the findings from our CPC multi-agency management information and performance outcome framework and reports on the *headline messages* for 2019/2020.

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

"Chief officers groups require strong oversight of children's service planning, child protection committees and approaches to emerging needs in order to be assured in the robustness of processes, procedures and practice to keep children and young people safe. To do so effectively, analysis of outcome-focussed data must be coupled with keen questioning and constructive challenge"

"In most of the partnerships which we evaluated as better performing, we saw systematic and joint collection and analysis of outcomes-focussed performance data, used to identify good practice, areas for improvement and gaps in local service provision. In the partnerships which we evaluated as better performing, we saw clear CPC priorities which were reported on regularly and publicly. Further, in the partnership we evaluated as 'Excellent' against this quality indicator, we saw partners at the forefront of developments in the complex arena of child protection practice"

The Joint Strategic Inspection of Services for Children and Young People: Review of Findings from the Inspection Programme 2012-2017 (Care Inspectorate: 2019)

Background Information and Context

We continue to publish Child Protection Management Information and Statistical Reports on an academic year basis (August to July), in compliance with Scottish Government's annual reporting requirements.

In autumn 2019, the Scottish Government and the Centre for Excellence for Looked After Children in Scotland (CELCIS) published a National Minimum Dataset for CPCs in Scotland.

Following a Tayside Data Orientation Session and Workshop held on 23 September 2019, the CPC adopted the national minimum dataset and was instrumental in leading the development of a more comprehensive Tayside CPC Shared Dataset, which comprises key child protection performance output indicators (quantitative indicators showing frequency and volume) and proxy outcome indicators (qualitative indicators showing improved outcomes).

Implemented retrospectively since 1 August 2019, these data reports are being provided to the CPC quarterly and allow the CPC to effectively monitor key child protection processes and practices and to seek and provide reassurance to the CYPFP.

In addition, since March 2020, as a result of the COVID-19 pandemic, the CPC has been receiving more frequent data, in a more integrated way. The CPC quickly developed a dataset, which included all the data being collected nationally via Scottish Government and through CoSLA and SOLACE, as well as some local key performance indicators. These were selected for their significance, in identifying the impact of the COVID-19 pandemic on children and young people at risk and the effectiveness of our responses during lockdown; at a time when services and agencies were not always available, and schools were closed.

Going forward, the CPC plans on developing its analytical capacity even further to ensure that it continues to make sophisticated and intelligent use of rich data sources to inform and improve frontline practice.

Headline Messages 2019/2020

For the purposes of this report, we will present the *headline messages* from our Tayside CPC Shared Dataset and from the other previously mentioned data sources. These are presented for the academic year 1 August 2019 – 31 July 2020 and, where possible, compared with previous years.

Figure 1: Child Concern Reports (CCRs)[1][2]
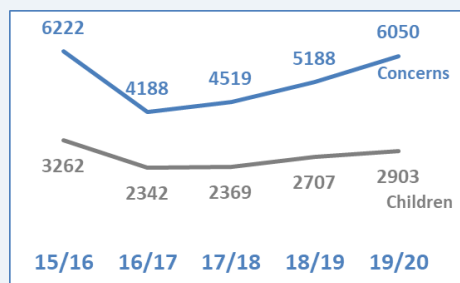
The total number of Child Concern Reports (CCRs) has risen for the third year in a row, while the number of children and young people subject to a CCR has risen more slowly. However the longer trend over the last five years is more steady. CCRs can relate to the same child or young person, particularly where there are multiple or repeated concerns.

Figure 2: Child Concern Reports by age of child

The number of children and young people with a CCR in each age group has remained relatively steady, with the number in the 5-10 and 11-15 age groups again being the largest.
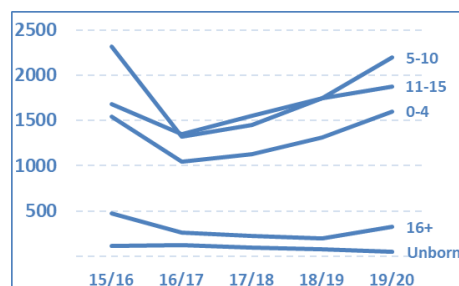

Figure 3: Child Concern Reports by source
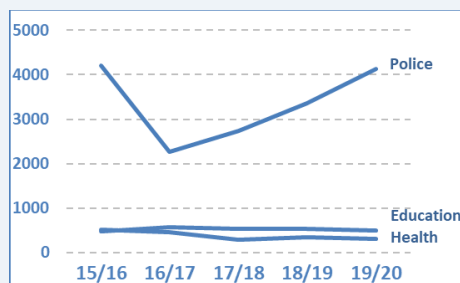
The main source of CCRs continues to be Police Scotland, followed by Education Services and Health Services. Overall, these three source groups account for 80% of all CCRs submitted.

The number of CCRs submitted by Police Scotland has been increasing over the last 4 years.

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[1] Note: A Child Concern Report (CCR) is a mechanism by which any practitioner or manager across the public, private or third sector, or indeed, any member of the public, can raise any worry or concern they may have about a child or young person's health and/or wellbeing.

[2] Note: Figures are accurate as at 31 July 2020, however, they may be updated in subsequent reporting periods due to retrospective data validation and quality assurance processes.

9

Figure 4: Inter-Agency Referral Discussions (IRDs) [3]

The number of children and young people subject to Inter-Agency Referral Discussions (IRDs) continues to rise, and the number of discussions taking place (which may involve more than one child) also show a long-term upward trend.

IRDs are recognised as good multi-agency working practice and may be repeated a number of times for the same child or young person.
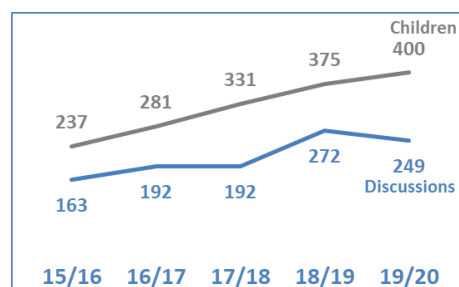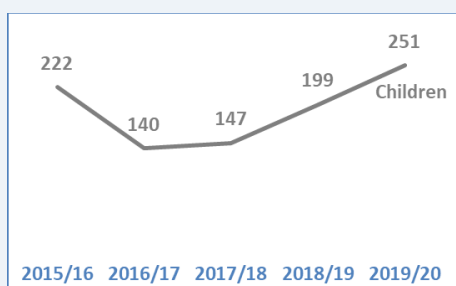
Children
400
375
331
281
237

272
249
Discussions
163   192   192

15/16   16/17   17/18   18/19   19/20

Figure 5: Child Protection Investigations [4]

251
222
199
Children
147
140

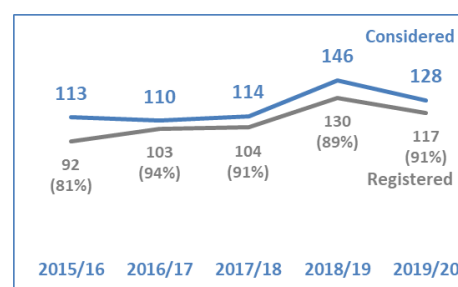2015/16   2016/17   2017/18   2018/19   2019/20

The number of children and young people subject to a Child Protection Investigation has been consistently rising over the last three years, although the longer-term trend is more level.

Figure 6: Children considered at Initial Child Protection Case Conferences

The number of children and young people considered at Initial Child Protection Case Conferences (ICPCC) shows a general slight increase over the last five years, with a slight reduction this year.

The proportion of ICPCCs that result in a child or young person's name being placed on the Child Protection Register (CPR) remains high at 91%, demonstrating that the right children and young people are being considered at ICPCCs.

Of the 128 considered at an ICPPC, 18 related to Unborn Babies (Pre-Birth CPCCs), with the remaining 110 being children and young people.

Considered
146
128
113   110   114
130
(89%)
117
(91%)
92   103   104   Registered
(81%) (94%) (91%)

2015/16   2016/17   2017/18   2018/19   2019/20

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[3] Note: An IRD is a discussion between practitioners, services or agencies, where a child concern report and/or multi-agency screening arrangements have determined that a child or young person is in need of care and protection from harm, abuse or neglect; or there is a likelihood or risk of significant harm, abuse or neglect.

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

10

Figure 7: <u>New</u> Registrations on The Child Protection Register
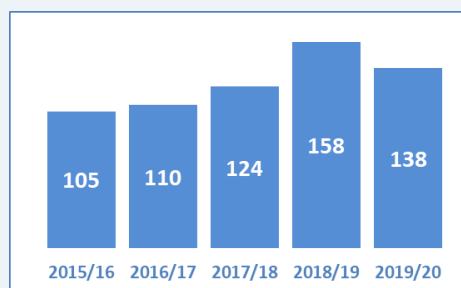
The number of children and young people placed (new registrations) on the Child Protection Register (CPR) during the last year has been generally increasing over the last 5 years. This includes sibling groups.

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

Figure 8: Children on The Child Protection Register as at 31 July 2020

The number of children and young people on the CPR at 31 July 2020 has remained relatively steady over the last 4 years, with 2020 showing the first significant increase for some time. These figures include sibling groups.

Without doubt, this is a direct consequence of the COVID-19 pandemic and containment measures, which temporarily interrupted well-established multi-agency review arrangements for all registrations.

At the end of March 2020, the number of children and young people on the CPR was 81; by the end of July 2020 it had risen to 97; representing a 20% increase, which evidences the impact of COVID-19 pandemic on the registration rate.
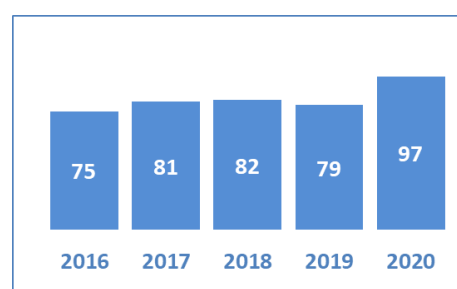
Figure 9: Length of registration
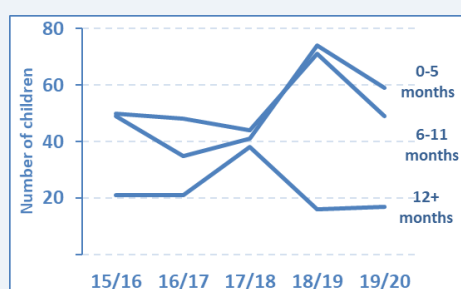
Most registrations normally last less than a year, and the number of children and young people who remain on the CPR for 12 months or more is normally relatively steady. The CPC closely monitors registration rates and in particular de-registrations, re-registrations and length of time children and young people remain on the CPR as part of its quality assurance work.

However, this year, it is clearly evident that the COVID-19 pandemic and subsequent containment measures have had a significant impact both on CPR registration rates and the length of time children and young people have remained on the CPR, as illustrated above.

There has clearly been a slower de-registration rate than normal, partly due to the fact that schools and early years services were not operational and able to contribute towards child protection plans in the same way. New ways of working are now in place to address this issue, for example, with key multi-agency child protection meetings taking place on a virtual basis.

Figure 10: Areas of Concern [5]
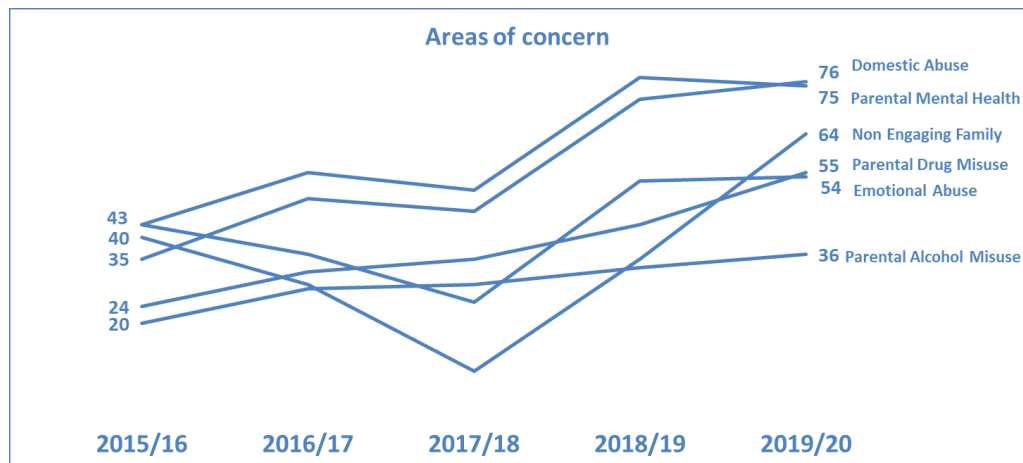
The number of children and young people whose names are included on the CPR who are affected by domestic abuse, parental mental ill-health, problematic parental drug and / or alcohol misuse (sometimes referred to as the trio of risk) remains significant, and in many such cases there is always an element of non-engagement. We continue to recognise that in the majority, if not all of these cases, there will be an element of emotional abuse.

| Area of concern	15/16	16/17	17/18	18/19	19/20
Domestic Abuse	35	49	46	72	76
Parental Mental Health	43	55	51	77	75
Non-engaging family	40	29	9	35	64
Parental Drug Misuse	24	32	35	43	55
Emotional Abuse	43	36	25	53	54
Neglect	26	24	20	37	46
Parental Alcohol Misuse	20	28	29	33	36
Physical Abuse	24	21	12	11	37
Poverty/Financial Difficulties	12	10	12	*	17
Parental Learning Difficulties	*	*	*	*	11
Sexual Abuse	7	14	15	14	*

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

Figure 11: Referrals to SCRA (figures based on Financial Years (01 Apr – 31 Mar)
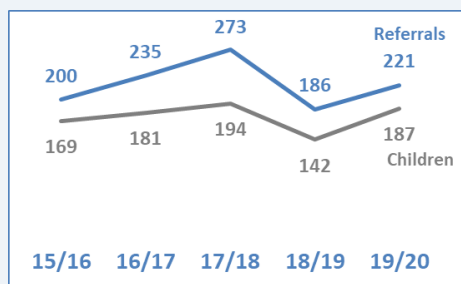
The number of referrals to SCRA and the number of children and young people referred to SCRA shows some variation over the last five years. Sibling groups are included within these figures.

Training has ensured that all staff are acutely aware when making referrals that they describe the reasons why compulosry measures of care are required, particularly when alternative support measures are not deemed appropriate.

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

Figure 12: Compulsory Supervision Orders (CSOs) *(figures based on Financial Years (01 Apr – 31 Mar)*

The number of children and young people placed on Compulsory Supervision Orders (CSOs) and the number of children on a CSO at the end of year the show a general downward trend over the last four years.

Children and young people who are placed on CSO are looked-after, either at home or away from home in another placement and subject to supervision visits and contacts by a social worker.
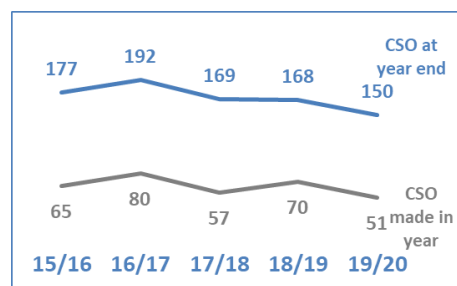

Figure 13: Children placed on Child Protection Orders during the year *(figures based on Financial Years (01 Apr – 31 Mar)*
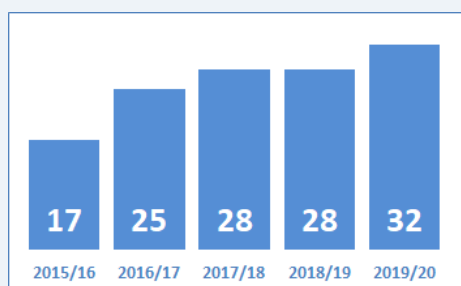
The number of children and young people placed on Child Protection Orders (CPOs) has been generally increasing over the last five years. These figures, which include large sibling groups as being closely monitored.

Figure 14: Unborn Baby Referrals [6]

The number of Unborn Baby Referrals continues a downward trend. The partnership continues to work with the Centre for Excellence for Looked After Children in Scotland (CELCIS) to develop support pathways for vulnerable pregnant women, aimed at *Addressing Neglect and Enhancing Wellbeing (ANEW): Getting it Right in Perth and Kinross; Pre-Birth and into the First Year of Life.*

This work has included the redesign of key processes through which Midwives and Health Visitors now connect with other services, agencies and community resources to access support for vulnerable families, thus avoiding the need for an Unborn Baby Referral.

The areas of vulnerability continue to be similar to the areas of concern for registration mentioned above.
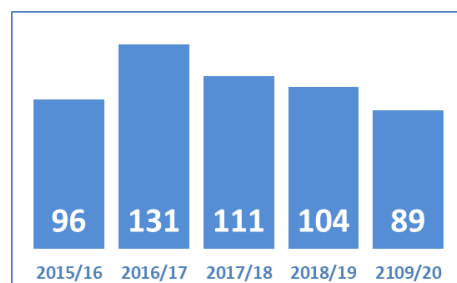
Monitoring during COVID-19

As part of the managed response to the COVID-19 pandemic, the Child Protection Committee has been receiving additional data reports and implemented weekly monitoring of key areas of service delivery. The following are additional key performance indicators that have been monitored.

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[6] Note: Currently an Unborn Baby Referral is a mechanism by which any practitioner or manager across the public, private or third sectors, can raise any worry or concern they may have about an unborn baby's health and/or wellbeing; or in relation to whether or not that baby will be safe and / or in need of care and protection, pre-birth and/or after birth.

Figure 15: Child Concern Reports (CCRs) – Domestic Abuse

The total number of Child Concern Reports (CCRs) where Domestic Abuse was a feature showed quite a lot of variation from week to week, but has remained relatively steady since March 2020 and continues to be monitored on a weekly basis by the CPC and partners.

Figure 16: Children with child protection plan seen face-to-face

The number of children and young people with a child protection plan, who were physically seen, face-to-face, by their social worker (lead professional), on at least a fortnightly basis, has remained very high; has showed a consistently upward trend over the period of the COVID-19 pandemic and subsequent containment measures and this trend has been continued.

This has been monitored at a national and local level and social workers quickly responded and engaged in home visits, which were supported by risk assessments and the correct use of personal protective equipment (PPE).
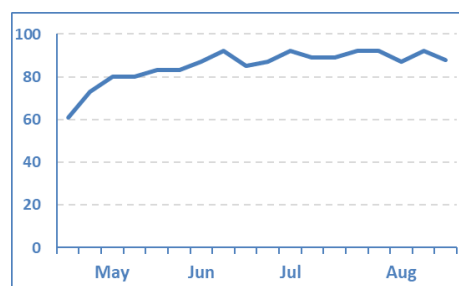
Figure 17: Children with multi-agency plans contacted
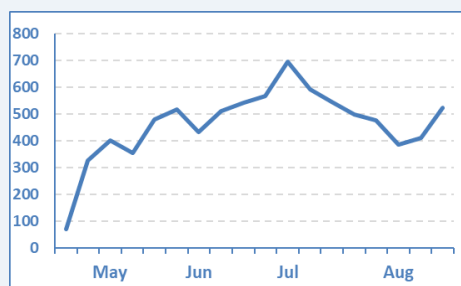
The number of children and young people with a multi-agency who were contacted (includes visited / seen face-to-face/online/ telephone) by a key worker, primarily a social worker and/or other professionals, on at least a weekly basis, has remained very high and showed a consistently upward trend over the period of the COVID-19 pandemic and subsequent containment measures, when schools were closed.

This number comprises all cases open to Service for Children Young People and Families, including all cases open to the Child Protection and Duty Team for follow up and initial investigations.

This has been monitored at a national and local level and social workers and others quickly responded and engaged in these contacts, which, where necessary, were supported by risk assessments and the correct use of personal protective equipment (PPE).

Figure 18: Children attending childcare (activity centres, childminders etc.)

In response to the COVID-19 pandemic, closure of schools and the subsequent containment measures, the number of children and young people attending one of the childcare provisions provided across Perth and Kinross on a daily basis, increased to a peak at the end of June 2020.

14
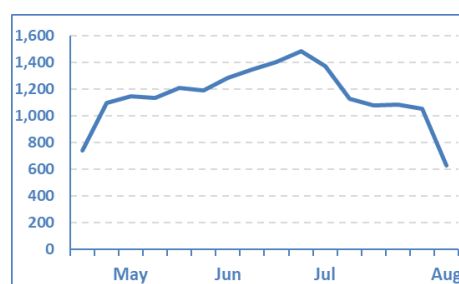
How well do we meet the needs of our stakeholders?

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

Quality Improvement Framework

Quality Assurance and Self-Evaluation are central to continuous improvement and based on a model developed by the European Foundation for Quality Management (EFQM). The EFQM model is widely used across local authorities, other bodies and by CPCs.

Quality Assurance and Self-Evaluation are neither bureaucratic nor mechanical processes; they are ongoing reflective processes to measure performance, improvement and outcomes.

Underpinning the quality assurance and self-evaluation work of the CPC and its partners, are recognised quality improvement frameworks.

They provide a framework of quality indicators to support quality assurance and self-evaluation which leads to improvement across services for children, young people and families. They place the child at the centre and are applicable to the full range of services which contribute to the wellbeing of all children, young people and their families.

These frameworks are designed to provide a complementary approach to robust quality assurance, self-evaluation and independent scrutiny.

Using the same set of quality indicators reinforces the partnership between internal and external evaluation of services.

These frameworks continue to provide the CPC and its partners with a toolkit to help with evaluating and improving the quality of services children, young people and families. These frameworks do not replace existing approaches to quality assurance and self-evaluation; they complement them.

These frameworks are:
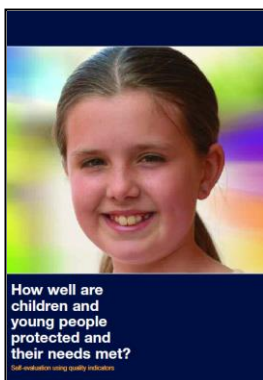
2005

2009

2014
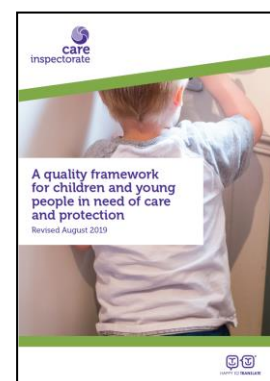
2019

Impact on Children, Young People and Families

Evaluation: We are confident that we listen carefully to, understand and respect children, young people and their families and that we are helping them to keep themselves safe.

A range of early intervention and family support services are improving children and family wellbeing.

Children and Youth Rights Work – Listening and Seeking Views

2019/2020 has been another busy year for the Children and Youth Rights Officer (CYRO) and the partner providers of advocacy in Perth and Kinross.

Over this past year, we have continued to review the arrangements for advocacy and for seeking the views of children and young people at key child protection meetings, Looked-After Reviews and Children's Hearings.

In terms of advocacy and seeking views, and the service level agreement between Perth and Kinross Council's Education and Children's Services and Independent Advocacy Perth & Kinross has continued to grow, resulting in the advocacy improvements, implemented last year, in relation to the allocation of workers for three key groups of young people being sustained. These three groups include those who are looked-after and accommodated; those who are looked-after at home and those who are open to child protection services. In addition, the Council's CYRO has continued to support children and young people with advocacy who are not open to social work.

These arrangements, in addition to the continued use of the Mind of My Own App and the All About Me Form within Services for Children, Young People and Families have provided children and young people with a variety of ways to exercise their right to be listened to, understood, respected and taken seriously during key meetings.

In March 2020, the COVID-19 pandemic and subsequent containment measures, significantly restricted upon our advocacy arrangements; resulting in face-to-face work with children and young people being temporarily paused. Risk assessments ensured that children and young people were being kept safe; were being seen by a worker or via virtual meetings and that their views have continued to be captured and presented.

In terms of impact, the following information illustrates the increasing number of children and young people who have had their views advocated / presented at key meetings since July 2019, either by workers or advocates via the submission of an All About Me Form:

- 147 children and young people's views presented at a Child Protection Case Conference (CPCC) by their social worker, carer, advocate or other professional

- 233 looked-after children and young people's views presented at a Looked-After Conference (LAC) by their social worker, carer, advocate or other professional

- 100 children and young people helped to submit an All About Me Form to CPCCs and LAC

Children's Rights

The CYRO continues to carry out a wide range of other duties in relation to children and young people's rights, including continuing to be the strategic lead for the Rights Respecting School Award (RRSA).

RRSA is an award delivered by UNICEF, which recognises schools who can evidence that the UNCRC is placed at the heart of their policy, planning and service delivery. While schools can provide written evidence of their work, the focus of the assessment is on the impact on the child.

16

In order to further their commitment to promote children's rights universally, the Council has a service level agreement with UNICEF UK, with schools being financially supported to register for the award and access assessments free-of-charge. Currently 63% of schools in PKC are registered and at various stages of the accreditation process.

The CYRO continues to:

- contribute to the quarterly RRSA strategic lead's meetings
- provides RRSA guidance to school and processes school action plans
- coordinates RRSA training and carries out RRSA accreditation visits
- coordinates responses to Scottish Government consultations regarding rights related issues
- supports the Corporate Parenting Worker with the Individual Grants process
- represents P&K at the Scottish Children's Rights Officer's Network (SCRON)
- serves as a member of the CPC

The work of the Children and Youth Rights Officer (CYRO) and the Who Cares? Scotland Worker remain key strands in our improving framework for the provision of advocacy and in listening to and seeking the views of children and young people.

Mind Of My Own

Perth and Kinross is now into the third year of using Mind Of My Own as a means of gathering children and young people's views to inform their plans and the support being offered and provided to them.

The expansion of the Mind Of My Own App, to include Express, which has been developed specifically for children under 8 years of age and those with disabilities, has ensured that the Mind Of My Own App is available to a much larger group of children and young people; thereby ensuring that we can gain the views of children who are often described as far harder to reach.

Nationally, there is now a dedicated Mind Of My Own Scottish Account Manager based in Glasgow, who keeps all of the Scottish Local Authorities, who have invested in the Mind Of My Own App, updated regarding developments and staff training opportunities. Further training sessions have taken place over the last academic year to ensure that new workers in our Social Work Teams are aware of the Mind Of My Own App and the advantages in using this with children and young people.

Locally, many of the Social Work Teams in Perth and Kinross are appointing Mind Of My Own Champions, to ensure that Team members are being encouraged to use the Mind Of My Own App with the children and young people they work with and support.

More recently, COVID-19 and the subsequent containment measures, presented workers with significant challenges in terms of their ability to meet up with, and see vulnerable children and young people, as they would normally have done; particularly as they were also out of nursery/school and therefore not being seen by adults who they trust and could normally talk to if they were worried or concerned about something.

The use of Mind Of My Own App has offered an additional means by which children and young people can still ensure that their voices are heard and listened to. As an additional safety feature, the Mind Of My Own App Team has adapted the Mind Of My Own App to immediately highlight to Mind Of My Own staff if a child or young person states anywhere within their statement that they feel unsafe. This new alert feature ensures that the information is passed on to the relevant worker as quickly as possible, for immediate follow-up with the child or young person.

In terms of impact, a snapshot taken @31 July 2020 shows:

- Total number of children and young people with their own Mind Of My Own App accounts – 93 (previously 48 @31 July 2019)
- Total number of workers with their own Mind Of My Own App accounts – 165 (previously 152 @31 July 2019)
- Total number of statements received from children and young people with Mind Of My Own App accounts – 192 (previously 148 @31 July 2019)
- Total number of statements received from worker's with Mind Of My Own App accounts – 163 (previously 110 @31 July 2019)
- Total number of Mind Of My Own App Express statement sent between children and young people and workers – 102 (new measure for 2020)

In terms of the statements being sent between children and young people (totalling 355), the following Table illustrates the types and nature of the statements and how they relate to the provision of service and support being provided to children and young people:

STATEMENT TYPE	SENT BY YOUNG PEOPLE	SENT BY WORKERS	TOTAL
Totals	192	163	355
Case Conference	8	7	15
Change	11	5	16
Conference	3	18	21
Foster Care Review	3	41	44
My Education	1	0	1
My Life	15	1	16
My Wellbeing	8	9	17
Pathway	1	0	1
Post Meeting	1	0	1
Preparation	56	50	106
Problem	17	3	20
Share Good News	29	3	32
Worker Visit	39	26	65

REACH

[REACH](#) in Perth and Kinross originated from the Transformation Project on the Review and Remodelling of Residential Care.
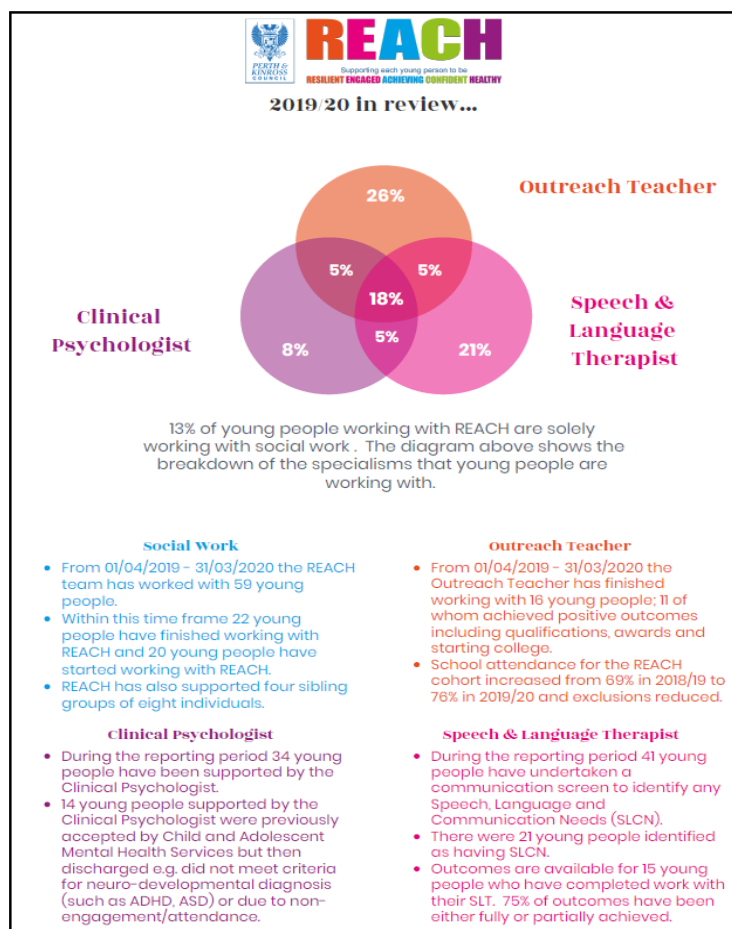
REACH was created to provide a 'one stop' multi-disciplinary response to address the needs of young people aged 12 – 18 years of age and to their families across Perth and Kinross.

The primary focus for REACH is to offer intensive and flexible support and help improve outcomes for young people who are looked-after or who are at risk of becoming accommodated and are therefore "on the edge of care".

REACH provides individualised support and employs the skills of a dedicated multi-disciplinary team to help young people to remain in their families, schools and communities and prevent the need to move to alternative residential care.

The long term aim is to enable young people to flourish within their community and to become healthy, resilient and resourceful adults.

In terms of impact, REACH continues to provide a 24/7/365 service provision and the following provides an updated snapshot of its work:

2019/20 in review...

From 01/04/2019 to 31/03/2020 REACH have been busy working directly with young people on the edge of care. We have shared our process and practice nationally and welcomed visits from other local authorities. We have also provided training and support to help parents, kinship carers, foster carers and school staff better understand the young people and the best approaches to help repair and strengthen relationships.

2019/20 Highlights

Quarter 1
During the first quarter we...
- shared our experiences at the Fairer Futures event
- development day
- updated our working practices to reflect demand
- communicated our aims and objectives to all Headteachers at their development day

Quarter 3
During the third quarter we...
- participated in the Whole Service Development Day
- welcomed stakeholders to an open morning
- developed and delivered the Better Communication for Better Outcomes event on behalf of the Scottish Government

April May June — July August September — October November December — January February March

Quarter 2
During the second quarter we...
- welcomed a visit by the Cabinet Secretary for Communities and Local Government
- organised coaching sessions with Live Active for our young people
- delivered Speech, Language and Communication Needs - Common Difficulties and Useful Strategies training to social work staff and Foster Carers

Quarter 4
During the fourth quarter we...
- delivered Speech, Language and Communication Needs Training for Police Scotland
- delivered training at The Community School of Auchterarder's in-service day
- completed several self-evaluation sessions and created an audit tool
- supported our young people at the start of COVID-19 pandemic

Pictures from REACH Open Day and Better Communication for Better Outcomes Event

REACH — Supporting each young person to be RESILIENT ENGAGED ACHIEVING CONFIDENT HEALTHY

2019/20 in review...

Outreach Teacher 26%
5% — 5%
18%
Clinical Psychologist 8% — 5% — 21% Speech & Language Therapist

13% of young people working with REACH are solely working with social work. The diagram above shows the breakdown of the specialisms that young people are working with.

Social Work
- From 01/04/2019 - 31/03/2020 the REACH team has worked with 59 young people.
- Within this time frame 22 young people have finished working with REACH and 20 young people have started working with REACH.
- REACH has also supported four sibling groups of eight individuals.

Outreach Teacher
- From 01/04/2019 - 31/03/2020 the Outreach Teacher has finished working with 16 young people; 11 of whom achieved positive outcomes including qualifications, awards and starting college.
- School attendance for the REACH cohort increased from 69% in 2018/19 to 76% in 2019/20 and exclusions reduced.

Clinical Psychologist
- During the reporting period 34 young people have been supported by the Clinical Psychologist.
- 14 young people supported by the Clinical Psychologist were previously accepted by Child and Adolescent Mental Health Services but then discharged e.g. did not meet criteria for neuro-developmental diagnosis (such as ADHD, ASD) or due to non-engagement/attendance.

Speech & Language Therapist
- During the reporting period 41 young people have undertaken a communication screen to identify any Speech, Language and Communication Needs (SLCN).
- There were 21 young people identified as having SLCN.
- Outcomes are available for 15 young people who have completed work with their SLT. 75% of outcomes have been either fully or partially achieved.

Independent Advocacy Perth & Kinross (IAPK)

IAPK are now the primary providers of Children's Hearing Advocacy in Perth and Kinross and also provide independent advocacy support to children, young people and their parents; who are subject to child protection processes and systems, are Looked-After At Home or are experiencing Mental Health issues.

IAPK ensures that the rights and views of children and young people who come into contact with the Children's Hearing system are taken into account within the decision making processes there. IAPK Independent Advocacy Workers are trained and knowledgeable about the Children's Hearing systems procedures and have skills to support children and young people to participate in decisions that affect their lives, by providing them with relevant information regarding their rights within the Children's Hearing system.

Additionally, IAPK now support children, young people and their parents at child protection case conferences; core groups; looked-after reviews; permanency planning meetings and through child protection registration and deregistration.
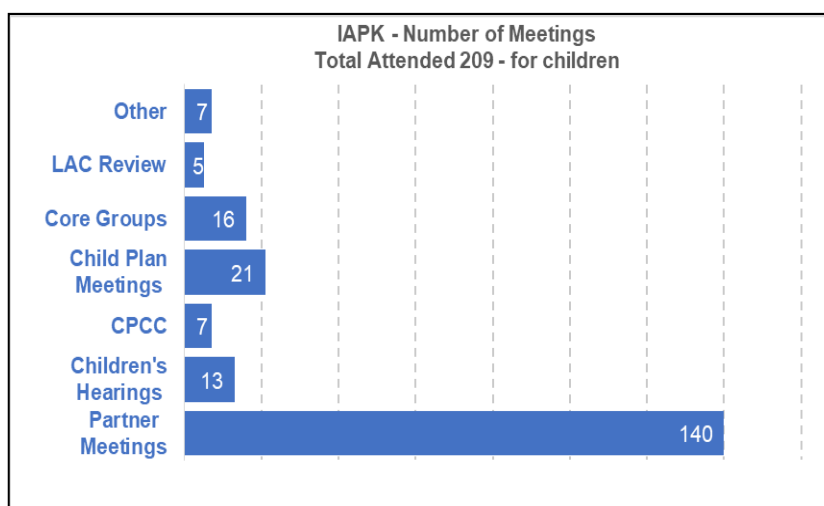
IAPK also supports people to access information with the intention of increasing their confidence and control over their own situation. IAPK believe that when people have more presence and involvement in processes, they are more likely to be able to influence change in themselves and/or their position.
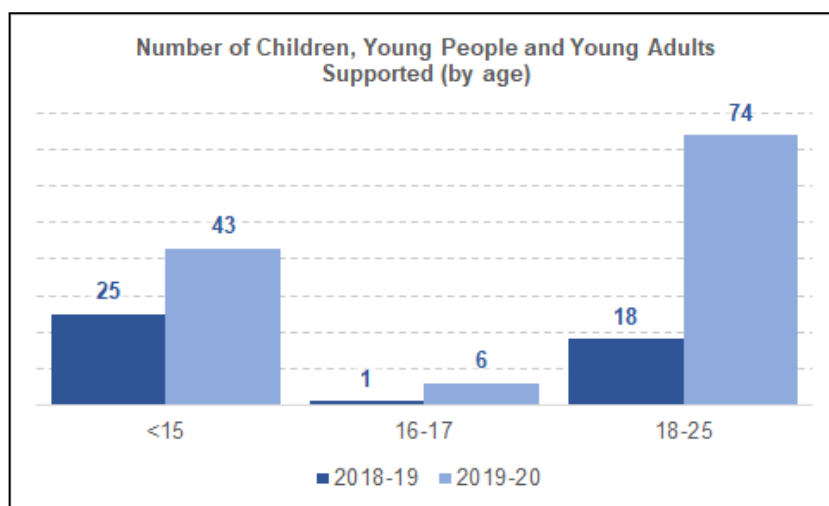
Independent Advocates speak on behalf of people who are unable to speak for themselves or choose not to do so. IAPK safeguard people who are vulnerable or discriminated against, or whom services/agencies find difficult to support and engage with and offer these opportunities without any conflicts of interest.

Having secured the Children's Hearing Advocacy post, IAPK now have a full time Advocate working exclusively with children and young people. A second Independent Advocate, with further expertise, has taken on a part-time role to work within the Children's Hearing System also. This appointment brings a richness of experience from years of practice, providing independent advocacy in prisons, working with people with learning disabilities and extensive experience of working with Adults With Incapacity legislation.

IAPK is now able to provide specific communication skills across the team of Independent Advocates, ensuring practice that strives for excellence and seeks to empower children and young people who need a stronger voice. The work of IAPK remains a key strand in the improvement framework for the provision of advocacy and in listening to and seeking the views of children and young people.

In terms of impact, the following diagrams provide a visual summary of IAPKs increasing advocacy support work this academic year within Perth and Kinross:


IAPK - Number of Meetings
Total Attended 209 - for children

Category	Value
Other	7
LAC Review	5
Core Groups	16
Child Plan Meetings	21
CPCC	7
Children's Hearings	13
Partner Meetings	140

Number of Children, Young People and Young Adults Supported (by age)

Chart showing number of children, young people and young adults supported by age group (<15, 16-17, 18-25) comparing 2018-19 and 2019-20:
- <15: 25 (2018-19), 43 (2019-20)
- 16-17: 1 (2018-19), 6 (2019-20)
- 18-25: 18 (2018-19), 74 (2019-20)

Young Carers

PKAVS Young Carers Hub continues to support increasing numbers of children and young people, aged between 5 and 18 years old, to cope with what can often be an all-encompassing caring role.

A Young Carer is anyone under the age of 18 or over 18 and still at school, whose life, is in some way, restricted because of the need to take responsibility for the care of a person who is ill; has a disability; is experiencing mental distress or is affected by substance misuse.

Currently PKAVS supports 338 Young Carers and receive on average 10 new referrals each month.

The age and gender breakdown of those Young Carers currently being supported by PKAVS is:

Young Carers Age and Gender chart showing number of young carers by age (5-16) for Male and Female.
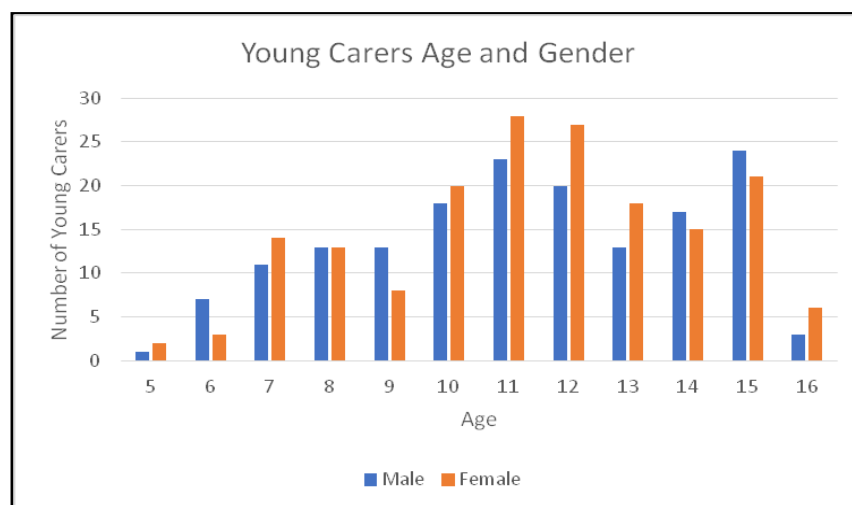
New and exciting developments in the last 12 months include:
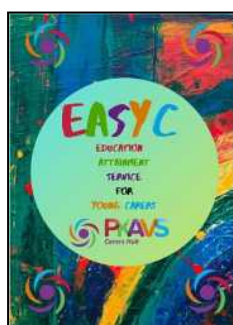
Educational Attainment Service for Young Carers (EASYc)

EASYc began in May 2019, as part of the legacy for the late Councillor Barbara Vaughan. The aim of EASYc is to support Young Carers who are disengaging with education. The service is flexible and adapts to the needs and levels of the individuals using it. Support is available via homework clubs; time-limited private tuition and remote access to study supports.

Prior to the COVID-19 pandemic, most private tuition lessons were being held face-to-face at PKAVS Carers Centre, but since lockdown, these lessons have been

delivered virtually, with 85 Young Carers having accessed the service either face-to-face or more recently virtually since first launched.

Referrals can come from support workers, schools, social work, parents or the Young Carer themselves, if they are aged 12 years or above. Qualifying criteria specifies that the young person must be identified as a Young Carer (although not necessarily receiving support from PKAVS) and can demonstrate the impact their caring role has on them socially, emotionally or academically.

Working Together to Support Young Carer – Learning Pack for Professionals

Working together in partnership, PKAVS Young Carers & Perth & Kinross Council have now developed a Learning Pack. Launched on 31 July 2020, it aims to help multi-agency professionals identify Young Carers as early as possible and to understand how best to support them.

Partnership working between statutory and third sector organisations ensures that a young person's caring role is sustainable and does not impact negatively on their childhood experiences. With the right help, at the right time and from the right people, Young Carers can gain the recognition and support for the incredible role they undertake. Learning Pack.

Young Carers Voice

The Young Carers Voice is made up of a team of 8 Young Carers. The Group meets once a month to discuss issues which affect the services and approaches put in place to support Young Carers. To date this Group has been involved in making an awareness raising podcast and have provided feedback on documents and strategies locally and nationally. The Group also provides advice and feedback to those developing services for Young Carers. Podcast.

Counselling

Working in partnership with Relationships Scotland, PKAVS Young Carers are now able to offer all registered Young Carers 1:1 counselling in support of their emotional and mental wellbeing.

The Children and Young Persons Counselling Service is offered to enable Young Carers time and space to explore their thoughts and feelings about changes in their lives.

For Young Carers it could be about the impact of their caring role on their wellbeing and school; relationships with family members; separation and /or divorce; step families and so on. The Counsellor offers individual sessions designed/tailored to allow Young Carers aged 8 years and over to develop insight and coping strategies and become more resilient.

Prior to the COVID-19 pandemic and containment measures, these sessions were delivered at the Carers Hub in Perth, to ensure the young person had privacy away from their home setting and able to have open conversations. However, at the start of lockdown, these Counselling sessions were paused, but in July 2020, they were reinstated by video call sessions for those young people 12 years and over, who had been having sessions prior to lockdown. Again, a private space has been arranged at the Carers Centre for the Young Carer to make the call away from home, if they so wish to.

In this reporting period, 13 Young Carers have received 1:1 Counselling and a total of 72 Counselling sessions have been held to date.

Short-Break Funding

A range of small grants have been made available to Young Carers to support them to have respite away from their caring responsibilities, in a way that meet their individual needs. The funding gives

flexibility to support access to opportunities out with PKAVS Young Carers Service, such as sports club memberships; leisure access; sporting equipment and much more besides.

Throughout the COVID-19 pandemic, funders have been extremely flexible in supporting Young Carers to get respite in new and innovative ways, with a significant shift to the purchase of technology equipment; garden play equipment; bikes and games.

The impact of this additional support on Young Carers has been very positive and clearly visible, with some excellent outcomes reported, showing the significant value of the fund.

In addition to the Perth and Kinross Council award for Alternative Respite, PKAVS Young Carers Service successfully secured additional funding from the Carers Trust to increase the offer during lockdown. During this reporting period, 162 Young Carers have received grant awards, totaling £23,000.

'Aimie would like to say a massive thank-you to you and the team for her bike and helmet…she loves them…she's even talked me into a bike ride!! Thanks again' (Young Carers Mum

NSPCC Schools Service – Perth and Kinross

The **NSPCC's Schools Service: "Speak Out Stay Safe" Programme** continues to be delivered, free-of-charge to Primary Schools across Scotland, and the rest of UK to ensure that children and young people:

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

Since 2011, the NSPCC's "Speak Out Stay Safe" programme has been visiting primary schools across the UK and Channel Islands to give children the knowledge they need to stay safe from harm and to speak out if they're worried.

The programme delivers safeguarding messages to primary school children across all 32 local authority areas in Scotland and has visited 96% of schools in Scotland at least once. Between April 2019 and March 2020, the service spoke to 145,587 primary school pupils in 833 primary schools across Scotland.

Within Perth and Kinross, this programme is delivered as part of the wider sexual health and wellbeing programme and has been offered to primary schools in Perth & Kinross since November 2013 and from August 2016 has been offered to every Primary School, every two years.

In terms of impact, this academic year the programme was well underway and had been delivered in 22 Perth and Kinross primary schools to 2,657 pupils (compared with 37 Perth and Kinross primary schools to almost 5,500 pupils in the last academic year). This significant drop from last year was a direct consequence of the impact of the COVID-19 pandemic which resulted in school closures, which began in mid March 2020. This resulted in the programme being paused.

During our visits to schools, all staff are invited to share their thoughts on our visit, via an online survey. Feedback from completed visits and returned Evaluations include the following:

School Staff – Key Comments / Feedback	
We recommend that you reinforce the messages from the assembly after our visit as this can help the children with their learning and development. Is this something you have or will be doing?	*"We will continue to revisit through the activities provided"* *"Discussion of our learning on the day, revisiting key messages"* *"Also written in class newsletter for parents and we tweeted on the day"* *"Headteacher is going to hold an assembly"* *"Incorporate into Health & Wellbeing planning and make use of the interactive website"* *"Going over the key elements of speaking to an adult"*
Following our visit please rate the impact of the sessions on your pupils' understanding of child abuse.	*"They know a lot more about forms of abuse and what's not OK"* *"They have a proper definition of neglect"* *"Privates are private and will work more on this using the Pants resource"* *"They know how to access help"* *"This would have been the first time most of the class would have heard about sexual abuse from the school"*
We would like to capture any comments that children made following the assembly and / or workshop presentations. Could you please detail any quotes or observations from children that would be helpful for us to know?	*"I found it really interesting to hear that ChildLine is available 24 hours a day"* *"This was really beneficial of my learning"* *"This was good to hear for if I ever need to use ChildLine"* *"The Sack of worries was really good"* *"The children were really engaged throughout the assembly and workshop"* *"They were keen to know that ChildLine wouldn't dismiss you but could act on it"*

In terms of the COVID-19 pandemic and school closures, the NSPCC responded by providing support to professionals and to parents through a range of online resources and information. Being acutely aware of the particular risks to children and young people while schools are closed, the first priority has been to ensure that children and young people continue to have the support and protection they need.

Since March 2020, the NSPCC's "Speak Out Stay Safe" programme assemblies and workshops have not been available. Work is currently focussed on the development of virtual assemblies and associated resource packs for schools to enable them to continue to deliver the workshops themselves. We expect this resource to be available in the coming months.

Meantime, Primary School children across the UK can watch a Special NSPCC's "Speak Out Stay Safe" Assembly with Ant and Dec and David Walliams. Featuring highlights from the hugely popular programme, the assembly helps children understand what's happening currently, why they may be feeling anxious or worried, and where to get help, if they need it.

To ensure that every child hears the important message of NSPCC's "Speak Out Stay Safe" programme, the NSPCC has continued to offer materials for children with Additional Support Needs (mild to moderate learning difficulties). During this academic year, this programme was introduced to around 50 ASN staff from across the Perth and Kinross area at a twilight session hosted by an ECS Inclusion Quality Improvement Officer at Almondbank House in Perth and was well received.

24

Finally, the Adult Workshop "Keeping Children Safe OnLine" was offered to every primary school until February 2020 and was specifically delivered at Tulloch Primary School, where 6 parents attended. At present, these face-to-face sessions have now been withdrawn.

Getting it Right: Keeping Your Child Safe Event 2020

This year we held our 9th annual event on 5 March 2020 in the Playhouse Cinema, Perth. This popular event continues to be targeted at inter-agency practitioners, managers, parents and carers in Perth and Kinross.

This annual event aims to raise further awareness and a better understanding about *keeping children and young people safe from harm, abuse and exploitation, specifically whilst online;* with a continuing focus on new technologies and emerging risks.

This year, guest speakers provided inputs and presentations on *resilience in the digital world; online grooming; cyber awareness and understanding the risks.* Three separate sessions took place in the morning, afternoon and evening with a minimum of 550 delegates attending this event.

Once again, this award winning, annual event attracted a large audience and has been evaluated very highly. Following this event, key messages and learning for children, young people, families and practitioners was extracted and shared by the CPC via social media platforms and with Schools.

Of those who attended this year's event, a total of 272 (49%) took time to complete an exit evaluation form prior to leaving. All the inputs, presentations and speakers were evaluated very highly.

In terms of impact, 119 of 272 (44%) delegates reported that their understanding of online risks was *much improved*; 136 (50%) reported that their understanding was *improved* and only 12 (4%) reported *no change* in their understating. The following is a small representative snapshot of delegate comments/feedback in relation to their immediate learning:

"I need to improve my own home cyber security and start using dual authentication"

"Parent, present, participate, patient, promote pause – before sending. Family-time"

"Modern day parenting is more challenging than 70s and 80s parenting. More choice but more risk"

"Use two-factor authentification - always. Be an interested and involved parent / carer. Keep talking"

Impact on Staff

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

Staff Learning and Development

All CPC inter-agency child protection staff learning and development opportunities continue to be compliant with National Guidance, which we have translated into our robust and dynamic CPC Inter-Agency Child Protection Learning and Development Framework.

We continue to provide a range of flexible, refreshed, inter-agency staff learning and development opportunities to the general contact workforce; specific contact workforce and the intensive contact workforce; within our existing budget and free-of-charge at the point of delivery. We continue to collate evaluation reports which are consistently high.

In March 2020, the COVID-19 pandemic and containment measures, heavily impacted upon our ability to continue to provide face-to-face inter-agency training; resulting in all such training being paused temporarily. Going forward, the CPC intends to resume face-to-face inter-agency training courses when it is safe to do so.

In terms of impact, the following Table provide an analysis of the inter-agency child protection staff learning and development opportunities which was delivered throughout the year until it was paused in March 2020:

CPC Inter-Agency Staff Learning and Development Opportunities (01/08/2019 – 31/07/2020) – Paused March 2020		
Title of Course	*No of Courses*	*No of Attendees*
Child Wellbeing and Protection Course (Introductory) (One-Day)	*2*	*41*
Designated Child Protection Officer Course (One-Day)	*2*	*44*
Working with Non Engaging Families (One-Day)	*2*	*35*
Online Risks for Children and Young People (Half-Day)	*2*	*32*
Working with Children and Families Affected by Parental Substance Use (GOPR) (Half-Day)	*2*	*53*
Child Sexual Exploitation Course (CSE) (One-Day)	*2*	*21*
Total	*12*	*226*

In addition, we have continued to promote and develop our OnLine staff learning and development opportunities and as a direct consequence of the COVID-19 pandemic, there has been a significant increase in the take-up rate.

However, it should be noted that the updated Privacy and Electronic Communications Regulations (PECR), which came into effect in March 2019, to protect the privacy rights of website users, now limits our ability to provide accurate data.

In terms of impact, the following Table provides an analysis of the OnLine Module activity throughout 2019/2020:

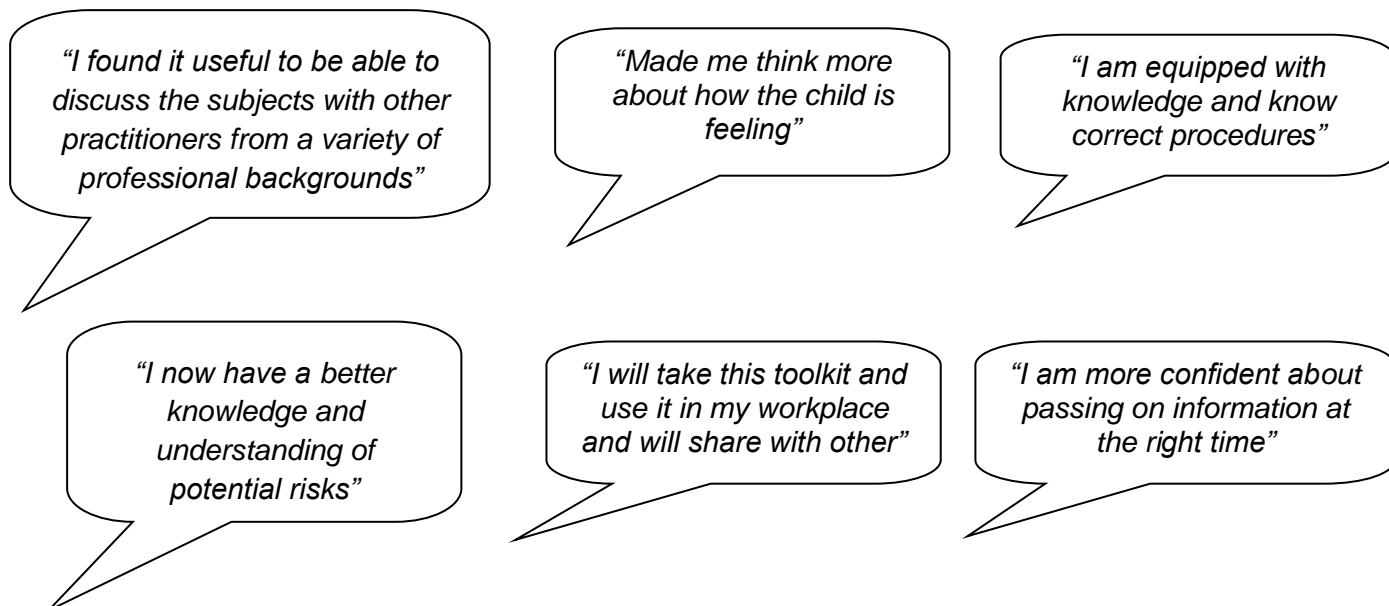| OnLine Staff Learning and Development Opportunities – OnLine Modules (01/08/2019 – 31/07/2020) – Ongoing		
Title of Course	Activity (Internal and External)	
	2019 / 2020	2018 / 2019
Child Protection OnLine Module	2,166	1,303
Getting it Right for Every Child (GIRFEC) OnLine Module	1,941	1,206
Adult Support and Protection OnLine Module	1,675	666
Total	5,782	3,175

New Developments:

In response to the ongoing learning and development needs of both new and existing staff, and additional challenges associated with the COVID-19 pandemic and containment measures, the CPC refreshed its existing Keeping Children and Young People Safe – Child Protection OnLine Module.

In July 2020, the CPC also developed three new Online Modules – Professional Curiosity; Chronologies; Information Sharing, Confidentiality and Consent and at the time of publication, these new Modules are being rolled-out to partner agencies and further Modules are being planned.

The CPC also plans to continue its partnership work with RASAC PK to provide Trauma Informed Practice training opportunities, as we continue to develop a critical mass of trauma informed and aware practitioners across Perth and Kinross. The CPC also plans to recommence its face-to-face inter-agency GOPR and CSE training courses, when it is safe to do so.

In terms of measuring the impact of this training, the following is a small sample of practitioner feedback from various face-to-face inter-agency training courses held before March 2020:

"I found it useful to be able to discuss the subjects with other practitioners from a variety of professional backgrounds"

"Made me think more about how the child is feeling"

"I am equipped with knowledge and know correct procedures"

"I now have a better knowledge and understanding of potential risks"

"I will take this toolkit and use it in my workplace and will share with other"

"I am more confident about passing on information at the right time"

Impact on the Community

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

Public Information, Communication and Engagement

Child Protection Website

The CPC Child Protection Website, hosted on the PKC Website, remains fundamental to the CPC's approach to public information, communication and engagement. This public-facing website ensures the work of the CPC remains open and transparent.

Throughout 2019 / 2020, the website has been continuously refreshed and increasingly being seen as a one-stop local hub for child protection information. However, it should be noted that the updated Privacy and Electronic Communications Regulations (PECR), which came into effect in March 2019, to protect the privacy rights of website users, now limits our ability to provide accurate data.

In terms of impact, the following Table provides some high-level information on key pages within the child protection website; showing user activity, page activity and a general impact analysis between last year and this year:

CPC Website Single User and Page Activity 1 August 2019 – 31 July 2020		
Key Webpage Activity	*Impact (Minimum) 2019 / 2020*	*Impact (Minimum) 2018 / 2019*
Child Protection – Total Hits	*9,000 users – 18,402 page views*	*13,051 users – 29,200 page views*
Child Protection – Main Page	*1,547 users – 3,045 page views*	*2,190 users – 5,761 page views*
What's New in Child Protection – News	*847 users – 2,510 page views*	*1,058 users – 3,125 page views*
Child Protection Committee	*601 users – 1,010 page views*	*601 users – 1,010 page views*
What to do if you are worried about child / young person	*546 users – 782 page views*	*1,263 users – 2,506 page views*
Information for Practitioners	*420 users – 852 page views*	*649 users – 1,496 page views*
Child Protection Publications – All Pages	*331 users – 618 page views*	*608 users – 1,189 page views*
P&K Practitioner's Guide and OnLine Toolkit: CSE	*175 users – 304 page views*	*178 users – 330 page views*
P&K Practitioner's Guide and OnLine Toolkit: Information Sharing	*146 users – 339 page views*	*274 users – 623 page views*

Social Media

Working in partnership with staff from Perth and Kinross Council's Corporate Communications Team and the ECS Communications Officer, we have continued to make use of the PKC social media platforms (Facebook and Twitter) to extend the message reach of our key child protection work.

At 31 July 2020, the continually growing PKC Corporate Twitter Account had 20,518 followers and the Corporate Facebook page had 22,136 likes (compared with 18,634 Corporate Twitter followers and 18,746 Corporate Facebook page likes last year at 31 July 2019.

In terms of impact, this year our CPC specific social media posts have resulted in a significantly increased and combined reach of 110,867 on Facebook and a total of 176,350 impressions on Twitter, compared with 90,283 on Facebook and a total of 32,027 impressions on Twitter last year.

During this reporting period, the most popular post on each social media channel was:

We're sharing useful information for young people about how to get help and support during the current #COVID__19 lockdown. #protectingpeople #childprotectionpk [linked to Do You Need Help document for young people]

10, 497 reached; 39 shares

(Facebook 2 May 2020)

Physical distancing and isolation can put some children & young people at increased risk of harm. If you're concerned about a youngster in your community, call us on 01738 476768, any time of day or night **#childprotectionpk**

6,742 impressions; 19 likes; 21 profile clicks; 19 retweets

(Twitter 22 May 2020)

Recognising the impact of the COVID-19 pandemic, the CPC and partners have increasingly focussed on sharing key messages around child protection and support for children, young people and families on social media platforms and on their public-facing website.

How good is the delivery of our services for children, young people and families and our operational management?

This section describes how we are delivering our services and providing help and support to protect children, young people and families. It also describes recent improvement work, led by the CPC, to support and empower practice. This work aims to support competent, confident and skilful multi-agency practitioners to make sound professional judgments when dealing with complex issues.

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

Practice Developments in 2019/2020

In compliance with our ongoing commitment to enabling and empowering a competent, confident and professionally curious workforce, throughout 2019/2020 we have continued to develop, publish and where necessary, refresh the following practice guidance:

- Tayside Practitioners Guidance: Chronologies (March 2019)
- P&K CPC Practitioner's Guidance: Resolution and Escalation Arrangements (August 2019)
- P&K CPC Practitioner's Guidance: Professional Curiosity (August 2019)
- Tayside Joint Protocol: Medical Examinations of Children and Young People (October 2019)
- P&K Code of Practice: Information Sharing, Confidentiality and Consent (January 2020)

And in July 2020, in partnership with the Tayside Regional Improvement Collaborative (TRIC) Priority Group 5 (PG5): Safeguarding and Child Protection, we have developed and published:

- Tayside Practitioner's Guidance: Inter-Agency Referral Discussions (IRDs) (July 2020)
- Tayside Practitioner's Guidance: Concern for Unborn Babies (UBB) (July 2020)
- Tayside Practitioner's Guidance: Participation in Key Child Protection Meetings: Information for all Practitioners (July 2020)
- Participation in Key Child Protection Meetings: Information for Children and Families (July 2020)

Child Sexual Exploitation (CSE)

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

Elected Members, Chief Officers and Community Planning Partnership (CPP) partners continue to provide strong strategic leadership, direction and scrutiny of our partnership approach of *zero-tolerance to abuse and exploitation and to ensuring a hostile environment across Perth and Kinross* and they have publicly recorded that *"there is no place for abuse and exploitation in our communities".*

Whilst the risks and dangers of abuse and exploitation, both in the community and online, are ever present and we remain vigilant in our partnership approach, recent information and intelligence provided by Police Scotland shows that between April and August 2020, within Perth and Kinross a total 51 cases of online crime were recorded against child victims, compared with 73 for the same period in 2019.

Whilst the COVID-19 pandemic and containment measures have had a significant impact in terms of face-to-face work, the CPC and the Young People's Advisory Group (via Youth Voice) has continued to consolidate its work; adopted a more intelligence-led approach and continues to take forward key aspects of CSE work.

In terms of impact, the following provides a summary of our ongoing activities throughout 2019/2020:

- continued to develop and promote the public-facing P&K CSE Webpages

- continued to promote awareness and understanding of CSE on the PKC/CPC Social Media Platforms (Facebook and Twitter)

- continued to develop and distribute a wide range of existing and new, bespoke/specific CSE information and advice leaflets

- continued to promote and roll-out the NSPCC "Speak Out Stay Safe Schools Programme" to all PKC Primary Schools

- continued to support the annual GIRFEC - Keeping Your Child Safe events in Perth; with this year's event having taken place on 5 March 2020

- continued to support our multi-agency CSE Training Champions to deliver inter-agency CSE training sessions to staff

- developed and currently testing a P&K CSA/CSE Screening Tool for use by frontline staff

- developed a more pro-active/intelligence-led approach to return interviews and missing children

Going forward, the partnership will continue to consolidate its work on tackling CSE, and whilst focussed on prevention and awareness raising, it plans to support staff further with additional CSE practitioner toolkits and staff learning and development opportunities.
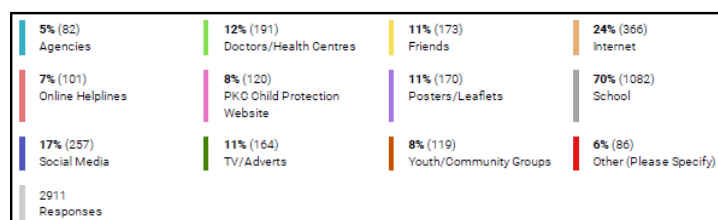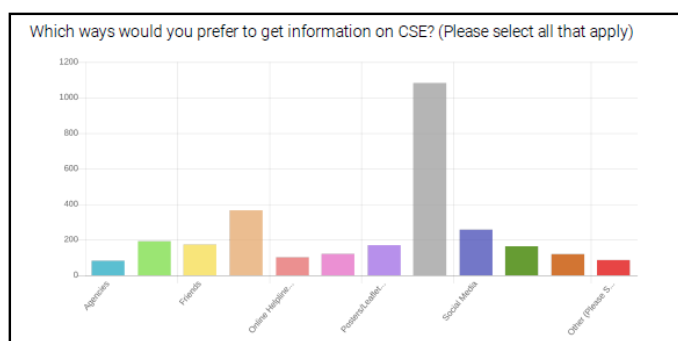
Young People's Advisory Group

The CPC continues to support the creative and innovative work of the Young People's Advisory Group; albeit the COVID-19 pandemic has seriously impacted upon its ability to meet, both physically and virtually.

However, prior to the COVID-19 pandemic, throughout October to December 2019, the Advisory Group developed and distributed their second Young People's CSE OnLine Survey to all Secondary Schools in Perth & Kinross, which was last distributed in 2017.

In terms of impact, this year a total of 1,748 young people responded to the survey, compared with 574 in 2017. The survey confirmed that young people had a very good awareness and understanding of what constituted CSE; knew where to get information on CSE; knew what to do and who to speak to if they were worried about CSE; knew what constituted grooming and where grooming can take place. In terms of where young people would prefer to get information about CSE, the following responses were noted:

Going forward, the work of the Young People's Advisory Group will continue to be informed by the survey responses and a number of young people intimated they would like to be a part of the Group in the future. This is being followed up.

31

Youth Voice Gathering 2019

Last year, we reported upon the commitment of CPC members to actively communicate, engage and involve children, young people and families in its work, by working in partnership with colleagues at Services for Young People Team; @scott street and in particular, via Youth Voice.

We also reported on our intention to participate in the Youth Voice Gathering, being held on Saturday 21 September 2019 at the North Inch Community Campus in Perth.

This was a one-stop-shop type event, planned by young people, for young people. The event aimed to showcase their work and to share and discuss with representatives from key local services, agencies and partnerships, what was significant and important to them in terms of keeping themselves safe; improving their health and wellbeing and to improving the quality of their lives. On the day, 13 separate services, agencies and partnerships, including CPC members, attended the event and engaged with 9 individual youth groups and their representatives.

CPC members met with a number of young people/youth groups and in terms of keeping safe and child protection, comments and feedback from the young people included concerns about the impact of social media platforms / apps; peer pressure; bullying (physical and virtual); the need to promote a better awareness and understanding of young people's mental health; the need to continue to promote contacts numbers of where to seek and obtain help and the need to continue to promote the message that *it's everyone's job.*

Immediately following the event, the CPC embarked upon a further public information and communication campaign, supported by a wide distribution of eye catching child protection posters (previously designed by young people) and by posting key messages on social media platforms on how to stay safe and where to seek and obtain help where necessary. Additional work was also undertaken, particularly via ECS and the Inclusion Service to provide information and advice on children and young people's health and wellbeing, including mental health and this has been distributed and made available widely across Perth and Kinross.

Whilst the COVID-19 pandemic and containment measures have undoubtedly impacted on this direct engagement work with children and young people, engagement has continued virtually online, as evidenced throughout this report and the CPC remains committed to doing so going forward.

How good is our leadership?

This section describes our collective approach to leadership, direction, support, challenge and scrutiny. It describes how we are promoting effective and collaborative partnership working to deliver the best possible outcomes for children and young people. It also describes our commitment to continuous improvement through self-evaluation and our capacity for further improvement across Perth and Kinross.

Evaluation: We are confident that our individual and collective approach to leadership, direction, support, challenge, scrutiny and joint partnership working is effective and robust and that our commitment to continuous improvement through self-evaluation is providing better outcomes for children and families across Perth and Kinross.

"Chief officers groups require strong oversight of children's service planning, child protection committees and approaches to emerging needs in order to be assured in the robustness of processes, procedures and practice to keep children and young people safe. We saw that the support and understanding, particularly of social work and social care, by chief officers groups and elected members was pivotal to leading a challenging and changing delivery environment. The partnerships which we evaluated as performing well had chief officers and elected members who understood the service environment, actively engaged in strategic activity and were well-sighted on national issues and current and emerging local needs"

"A well functioning child protection committee is critical in leading services to support children and young people at the times in their lives when they are most vulnerable. In the partnerships which we evaluated as better performing, we saw clear CPC priorities which were reported on regularly and publicly"

The Joint Strategic Inspection of Services for Children and Young People: Review of Findings from the Inspection Programme 2012-2017 (Care Inspectorate: 2019)
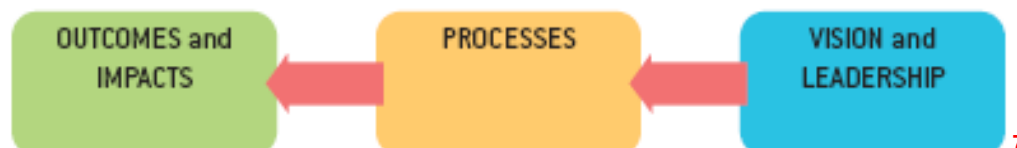
Perth and Kinross Children, Young People and Families Partnership (CYPFP)

Elected Members and Chief Officers of the public, private and third sectors in Perth and Kinross continue to discharge their individual and collective responsibility for children's services, in particular, child protection services, through the Perth and Kinross Children, Young People and Families Partnership (CYPFP).

The partnership continues to provide the CPC with strong leadership and direction. At its quarterly meetings, the partnership continues to scrutinise the work of the CPC and receives regular progress reports and updates on national and local child protection policy and practice developments.

Perth and Kinross Public Protection Chief Officers' Group (COG)

During this academic year, the work of the CYPFP and the CPC has been further strengthened by the added support and scrutiny from the Perth and Kinross Public Protection Chief Officers' Group (COG), which brings together the Chief Officers of Perth and Kinross Council; NHS Tayside; Police Scotland – Tayside Division; the Chief Operating Officer of the Perth and Kinross Health and Social Care Partnership; the Chief Social Work Officer (CSWO) for Perth and Kinross Council and other key Officers.

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[7] Source: Extracted from *How well do we protect children and meet their needs?* (HMIE: 2009)

Before and particularly since the COVID-19 pandemic, the COG has met more frequently and provided leadership and direction across the public protection partnerships. Recent meetings of the COG have been virtual meetings.

Informed by rich, evidence-based datasets, the COG has galvanised our approach to public protection and coordinated the identification and management of known and emerging risks.

A carefully managed Risk Register has ensured that since March 2020:

- well-established public protection partnership working arrangements have not been disrupted – in many areas they have been further strengthened

- communication between and across services and agencies has not been compromised – in many ways this has been significantly improved

- key child protection processes have continued to function well – increasing demands have been met by committed and hard-working staff groups

- staff who have been shielding, self-isolating, providing a caring provision at home and/or absent from the workplace have been protected, kept safe and enabled to work virtually where necessary

Perth and Kinross Child Protection Committee (CPC)

Perth and Kinross Child Protection Committee (CPC) is the local multi-agency child protection partnership; compliant to national standards; strongly committed to building an active child protection community and securing a culture where the care and protection of children and young people is at the heart of *everyone's job*.

The CPC drives forward a strong focus on *continuous improvement; public information and communication; strategic planning and connections* and *annual reporting on the work of the CPC*.

Membership of the CPC remains intentionally broad and inclusive of all relevant organisations and sectors which have a role to play; which allows the CPC to take a whole community approach to raising awareness of the key risks to children and young people.

The CPC continues to nurture positive working relationships through a culture of mutual respect and understanding; involvement and participation; openness and transparency and support and challenge.

The CPC meets six times per annum; all meetings are minuted and published on the public-facing Website. Recent meetings of the CPC have been virtual meetings. The Chair of the CPC also chairs the Central and North Scotland CPC Consortium.[8]

Perth and Kinross CPC and APC (Adult Protection Committee) Virtual Executive Group

In response to the COVID-19 pandemic, to ensure business continuity and delivery of frontline services, the above Virtual Executive Group was established on 24 March 2020.

Initially, meetings were held twice weekly, then weekly and currently fortnightly and up to the 31 July 2020, a total of 19 meetings have been held. Membership of the Group has been extended to include representatives from all the public protection partnerships and key representatives from education, health, police, social work, children's services and adult services.

Much of the work has been focussed on ensuring the delivery of frontline services and has been informed by rich national and local datasets and managed by way the previously mentioned Risk Register.

Reporting to the COG, this Group has continued to meet until the CPC's Business Recovery and Re-Instatement Plan is fully implemented/embedded.

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[8] The Child Protection Committees of Aberdeen City, Aberdeenshire, Angus, Clackmannanshire & Stirling, Dundee City, Highland, Falkirk, Fife, Moray, Orkney Islands, Perth and Kinross, Shetland Islands and Western Isles.

34

Tayside Regional Improvement Collaborative (TRIC) Priority Group 5 (PG5): Safeguarding and Child Protection

[Tayside Regional Improvement Collaborative (TRIC)](#)

[Priority Group 5 (PG5): (Safeguarding and Child Protection)](#)

[Tayside Plan for Children, Young People and Families 2017 - 2020](#)

Perth and Kinross CPC and partner agencies continue to support the work of TRIC PG5 and the abovementioned Plan. TRIC PG5 is led by the Chief Social Work Officer (CSWO) at PKC.

Throughout 2019/2020, the improvement work of PG5 has been significantly progressed and the current focus is on working together to change and improve the culture, ethos and day-to-day frontline practice in multi-agency child protection work across the Collaborative.

In terms of impact, the following is a synopsis of the progress made:

- **Chronologies** – Multi-Agency Practice Guidance, refreshed and published in February 2019, has been widely distributed and embedded into practice and there is emerging evidence of improvement across the Collaborative

- **Inter-Agency Referral Discussions (IRDs)** – Multi-Agency IRD Practice Guidance and an IRD Template published in July 2020 and is currently being cascaded and distributed across the Collaborative

- **Concern for Unborn Babies** – Multi-Agency Concern for Unborn Babies Practice Guidance and a Concern for Unborn Baby Referral Form published in July 2020 and is currently being cascaded and distributed across the Collaborative

- **Participation in Key Child Protection Meetings: Information for all Practitioners** – Multi-Agency Practice Guidance published in July 2020 and is currently being cascaded and distributed across the Collaborative

- **Participation in Key Child Protection Meetings: Information for Children and Families** – Multi-Agency Practice Guidance published in July 2020 and is currently being cascaded and distributed across the Collaborative

- **Developing Key Measures in Child Protection Tayside CPC Shared Dataset** – Key child protection indicators and measures (qualitative and quantitative) agreed and implemented retrospectively from 1 August 2019 across the Collaborative

- **Learning from ICRs and SCRs** – In the context of child protection, a Significant Case Review (SCR) is a multi-agency process for establishing the facts of, and learning lessons from, a situation where a child has died or been significantly harmed. Significant Case Reviews are seen in the context of a culture of continuous improvement and should focus on learning and reflection on day-to-day practices, and the systems within which those practices operate.[9]

  Last year, TRIC PG5 commissioned Dr Sharon Vincent, Northumbria University to carry out an analysis of recently conducted Initial Case Reviews (ICRs) and SCRs across Tayside, aimed at providing evidence-based research in relation to recurring themes and trends; a profile of the children and families involved; perspectives of children, families, communities, services, agencies and strategic risk factors; how that impacts on strategic planning and improvement and how the lessons learned can inform future workforce learning and development plans across Tayside.

  At 31 July 2020, the research report has been completed; it identifies and profiles all of the above, and in particular, our need to focus on two key strands going forward – Relationship Building with Families and Working Together which will underpin our improvement programme here in Perth and Kinross. Final Report expected September 2020.

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[9] *[National Guidance for Child Protection Committees: Conducting Significant Case Reviews](#)* (Scottish Government: 2015).

What is our capacity for improvement?

Perth and Kinross CPC is committed to continuous improvement through quality assurance and self-evaluation and continually strives for excellence.

We know how good we are now; how good we can be and our capacity for improvement remains very strong.

Throughout 2019/2020, the CPC, in partnership with the CPC Practice Improvement Working Group and the Tayside Regional Improvement Collaborative (TRIC), in particular with Priority Group 5 (PG5) (Safeguarding and Child Protection), has made significant progress in implementing, and delivering on, our two-year CPC Improvement Plan 2018 – 2020; which has been evidenced throughout this report and a final update shown at Appendix 1.

In Summary / Next Steps: CPC Priority Actions / Tasks 2020 and Beyond	
continue *to build open and trusting relationships with children and families which challenges and supports the need for change and improvement*	✔
continue *to address neglect, tackle poverty and enhance wellbeing from pre-birth by further developing early and effective multi-agency intervention and support pathways*	✔
continue *to enhance the provision of and the consistency of advocacy arrangements, which ensures children and young people are listened to, understood, respected, their views are heard and inform practice*	✔
continue *to make sophisticated use of qualitative and quantitative key performance measures to improve key multi-agency child protection processes and practice*	✔
continue *to develop, publish and disseminate multi-agency child protection practice guidance on key themes to support and empower consistently improving frontline practice*	✔
continue *to work together to change and improve the culture, ethos, day-to-day practice and new ways of working in frontline multi-agency child protection work*	✔
continue *to develop a competent, confident and professionally curious multi-agency workforce, empowered and enabled by learning and development opportunities*	✔
continue *to strive for excellence by embedding a culture of quality assurance, self-evaluation and continuous improvement in multi-agency child protection work*	✔

At the time of publication, the CPC is developing a new SMART Improvement Plan for 2020 and beyond, which will be informed by research, quality assurance and self-evaluation and it will continue to support the existing and developing Tayside Plan for Children, Young People and Families 2017 - 2020.

Key Abbreviations & Acronyms Used

APC	Adult Protection Committee
CCR	Child Concern Report
CELCIS	Centre for Excellence for Children's Care and Protection
COG	Chief Officers' Group
CPC	Child Protection Committee
CPCC	Child Protection Case Conference
CPIP	Child Protection Improvement Programme (Scottish Government)
CPO	Child Protection Order
CPR	Child Protection Register
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSO	Compulsory Supervision Order
CSWO	Chief Social Work Officer
CYPFP	Children, Young People and Families Partnership
CYRO	Children and Youth Rights Officer
ECS	Education and Children's Services
EFQM	European Foundation for Quality Management
GDPR	General Data Protection Regulations
GIRFEC	Getting it Right for Every Child
GOPR	Getting Our Priorities Right
IAPK	Independent Advocacy Perth & Kinross
ICPCC	Initial Child Protection Case Conference
ICR	Initial Case Review
IRDs	Inter-Agency Referral Discussion (IRDs)
NHS	National Health Service (Tayside)
NSPCC	National Society for the Prevention of Cruelty to Children
P&K	Perth and Kinross
PG5	Priority Group 5
PKAVS	Perth and Kinross Association of Voluntary Service
PKC	Perth and Kinross Council
PPE	Personal Protective Equipment
RASAC PK	Rape and Sexual Abuse Centre Perth and Kinross
REACH	Resilient; Engaged; Achieving; Confident; Healthy
RRSA	Rights Respecting School Award
SCRA	Scottish Children's Reporter Administration
SCR	Significant Case Review
SCRON	Scottish Children's Rights Officer's Network
SMARTer	Specific; Measurable; Achievable; Realistic and Time-Limited
TRIC	Tayside Regional Improvement Collaborative
UBB	Unborn Baby

PERTH & KINROSS INTEGRATION JOINT BOARD
REPORTING FORWARD PLANNER 2021-22

Report No. G/21/37

This work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

Item	Responsibility	17 Feb 2021	31 March 2021	23 April 2021	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022
Year End Financial Forecast	Head of Finance &	✓		✓²	✓	✓	✓	✓
Financial Plan & Budget	Head of Finance &	✓²	✓				✓	✓
Strategic Performance Report	Head of Finance &	✓¹				✓		
IJB Strategic Risk Register	Head of Finance &	✓¹						
Audit & Performance Committee Update	APC Chair/ Head of Finance & Corporate	✓²			✓	✓	✓	✓
Standing Orders/Governance Review	IJB Standards Officer				✓			
Clinical Care & Professional Governance	Chief Officer/Director Integrated Health &				✓			

¹ For Information
² verbal

Item	Responsibility	17 Feb 2021	31 March 2021	23 April 2021	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022
Chief Officer Update	Chief Officer/Director Integrated Health &	✓		✓	✓	✓	✓	✓
Strategic Commissioning Plan – progress and delivery plan intentions/ remobilisation plan	Chief Officer/Director Integrated Health &				✓			
Tayside Integration Joint Board – Risk Management Strategy	Chief Officer/Director Integrated Health &			✓				
Workforce Plan	Chief Officer/Director Integrated Health &				✓			
Primary Care Improvement Plan	Associate Medical				✓			
Primary Care Services Sustainability	Associate Medical				✓			
Urgent Care Redesign/MIIU	Associate Medical				✓			
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director					tbc		
Community Mental Health & Wellbeing Strategy/Updates	Head of Health				✓			
Locality Integrated Care Service (LINCS)	Head of Health					✓		
Review of Inpatient Rehabilitation Beds	Head of Health					✓		

Item	Responsibility	17 Feb 2021	31 March 2021	23 April 2021	30 June 2021	29 Sept 2021	01 Dec 2021	23 Feb 2022
Tayside Winter Planning Report 2020/21	Head of Health						✓	
Strategy for Adults with a Physical Disability	Head of Adult Social				✓			
Carer & Young Carers Strategy 2019-22	Head of Adult Social					✓		
Care at Home Review	Head of Adult Social						✓	
Chief Social Work Officer Annual Report	Chief Social Work Officer						✓	
Adult Support Protection Position Statement	Chief Social Work Officer					tbc		
Adult Support & Protection Annual Report	Chair P&K Adult Support					✓		
Perth & Kinross Child Protection Committee	Chair P&K Adult Support			✓		tbc		
Redesign of Substance Use Services in Perth and Kinross (for information)	Chair of P&K Alcohol &						✓	
Tayside Multi Agency Public Protection	Chair P&K Adult Support			✓				

PERTH & KINROSS INTEGRATION JOINT BOARD

DEVELOPMENT SESSION WORK PLAN 2021-22

This development sessions work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

IJB Development Sessions Item	Responsibility	29 Jan 2021 (rescheduled to 09/03)	9 March 2021 Cancelled	7 April 2021	26 May 2021	25 August 2021	27 Oct 2021	26 Jan 2022
Social Prescribing	Consultant Public Health Pharmacy/Associate Medical							TBC
Finance	Head of Finance & Corporate Services		✓					
Public Protection	Chief Social Work Officer						TBC	
Independent Review of Adult Social Care (Feeley Report)	Chief Officer			✓	✓			
P&K Remobilisation Plan	Chief Officer/Director Integrated Health & Social Care			✓				
IJB Strategic Risk Register	Head of Finance & Corporate Services					✓		