



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

24/03/2022

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held on **Wednesday, 30 March 2022 at 13:00**.

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

Jacquie Pepper
Interim Chief Officer – Health and Social Care Partnership

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

Voting Members

Councillor Eric Drysdale, Perth and Kinross Council (Vice-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 (Chair)
Beth Hamilton, Tayside NHS Board
Pat Kilpatrick, Tayside NHS Board
Vacancy, Tayside NHS Board

Non-Voting Members

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

Stakeholder Members

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

Perth and Kinross Integration Joint Board

Wednesday, 30 March 2022

AGENDA

- 1 WELCOME AND APOLOGIES/SUBSTITUTES**
- 2 DECLARATIONS OF INTEREST**
Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the [Perth and Kinross Integration Joint Board Code of Conduct](#).
- 3 MINUTES**
 - 3.1 MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD OF 16 FEBRUARY 2022 FOR APPROVAL** 7 - 14
(copy herewith)
 - 3.2 MINUTE OF SPECIAL MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 4 MARCH 2022 FOR APPROVAL** 15 - 18
(copy herewith)
 - 3.3 MINUTE OF SPECIAL MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 7 MARCH 2022 FOR APPROVAL** 19 - 22
(copy herewith)
- 4 ACTION POINTS UPDATE** 23 - 24
(copy herewith G/22/53)
- 5 MATTERS ARISING**
- 6 DELIVERING ON STRATEGIC OBJECTIVES**
 - 6.1 OLDER PEOPLE STRATEGIC DELIVERY PLAN** 25 - 52
Report by Head of Health (copy herewith G/22/54)
 - 6.2 CARE AT HOME RESILIENCY** 53 - 64
Report by Acting Head of Service ASWSC Commissioning (copy herewith G/22/55)

6.3	PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP - STRATEGIC PLANNING GROUP	
	Verbal update from Interim Head of ASWSC (Commissioning)	
7	FINANCE	
7.1	3 YEAR BUDGET 2022-2025	65 - 82
	Report by Head of Finance and Corporate Services (copy herewith G/22/56)	
8	GOVERNANCE	
8.1	MEMBERSHIP UPDATE	
	Verbal update by Clerk to Board	
8.2	MEMBERSHIP AND ROLES ON INTEGRATION JOINT BOARDS	
	Discussion lead by B Benson, Chair	
8.3	AUDIT AND PERFORMANCE COMMITTEE - 7 MARCH 2022	
	Verbal update by Chair of Audit and Performance Committee	
9	FOR INFORMATION	
9.1	INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022-23	83 - 86
	(copy herewith G/22/57)	
10	FUTURE IJB MEETING DATES 2022/23 (1300 - 1600 UNLESS OTHERWISE STATED)	
	1 June 2022	
	31 August 2022	
	26 October 2022	
	14 December 2022	
	15 February 2023	
	29 March 2023	
	FUTURE IJB DEVELOPMENT SESSIONS 2022/23 (1300 - 1600 UNLESS OTHERWISE STATED)	
	13 April 2022	
	15 June 2022	
	14 September 2022	
	16 November 2022 (Budget)	
	25 January 2023	

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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 16 February 2022 at 2.00pm.

Present: Voting Members:

Councillor E Drysdale, Perth and Kinross Council (Vice-Chair)
Councillor J Duff, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council (up to and including Item 9.1)
Mr B Benson, Tayside NHS Board (Chair)
Mr D McPherson, Tayside NHS Board (substituting for Mr R Erskine)
Ms P Kilpatrick, Tayside NHS Board (left during Item 8.3)
Ms B Hamilton, 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 S Dickie, NHS Tayside (left during Item 8.3)
Dr S Peterson, NHS Tayside (left during Item 8.3)
Dr L Robertson (up to and including Item 6)

Stakeholder Members

Ms M Summers, Carer Public Partner (up to and including Item 8.1)
Ms B Campbell, Carer Public Partner
Ms S Auld, Service User Public Partner (left during Item 8.3)
Ms S Watts, Third Sector Representative
Ms L Blair, Scottish Care (left during Item 8.3)
Mr S Hope, Staff Representative, Perth and Kinross Council (up to and including Item 9.1)

In Attendance:

T Glen, Chief Executive (Perth and Kinross Council) (up to and including Item 7); S Hendry, Adam Taylor, K Molley, M Pasternak (all Perth and Kinross Council); Z Robertson, K Ogilvy, E Devine, C Jolly, D Mitchell, Amanda Taylor, G Dickson, A McManus, P Jerrard and V Aitken, (all Perth and Kinross Health and Social Care Partnership); and V Davis and D Huband (both NHS Tayside).

Apologies Ms J Smith, Head of Finance and Corporate Services, Perth and Kinross Health and Social Care Partnership
Ms L Glover, Staff Representative, NHS Tayside
Mr I McCartney, Service User Public Partner

1. WELCOME AND APOLOGIES

B Benson 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.

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AND CONSIDER ITEM 7 AT THIS POINT.

7. APPOINTMENT COMMITTEE FOR DIRECTOR – HEALTH & SOCIAL CARE / CHIEF OFFICER

There was submitted a joint report by the Corporate Human Resources Manager, Perth and Kinross Council and HR Lead – Recruitment and Medical Staffing, NHS Tayside (G/22/7) seeking to confirm the four voting members of the IJB who will be on the Appointment Committee for the post of Director – Health & Social Care/Chief Officer for the Perth & Kinross Health & Social Care Partnership.

Thomas Glen advised the Board that, subject to final sign off, it is planned that the recruitment process can commence in the next week and a meeting is due to take place to further progress this with human resources colleagues from Perth & Kinross Council (PKC) and NHS Tayside (NHST). The process is anticipated to be concluded within the term of the current Perth and Kinross Council in advance of the elections in May 2022.

The appointment of an Interim Chief Officer to ensure support and continuity for the Health and Social Care Partnership (HSCP) has commenced with expressions of interest sought and received. The IJB will receive an update on this process in the next 7-10 days.

Concerns were raised by Sandra Auld regarding the omission of any Public Partner involvement in the recruitment panel and stated that a commitment had previously been made in this regard. S Auld stated that in her view this is not in the ethos of the IJB, the Strang report or the latest Audit Scotland report on integration. T Glen stated that this is a joint appointment to be managed by PKC and NHST as ultimately the successful candidate will be managed by one of these organisations and would not be employed by the IJB in line with legislation. However, T Glen advised that he would be content, as would NHS Tayside, for Public Partners to be accommodated and involved in the processes described in section 2.5 of the paper but this would not be part of the formal panel of the recruitment process.

Councillor Purves stated that paper was not clear on the interim Chief Officer arrangements and did not provide assurance on the potential gap. However, Councillor Purves advised that he was now somewhat more assured but stated he wished for full clarity on the appointment before the departure of the current Chief Officer occurs. Councillor Purves also stated he shared the concerns regarding the lack of Public Partner involvement and that they should be fully involved in all aspects of the IJB, albeit they do not have a vote at this stage.

Pat Kilpatrick concurred with these sentiments and stated that if public partners cannot be accommodated in the formal selection panel then consideration

should be given for IJB members being involved in an informal process with perhaps presentations from the candidates to allow members to score candidates. This could then be fed into the formal interview panel for them to take account of in the final appointment of the Chief Officer.

Councillor McDade echoed the views expressed above and stated that section 7.1 of the Integration Scheme sets out that the IJB will appoint a Chief Officer in accordance with section 10 of the Act. Councillor McDade expressed his view that the Partner Bodies host the employment of the Chief Officer on behalf of the IJB but as the role is as the Chief Officer of the IJB, it is up to the IJB to determine the panel arrangements and not the Partner Bodies. Councillor McDade requested legal clarification on this be provided to the Board.

Thomas Glen responded to the points raised and reiterated the process which has been implemented for recruitment on the advice he has received. Regarding the interim position he confirmed that the recruitment has been progressed with meetings with candidates scheduled for next week and an appointment will be made in the near future which will minimise any gap in a Chief Officer being in post. In respect of Public Partner involvement, T Glen stated that NHST and PKC are keen on the involvement of public partners in the assessment process and provided a firm commitment that they will be involved in this part of the process.

Following a request from B Benson, it was agreed that a refreshed paper is prepared which provides further and more detailed legal clarification on nominating the panel and to also provide a level of assurance on the interim role appointment. Further, a special IJB meeting should be convened as soon as possible to discuss the refreshed paper.

T GLEN LEFT THE MEETING AT THIS POINT.

3. MINUTE OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD OF 1 DECEMBER 2021

The minute of the meeting of the Perth and Kinross Integration Joint Board of 1 December 2021 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The action points update as of 16 February 2022 (G/22/6) was submitted and noted.

5. MATTERS ARISING

Pat Kilpatrick requested for consideration be given to IJB Members receiving an update on the breast oncology service to allow them to gain a more in-depth understanding of the issues and challenges. P Kilpatrick also asked that, as this is becoming a pressing issue, capital investment in Primary Care premises and investment in Health and Social Care premises in Perth and Kinross, become a standing item on the agenda for the IJB.

Maureen Summers wished to comment on the lack of radiotherapy services in Tayside with Perth & Kinross residents having to travel to Edinburgh, Aberdeen or Glasgow to receive this service.

Bob Benson requested that Professor Stonebridge be invited to the next meeting of the IJB to provide an update on breast oncology and radiotherapy services. B Benson also requested that an update on Primary Care premises be brought to the next meeting. G Paterson commented that whilst these were not within the scope of Perth and Kinross IJB's responsibilities and are planned and operationally managed by NHS Tayside, this should in no way deny people's keen interest in this issue.

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 Pat Kilpatrick will be leaving the Perth and Kinross Integration Joint Board on 31 March 2022 and D McPherson will continue to act as a Proxy Member until a permanent replacement is appointed.
- (ii) It be agreed that Stuart Hope, Staff Representative from Perth and Kinross Council's membership be reappointed for a further 3 year period from 31 March 2022.
- (iii) It be agreed that Bernie Campbell, Carer Public Partner be reappointed for a further year from 31 December 2021.
- (iv) It be agreed that Sandy Watts, Third Sector Representative, be appointed to the vacant position on the Audit and Performance Committee.

DR L ROBERTSON LEFT THE MEETING AT THIS POINT.

THERE FOLLOWED A SHORT RECESS AND THE MEETING RECONVENED AT 3.42PM.

8. DELIVERING ON STRATEGIC OBJECTIVES

8.1 BUILDING MANAGEMENT CAPACITY AND RESILIENCE IN THE HEALTH AND SOCIAL CARE PARTNERSHIP

There was submitted a report by the Chief Officer / Director, Integrated Health & Social Care (G/22/13) seeking approval of proposals for enhancing management capacity in the Health and Social Care Partnership which look to address the shortfalls identified in previous inspection and audit reports and to equip the HSCP with the leadership capacity to deliver on a significant programme of transformation, aligned to Scottish Government policy and incorporated in our Strategic Delivery Plans.

Resolved:

- (i) The extent of new demand and capacity pressures impacting on the Health and Social Care Partnership, be noted.

- (ii) The proposed additional management capacity as outlined in the section 4.5 of Report G/22/13, be approved.

M SUMMERS LEFT THE MEETING AT THIS POINT.

8.2 AUTISM / LEARNING DISABILITY STRATEGIC DELIVERY PLAN

There was submitted a report by the Chief Officer / Director, Integrated Health and Social Care (G/22/9) providing context for the Autism / Learning Disability Strategic Delivery Plan for Perth and Kinross Health and Social Care Partnership.

Kenny Ogilvy provided the Board with a [slide-based presentation](#) on the Autism and Learning Disability Strategic Delivery Plan 2022-25.

Beth Hamilton commended the strategy and its layout. However, she noted slight concern that it would have been preferable for human rights to be at the beginning, middle, end as well as throughout the strategy as this underpins the whole ethos about supporting people with learning disabilities; it is all about equalities and individuals having the same human rights as everyone else. K Ogilvy agreed with this sentiment and noted that this is not as apparent in the paper as it could be. However, an emphasis on human rights is very much prominent in the work of the local strategy groups.

Sandra Auld advised that the paper and strategy was discussed at a recent Reference Group meeting where some questions and comments were received. However, due to time constraints S Auld advised these will be communicated to attendees via the chat function in today's meeting. K Ogilvy agreed to provide a written response to the feedback and will distribute this to Board members.

Donald Macpherson thanked K Ogilvy for the report and presentation. The performance framework was singled out as being particularly clear and the outcomes sought to be achieved are linked directly to relevant KPIs.

Sandy Watts advised that the third sector forum also discussed the strategy at their recent meeting and, on the whole, were supportive of the contents. It was noted that the strategy is linked to the Scottish Strategy for autism; however other neuro diverse conditions were also discussed at the forum, in particular ADHD and it was queried if there was an opportunity for the strategy to be strengthened to be more inclusive of neuro diversity rather than just autism. K Ogilvy advised that the Autism focus is there because there is a national autism strategy, for which funding had been provided to implement on a local basis, but he would consider reflecting this suggestion.

Resolved:

- (i) The Autism / Learning Disability Strategic Delivery Plan as detailed in Report G/22/9, be approved.
- (ii) The progress achieved to date be noted.
- (iii) An update report be brought back to the Board in 12 months.

8.3 UPDATE ON PITLOCHRY COMMUNITY HOSPITAL INPATIENT UNIT

There was submitted a report by the Head of Health (G/22/9) (1) providing an update on the interim closure of Pitlochry Community Hospital Inpatient Unit; and (2) providing information on future proposals.

Motion by Councillors X McDade and J Duff

In accordance with the recommendations in the report but an additional recommendation (v) to be added to the report as follows:

- (v) Section two of the report recognises that a lack of affordable housing has caused ongoing staffing issues since 2018. Unless this is resolved first, it is likely to have a detrimental impact on any potential remodelling of the service provision. Consequently, the Board requests that Perth and Kinross Council and NHS Tayside work with other partners as a matter of urgency to identify key worker housing for healthcare staff. To expedite this work, consideration should be given to using existing parts of the public estate within Pitlochry and the wider Highland Perthshire area. Funding could also be sought from the Scottish Government, including the Rural Housing Fund, to create additional key worker housing. Identifying solutions to this issue alongside the work on service remodelling will ensure that the future service redesign has the best chance of success and ensure the future of this important local service provision.**

Amendment by D McPherson and B Benson

In accordance with the recommendations in the report but with an additional recommendation (v) to be added to the report as follows:

- (v) Section two of the report recognises that a lack of affordable housing has caused ongoing staffing issues since 2018. Unless this is resolved first, it is likely to have a detrimental impact on any potential remodelling of the service provision. Consequently, the Board requests that Perth and Kinross Council and NHS Tayside work with other partners as a matter of urgency to explore the availability of key worker housing for healthcare staff.

In terms of Standing Order 15 a roll call vote was taken.

Four Members voted for the Motion as follows:
Councillors X McDade, J Duff, E Drysdale and C Purves.

Three Members voted for the Amendment as follows:
B Benson, B Hamilton and D McPherson.

Resolved:

In accordance with the Motion.

P KILPATRICK, S PETERSON, L BLAIR, S AULD, S DICKIE LEFT THE MEETING DURING THE ABOVE ITEM.

8.4 MINUTE OF MEETING OF THE STRATEGIC PLANNING GROUP OF 23 NOVEMBER 2021 (G/22/10)

The minute of the meeting of the Perth and Kinross Health and Social Care Partnership Strategic Planning Group of 23 November 2021 was submitted and noted for information.

9. GOVERNANCE

9.1 AUDIT AND PERFORMANCE COMMITTEE – 13 DECEMBER 2021

Verbal Update by Chair of Audit and Performance Committee

Due to the meeting overrunning substantially over scheduled time Councillor Purves, Chair of the Audit and Performance Committee, committed to providing the board with a written update from the last meeting of the Audit and Performance Committee that had taken place on 13 December 2021 following the conclusion of the meeting.

COUNCILLOR PURVES AND S HOPE LEFT THE MEETING AT THIS POINT.

Post Meeting Note:

The Audit and Performance Committee met on 7 March 2022 where the minutes from the meeting held on [13 December 2021](#) were formally approved. These minutes were routinely sent to the Board as part of the circulation of the papers for this meeting.

10 FOR INFORMATION

10.1 PERTH AND KINROSS ADULT PROTECTION COMMITTEE ANNUAL REPORT 2020/21

There was submitted for information a report by the Chief Social Work Officer (G/22/11).

The IJB also noted that the subject of adult support and protection would be the focus of a development session for IJB members on 13 April 2022.

Resolved:

Noted.

10.2 INTEGRATION JOINT BOARD REPORTING FORWARD PLANNER 2022-23 (G/21/12)

Resolved:

Noted

11. FUTURE IJB MEETING DATES 2022/23

30 March 2022
1 June 2022
31 August 2022
26 October 2022
14 December 2022
15 February 2023
29 March 2023

Future IJB Development Sessions 2022/23

13 April 2022
15 June 2022
14 September 2022
16 November 2022 (Budget)
25 January 2023

Resolved:

Noted.

12, VALEDICTORY FOR GORDON PATERSON, CHIEF OFFICER

Councillor Drysdale, the Chair of the IJB for most of Gordon Paterson's tenure as Chief Officer of P&K HSCP, led tributes on behalf of Officers and Members to Gordon in advance of his imminent departure from his role to take up a new post with NHS Education for Scotland.

Gordon responded by thanking board members and staff for their support and best wishes.

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Special Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Friday 4 March 2022 at 10.00am.

Present: Voting Members:

Councillor J Duff, Perth and Kinross Council
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Mr B Benson, Tayside NHS Board (Chair)
Ms B Hamilton, Tayside NHS Board
Mr D McPherson, Tayside NHS Board (substituting for Ms P Kilpatrick)

Non-Voting Members

Ms J Smith, Head of Finance and Corporate Services, Perth and Kinross Health and Social Care Partnership

Stakeholder Members

Ms S Auld, Service User Public Partner
Ms B Campbell, Carer Public Partner
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms L Glover, Staff Representative, NHS Tayside

In Attendance:

L Simpson, P Johnstone, S Hendry, A Brown, M Pasternak (all Perth and Kinross Council).

Apologies Councillor E Drysdale, Perth and Kinross Council (Vice-Chair)
Ms P Kilpatrick, Tayside NHS Board
Ms J Pepper, Interim Chief Officer – Health & Social Care Partnership / Chief Social Work Officer, Perth & Kinross Council
Ms S Dickie, NHS Tayside
Dr S Peterson, NHS Tayside
Dr L Robertson
Ms L Blair, Scottish Care
Mr I McCartney, Service User Public Partner
Ms M Summers, Carer Public Partner
Ms S Watts, Third Sector Representative

1. WELCOME AND APOLOGIES

B Benson 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. HEALTH AND SOCIAL CARE – CHIEF OFFICER

There was submitted a joint report by the Corporate Human Resources Manager, Perth and Kinross Council and HR Lead – Recruitment and Medical Staffing, NHS Tayside (G/22/47) (1) confirming the process to be followed for the recruitment and appointment for the post of Chief Officer for the Perth and Kinross Health and Social Care Partnership; and (2) seeking confirmation of the four voting members of the IJB who will form part of the Appointment Sub-Committee.

Councillor Purves queried the lack of public partner representation on the interview panel and stated that he did not feel the paper gave a clear answer as to why this isn't possible and sought clarity on the situation. In response, P Johnstone advised that the panel was suggested as per the report as this is the normal custom and practice and other partners are given the opportunity to be involved during stakeholder events.

D McPherson sought clarification on the salary differential as to whether the role is taken up as a Perth and Kinross Council employee or an NHS Tayside employee and whether anything would be done to try to bring this into balance. In response, P Johnstone advised that as Perth and Kinross Council and NHS Tayside are two separate employers, they each have different mechanisms for determining the salary level for each post. She further advised the post had been graded using a fair, robust evaluation process in both employer organisations and that had led to the determination of the posts.

D McPherson also sought clarification around the role of the Chief Executives of Perth and Kinross Council and NHS Tayside on the recruitment panel bearing in mind this is an appointment for the Board rather than the Council or NHS Tayside querying whether they are there solely in an advisory role. In response, L Simpson advised that as the Board does not have any powers to recruit or employ, although they are required to appoint a Chief Officer who is employed by one of the constituent parties, the recruitment process is therefore carried out as a senior position in one of the constituent parties with members of the recruitment panel being from the Board in order that the person employed is the person who is then appointed as Chief Officer. She further advised the successful candidate would then be employed under either Perth and Kinross Council's or NHS Tayside's terms and conditions.

B Benson enquired if this process precluded having a public partner included in the recruitment process. In response, L Simpson confirmed that as this is the recruitment of a senior position within either Perth and Kinross Council or NHS Tayside the process would be by way of Elected Member and Board Members representation and the involvement of the Chief Executives. There would be stakeholder panels and events where other parties can be brought in as part of the assessment process. The stakeholder panel can be drawn from the non-voting members and stakeholder members of the Board.

Councillor McDade suggested that national guidance suggests a wider range of panel members and that people such as GPs or public partners should be part of the panel. In response, L Simpson advised that although this gives guidance the

process must be in line with the recruitment processes of the constituent parties and we must look at the joint appointments process and where there are differences must come to an agreement that both parties are happy to sign up to.

Councillor McDade enquired as to why the Chief Executives were voting members of the recruitment panel when they are not voting members of the Board. In response, L Simpson confirmed that they are full members of the panel as it is a recruitment process for a senior position in one of the constituent parties. Councillor McDade further sought clarity on the ability of the Board to include public partner representation on the recruitment panel. In response, L Simpson advised that it was not for the Board to dictate the recruitment process for the constituent parties who are employing the person. She further advised that the stakeholder panel is a standard model for senior appointments and this is one way the non-voting members can take part in the appointment process of the Chief Officer.

Councillor Duff sought clarification of his interpretation that it was not competent for the Board to change the make-up of the recruitment panel without going back to the partners for approval. In response, L Simpson advised that this would depend on what was being proposed and how it would fit in and would need to be by agreement of both partners.

B Benson enquired when the Appointment Sub-Committee will be aware of any changes to the extant job description and when must the advert go out to meet the timescales to recruit. In response, P Johnstone advised that the Chief Executives have consulted on the job description in respect of the role profile and this has been updated to fit with the current environment and changes in mental health responsibilities and has not fundamentally changed from the extant role. She further advised that the post is required to be advertised within the next week to meet all timescales indicated.

B Benson asked for further information on what the process looks like for stakeholders and how is that advice passed to the appointment panel. In response, P Johnstone advised that a consultant will conduct the assessment centre, with feedback being sought from the stakeholders and feedback is then given by the consultancy company to the recruitment panel.

Motion (B Benson and D McPherson)

To agree the recommendations, as set out within the report, with B Benson, B Hamilton, Councillor McDade and Councillor Duff appointed to the Sub-Committee along with the Chief Executives of both Perth and Kinross Council and NHS Tayside.

Amendment (Councillor Purves and Councillor McDade)

In accordance with the Motion, but in addition, one of the public partners on the IJB to also be appointed to the Sub-Committee subject to the agreement of both Chief Executives of the partner bodies.

3 members voted for the Motion as follows:
B Benson, B Hamilton and D McPherson.

3 members voted for the Amendment as follows:
Councillors Duff, McDade and Purves.

Resolved:

In terms of Standing Order 15.4, there being no consensus reached, a further special meeting of the IJB to take place as soon as possible to further consider this particular item of business. Board members agreed that a further meeting should take place on 7 March 2022 at 9.00am to permit further discussion/resolution.

DRAFT

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Special Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Monday 7 March 2022 at 9.00am.

Present: Voting Members:

Councillor E Drysdale, Perth and Kinross Council (Vice-Chair)
Councillor J Duff, Perth and Kinross
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Mr B Benson, Tayside NHS Board (Chair)
Mr D McPherson, Tayside NHS Board (substituting for vacant position)
Ms B Hamilton, Tayside NHS Board
Ms P Kilpatrick, Tayside NHS Board

Non-Voting Members

Ms J Pepper, Interim Chief Officer – Health & Social Care Partnership /
Chief Social Work Officer, Perth & Kinross Council
Ms J Smith, Head of Finance and Corporate Services, Perth and
Kinross Health and Social Care Partnership

Stakeholder Members

Ms S Auld, Service User Public Partner
Mr I McCartney, Service User Public Partner
Ms B Campbell, Carer Public Partner
Ms M Summers, Carer Public Partner
Ms L Blair, Scottish Care
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms L Glover, Staff Representative, NHS Tayside

In Attendance:

T Glen, Chief Executive (Perth and Kinross Council); P Johnstone,
S Hendry, A Taylor, A Brown, M Pasternak (all Perth and Kinross
Council).

Apologies Ms S Dickie, NHS Tayside
Dr S Peterson, NHS Tayside
Dr L Robertson
Ms S Watts, Third Sector Representative

1. WELCOME AND APOLOGIES

B Benson 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. HEALTH AND SOCIAL CARE – CHIEF OFFICER

There was submitted a joint report by the Corporate Human Resources Manager, Perth and Kinross Council and HR Lead – Recruitment and Medical Staffing, NHS Tayside (G/22/47) (1) confirming the process to be followed for the recruitment and appointment for the post of Chief Officer for the Perth and Kinross Health and Social Care Partnership; and (2) seeking confirmation of the four voting members of the IJB who will form part of the Appointment Sub-Committee. The report had been deferred from the special meeting of the Board held on 4 March 2022.

The Clerk advised the Board on the process to be followed in relation to Standing Order 15.4. He explained that in terms of Standing Orders there was a division, and a vote carried out on the report that was submitted to the previous special meeting held on 4 March 2022 and with no consensus reached amongst the voting members present to determine the item of business, a further special meeting had been convened as soon as possible to allow further discussion/resolution.

Councillor Purves made reference to the discussion at the previous meeting, specifically around the issue of a public partner being included as part of the interview panel during the recruitment process and queried whether the Chief Executive of Perth and Kinross Council and the Chief Executive of NHS Tayside would be in agreement with this proposal. In response, T Glen advised that unfortunately the Chief Executive of NHS Tayside had been off work for the last ten days but that he had been able to have a discussion with S Lyall from NHS Tayside following the meeting on Friday 4 March 2022. He further stated that the position remains that both Perth and Kinross Council and NHS Tayside are content that the recruitment process model used for Senior Officer positions in NHS Tayside and Perth and Kinross Council, as outlined in Report G/22/47, is the proposal that they will continue to support along with the offer to involve public partners in the recruitment process by way of involvement in the stakeholder group.

S Auld expressed her extreme disappointment in these proposals.

Councillor McDade sought further clarification from T Glen on his position and that of NHS Tayside's Senior Management on why it would appear in his opinion that we have decided to deviate from the National Guidance issued on this matter. In response, T Glen confirmed that he did not feel it to be a deviation and more an interpretation and once again confirmed that following discussions with colleagues in NHS Tayside they were content that the process that is being proposed does offer the appropriate level of involvement of board members in the process. He further stated that his position and that of NHS Tayside was that they were keen to progress the process as early as possible due to the constraints that could arise due to the upcoming local government elections and any potential change in membership of the IJB.

S Auld queried as to what would be perceived as to be the downside of having a public partner included fully in the process. In response, T Glen reiterated that in his view public partners would be involved in the process as they have a particular role through the planned stakeholder session. He further clarified that it

would be the IJB to make a decision in terms of membership and if the agreement reached is to proceed with the appointment of two NHS Board Members and two Perth and Kinross Councillors then the process would commence on that basis, however if the decision of the IJB was to request that a Public Partner is included on the interview panel then he confirmed he would go back and have further discussions with colleagues in NHS Tayside and would seek to do everything possible to not compromise the timescales set to allow an appointment to be made as early as possible.

B Benson made reference to the timescales, in particular the release of the job advertisement and queried whether this would be inhibited because of any further discussions between Perth and Kinross Council and NHS Tayside. In response, P Johnstone confirmed that the candidate pack was still being put together with NHS Tayside which will include all the documentation candidates will require, being the advert, the person specification and when they can expect to be engaged in activities. She further confirmed that it was not necessary to know the members of the interview panel for the advert to go live.

B Benson commented that there was a strong case being developed by members of the Board for a public partner to have an advisory position on the panel as opposed to a voting position and queried whether this could be part of any discussion with NHS Tayside colleagues. In response, T Glen confirmed that if this were to be the decision of the Board that a public partner be a full member or as an advisor then he would take this back and discuss it with colleagues in NHS Tayside. He further commented that he would have no issue with this decision of the Board as Chief Executive of Perth and Kinross Council.

P Kilpatrick and D McPherson both expressed their support for the advisor proposal put forward by B Benson.

Motion (Councillor Purves and Councillor McDade)

Subject to the agreement of NHS Tayside and Perth and Kinross Council, the Appointment Sub-Committee to consist of two Perth and Kinross Council voting members from the IJB, two NHS Tayside Board members from the IJB, the Chief Executives of both PKC and NHS Tayside, and also one non-voting member from the four public partners who are members of the IJB.

Resolved:

In accordance with the Motion.

Post-Meeting Note:

It was agreed that the voting members from NHS Tayside will be Bob Benson and Beth Hamilton, with the voting members from Perth and Kinross Council being Councillors John Duff and Xander McDade. Following agreement by both NHS Tayside and Perth and Kinross Council, the public partner representative on the panel be Mr Ian McCartney.



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
30 March 2022

Ref.	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
131	09 Dec 2020	7.2	Mental Health & Wellbeing Strategy	The Tayside MH Strategy 'Living Life Well' - Financial Framework to be provided.	Director of Finance NHS Tayside	Ongoing	Work on this continues across Tayside with the NHST director of Finance in discussions with the 3 HSCP CFOs.
132	1 Dec 2021	5.1	Matters Arising	Update to be provided to IJB members prior to next meeting regarding current status of Mental Health Redesign Short Life Working Group.	Chief Officer	16 Feb 2022	Further update March 2022. The revision of the Integration Scheme will clarify that operational responsibility for inpatient mental health services rests with NHS Tayside and that strategic planning will rest with IJBs. A Lead Partner IJB will be identified to take responsibility for this on a Pan-Tayside basis, and it is proposed that this will Perth and Kinross IJB. Action complete.
133	16 Feb 2022	7	Appointment Committee For Director – Health & Social Care / Chief Officer	Further IJB meeting to be arranged with a refreshed paper to be presented.	Human Resources Manager, Perth and Kinross Council and HR Lead - Recruitment and Medical Staffing, NHS Tayside	30 Mar 2022	Additional IJB meetings held 4 March and 7 March 2022 with refreshed paper presented. Action complete.



ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
30 March 2022

134	16 Feb 2022	5	Matters Arising	Professor Stonebridge to be invited to future IJB meeting to provide Members with an update on breast oncology and radiotherapy services.	Chief Officer	30 Mar 2022	A written update will be provided to IJB members which will signpost to relevant information on these services.
135	16 Feb 2022	5.	Matters Arising	Update on Primary Care Services premises to be brought to future IJB meeting.	Chief Officer	30 Mar 2022	Ongoing.
136	16 Feb 2022	8.3	Update on Pitlochry Community Hospital Inpatient Unit	Formal letter to be sent communicating detail of additional recommendation to Chief Executives of NHS Tayside and Perth and Kinross Council.	IJB Chair	30 Mar 2022	Ongoing.



PERTH & KINROSS INTEGRATION JOINT BOARD

30 March 2022

OLDER PEOPLE STRATEGIC DELIVERY PLAN

**Report by Head of Health
(Report G/22/54)**

PURPOSE OF REPORT

The purpose of this report is to provide the IJB with an updated version of the Older People Strategic Delivery Plan for the period 2022-25.

This updated version has taken into consideration the feedback from IJB members and also the guidance received from the Scottish Government for additional funding to Health and Social care Partnerships.

The Strategic Delivery Plan shows the actions being taken to achieve the objectives relating to older people in the Perth & Kinross HSCP Commissioning Plan and connects these actions to the Perth & Kinross HSCP Financial Framework.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board:

- Approves the Older People Strategic Delivery Plan;
- Notes progress to date from the delivery of the first Older People Strategic Delivery Plan 2019-22; and
- Requests an update in 12 months time.

2. SITUATION/BACKGROUND / MAIN ISSUES

This 3 year plan for 2022-25 is based on learning gained from delivering on the previous Older People's Strategic Delivery Plan 2019-22, approved by the Integrated Joint Board in March 2019. It also includes learning from the experience of responding to and the impact of the COVID-19 pandemic. The updated plan has also taken into account the feedback from IJB members when the initial draft was presented in October 2022 and the updated guidance from Scottish Government for additional funding provided to Partnership's across Scotland.

For this strategic delivery plan an older person is defined as someone who is over the age of 65 years. However, due to increased life expectancy, the approximate age when the majority of people need the support of health and social care services is 75 years.

Perth & Kinross has an older population compared to the rest of Scotland. In 2018, 23% of our population were over 65 years compared with 19% in the rest of Scotland and 11% were over 75 years compared to 8% in the rest of Scotland.

Considering the growth of those over 75 years of age, since 2017 the population has increased from approximately 15,900 to 17,500, an increase of 9.6%. This population is project to grow to around 20,000 by 2025 which equates to an overall growth of 25.8%.

In addition, there are an estimated 3,300 people who are living with dementia. Numbers are expected to increase by around 120 year on year, equating to a 50% increase within the next 15 year.

The increasing older people population is already impacting on demand for services in Perth & Kinross. COVID-19 has also impacted on demand for services. Capacity and flow has been significantly affected by the growing number of frail, older people living with multiple, complex and fluctuating conditions who are presenting to hospitals and GP practices in a deconditioned state requiring enhanced clinical assessment, social care support and rehabilitation input. It is likely these complex presentations are, at least partly, caused by the pandemic and people having restricted access to health, social care and community services and supports during lockdown.

Considering all of the above the HSCP has committed to a refresh of our joint needs assessment for older people and locality profiles.

3. PROPOSALS

Perth & Kinross HSCP's vision is to support older people to lead healthy and active lives and to live as independently as possible, with choice and control over their support. This Delivery Plan focuses on the following key themes which are in line with national and local direction:

- **EARLY INTERVENTION**

We will further strengthen our alliances with community partners and Third and Independent Sectors to improve lives and opportunities through a stronger focus prevention, early intervention and targeted actions on the wider determinants of health. This will be achieved by increasing opportunities and access for older people and carers to participate in leisure, sport and community activity. Evidence states that if older people are able to participate in social and leisure activities, this can make them more resilient as they age, reduce risks of dementia, widen social circles to reduce the feeling of social isolation and help prevent falls.

- **SHIFTING THE BALANCE OF CARE**

Interface care

This will require an integrated whole system approach across health and social care, in partnership with Third and Independent Sectors providing a range of community based short-term targeted specialist care and support services. These services will offer alternatives to hospital or care home admission and supports timely discharge to support people to live healthy, independent lives at home or in a homely setting.

Urgent Care

The redesign of Urgent Care is a national programme which represents a significant change in the provision of safe and effective urgent care in the in-hour and out of hour period. The redesign will ensure individuals are seen in the most appropriate care environment. The strategic aim is: “Right Care, in the Right Place, at the Right Time”. This will be done by managing people more effectively, closer to home and by optimising existing pre-hospital care, providing better health, care and life outcomes for individuals, staff, families and the wider community.

- **OPTIMISING CAPACITY & FLOW**

We will work with our colleagues in the acute sector to consider a whole system solution to improve the journey from being an acute inpatient to going home or a homely setting. We will embed a ‘Home First’ approach focusing on recovery which ensures assessment for longer term care and support needs is undertaken in the most appropriate setting and at the right time for the person. The aim will be to define best practice, centred around preventing delay and ensuring individuals stay in hospital only as long as is clinically and functionally necessary.

4. FINANCIAL PLAN

The Older People Strategic Delivery Plan provides a financial framework which provides full information on the financial implications of these proposals.

5. CONCLUSION

Over the next three years we will take a whole system collaborative approach to provide services for older people and their carers living in Perth & Kinross. We will build and further develop early intervention / self management approaches, managing unscheduled care by avoiding admissions to hospital and care homes, where appropriate, and integrating pathways of care across Primary, Secondary and Community Care. To support this we will develop the skills and practice across our workforce to ensure the adoption of a human rights approach to assessment, treatment, care and support with a

clear focus on prevention, early intervention and tackling inequalities aimed at supporting Public Health Scotland's public health priorities.

Low level action plans have been developed for the implementation of the Older People Strategic Delivery Plan. An Older People Strategic Delivery Group will be established to monitor implementation of the plan and expected outcomes.

A high level, outcome focussed Performance Framework is being developed to measure the impact to this Strategic Delivery Plan. This will be incorporated with Performance Reports to the IJB Audit and Performance Committee from 1 April 2022.

Author(s)

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

Appendices

Appendix 1 – Older People Strategic Delivery Plan (DRAFT)

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

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

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

In order to meet increasing demand, provide high quality, effective support for older people and meet the objectives outlined in the Strategic Commissioning Plan (2020-25) as set out above, Perth and Kinross HSCP will prioritise the following themes: Early Intervention, Interface Care, Optimising Capacity & Flow and Urgent Care. This will be achieved by:

- Intervening early by working with communities and partners across all sectors to develop a range of supports to encourage older people to be active and engaged and reduce social isolation to mitigate some of the effects of aging

- Offering personalised, locally based support, including optimising the use of Technology Enabled Care (TEC), across Perth and Kinross to reduce reliance on institutional care
- Providing a rapid, multi-disciplinary response for older people if their health deteriorates to prevent admission to hospital or a care home
- If hospital admission is required, supporting people to return home as soon as possible once they are clinically fit.
- Designing and implementing safe, sustainable, patient and outcomes focused systems of urgent care access, pathways and treatment for Perth & Kinross residents in the in-hour and out of hour period in collaboration with NHS Tayside.

2. Resource Implications

2.1 Financial

The Older Peoples Strategic Delivery Plan provides a clearly defined Financial Framework which provides full information on the financial implications of the proposals. For phase 2 further work needs to be completed in relation to the priority and financial implications for phase 3.

2.2 Workforce

The workforce implications are significant and are set out in the Strategic Delivery Plan. The 3 Year Workforce Plan currently being developed for approval by the IJB in June 2022 will set out in detail the full workforce implications.

3. Assessments

3.1 Equality Impact Assessment

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

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

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

3.2 Risk

The IJB's strategic risk register aims to identify risks that could impact on the achievement of PKIJB's objectives. The register includes strategic risks related to workforce, financial resources and viability of external providers for which the development and implementation of the Older Peoples SDP will be a key mitigatory measure and expected to be a positive influence on the risk exposure for the risks identified above. The success of the SDP will have a significant influence on the IJB achieving its objectives.

3.3 Other assessments

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

Measures for Improvement – a list of the measures that will be monitored as part of the implementation of the service change –

The Older Peoples Delivery action plan will provide measurement of key actions. Updates will be regularly providing to the identified forums/groups as already stated within this report including the Strategic Planning Group

Patient Experience – details of how you intend to improve the experience of hospital and community patients and demonstrate a positive impact that will be measurable.

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

Benefit Realisation – details of the benefits should be noted here.

The OPSDP sets out its aims and ambitions of benefiting the people of Perth and Kinross by ensuring appropriate access to services for all. This will put the person at the centre of decisions about their support, treatment, and care, with health and social care services for older people working together with all sectors to make sure people can get the right help at the right time.

4. **Consultation – Patient/Service User first priority**

4.1 External

An extensive consultation exercise will be planned as we develop more fully the older peoples strategy. Consultation will be with service users, carers and key stakeholders, this will be in conjunction with the P&K strategic planning group and alongside the

4.2 Internal

Internally, the proposed 3 yr strategic delivery plan has been shared and consulted upon with the Integrated Management Team (IMT), Strategic Planning Group, Clinical and Care Governance Forum, Executive Management Team (EMT) and Integrated Joint Board (IJB).

4.3 Impact of Recommendation

5. **Legal and Governance**

- 5.1 **The Older Peoples Strategic delivery plan and onwards strategy will be governed through the newly formed Older Peoples Strategy Group and will be a standing agenda item on P&K HSCP Clinical Care and Professional Governance Forum**

6. **Directions**

There will be a legal requirement on the IJB to issue Directions to NHS Tayside and Perth and Kinross Council in relation to the contents of this paper.

7. **Communication**

- 7.1 The Older Peoples Strategic Delivery Plan and associated action plan will be closely monitored and supported through the Older Peoples Strategy Group. This forum will be supported by the Key Themes sub Groups and updates and communications will be provided to EMT and IJB accordingly

8. **APPENDICES**

Appendix 1 – Older People Strategic Delivery Plan



Strategic Delivery Plan

Older People

Perth & Kinross Health & Social Care Partnership

2022-2025

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INTRODUCTION

The purpose of the Perth & Kinross Health and Social Care Partnership (HSCP) Strategic Delivery Plan for Older People is to set out the actions being taken to achieve the objectives relating to older people in the Perth & Kinross HSCP Strategic Commissioning Plan, and, connect them to the Perth & Kinross HSCP Financial Framework.

Generally, someone over 65 years might be considered an older person. However, it is not easy to apply a strict definition because people can biologically age at different rates so, for example, someone aged 75 years may be healthier than someone aged 65 years.

Instead of age, frailty has a bigger impact on a person's likelihood to require care and support. Therefore, it is important to support people to optimise their health and independence. Evidence shows that if older people are able to participate in social and leisure activities, this can make them more resilient as they age, reduce the risk of developing dementia, widen social circles to reduce the feeling of social isolation and help prevent falls. This can delay frailty, the stage at which someone becomes more at risk of illness and disability or become dependent on others for care.

That said, there are numerous conditions, such as dementia, the prevalence of which increases as people age along with an increased likelihood of requiring health and social care support. Therefore, whilst it is important to intervene early to try and delay frailty, it is also vital to have services that provide effective and efficient support for frail, older people when they require it.

For this Strategic Delivery Plan an older person is defined as someone who is over 65 years. However, due to increased life expectancy, the approximate age when the majority of people need the support of health and social care services is 75 years. Therefore, this age is used in the modelling and impact assessments below.

National Context

In March 2021, the Scottish Government issued a statement of intent relating to health and social care for older people. It emphasised the importance of valuing the contribution older people make to society and prioritised removing barriers, tackling inequality and allowing people to 'flourish and be themselves.'

The following priority areas have been identified: maximising capacity; ensuring staff wellbeing; ensuring system flow; and improving outcomes.

Local Context

This three-year plan for 2022-2025 is based on learning from delivering on the previous Strategic Delivery Plan 2019-22 approved by the Integrated Joint Board in March 2019. The Plan also builds on the improvements achieved since the establishment of the Health & Social Care Partnership in 2016.

Perth and Kinross HSCP's vision is to support older people to lead healthy and active lives and to live as independently as possible, with choice and control over their support. This Delivery Plan focuses on the following key areas

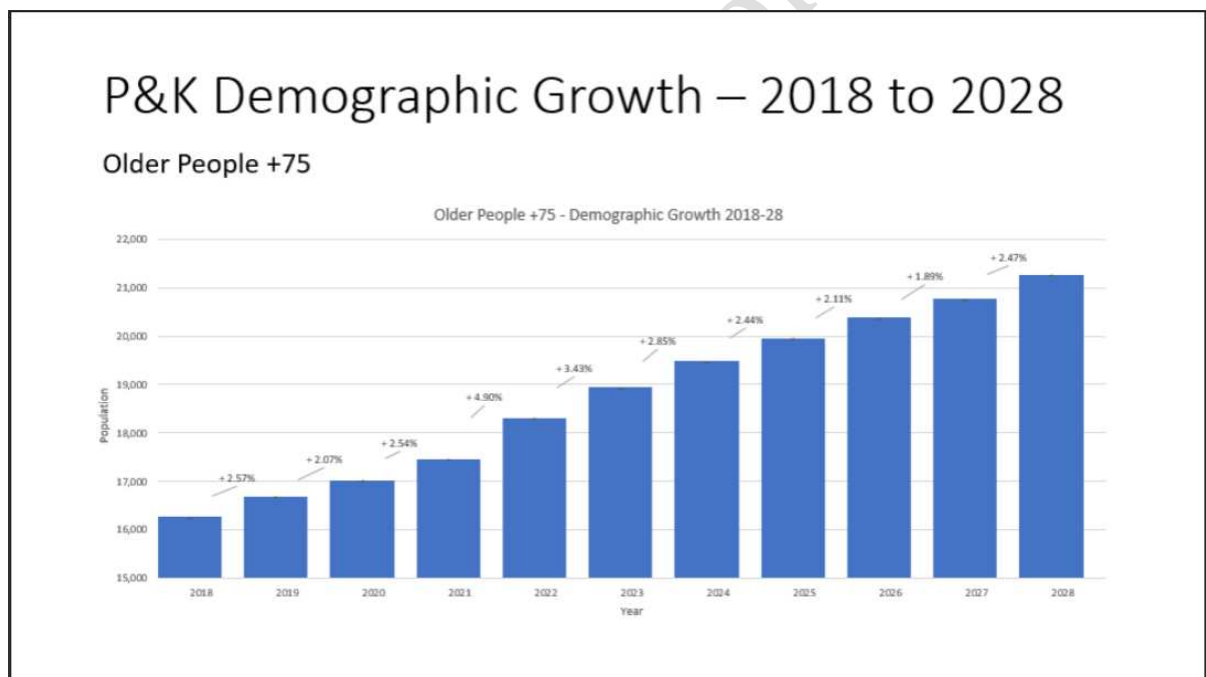
- Early intervention

- Interface Care
- Optimising Capacity & Flow
- Urgent Care Services

DEMOGRAPHICS

Perth and Kinross has a population of just over 151,000 (2018 NRS MYE). By 2028, it is expected to increase slightly to just under 153,000. We have an older population compared to the rest of Scotland. In 2018, 23% of our population was over 65 years compared with 19% in the rest of Scotland and 11% was over 75 years compared to 8% in the rest of Scotland.

The population of those over 75 years of age has increased by 9.6% since 2017 from approximately 15,900 to 17,500. This is projected to increase further and reach 19,500 by 2024 (the period covered by this Strategic Delivery Plan). This equates to an overall growth of 22.3% and represents an average growth rate of over 2.5% per annum. However, the year-on-year increases expected over 2022 to 2024 are higher with an expected 4.9% increase from 2021 to 2022.



There are an estimated 3,300 people who have dementia in Perth and Kinross. Numbers are expected to increase by around 120 year-on-year, equating to a 50% increase within the next 15 years.

The increasing older population is already affecting demand for services in Perth and Kinross:

- There has been a 5.9% increase in average, weekly Care at Home hours from September 2019 to December 2021;
- The number of people supported by Community Alarm has doubled from 2,000 to over 4,000 since 2018;

- Capacity and flow has been significantly affected by the growing number of frail older people living with multiple, complex and fluctuating conditions requiring longer lengths of stay in hospital or more complex support on discharge;
- An increase in the number of referrals for Locality Integrated Care Teams, including HART;
- An increasing number of people requiring rehabilitation input;
- An increase in the number of out of hour emergency admissions to hospital; and
- An increase in demand for support for people who have a form of dementia including access to Psychiatry of Old Age Mental Health Inpatient Beds (functional and organic).

Although Perth and Kinross is a relatively prosperous area compared to the rest of Scotland there are significant pockets of deprivation with one in five of the population in the two most deprived quintiles of the Scottish Index of Multiple Deprivation. Poverty is directly linked to increased prevalence of numerous conditions including depression, heart disease, stroke and diabetes. The likelihood of these conditions also increases with age.

STRATEGIC PRIORITIES

In order to meet increasing demand, provide high quality, effective support for older people and meet the objectives outlined in the Strategic Commissioning Plan (2020-25), Perth and Kinross HSCP will prioritise the following themes: Early Intervention, Interface Care, Optimising Capacity & Flow and Urgent Care. This will be achieved by:

- Intervening early by working with communities and partners across all sectors to develop a range of supports to encourage older people to be active and engaged and reduce social isolation to mitigate some of the effects of aging;
- Offering personalised, locally based support, including optimising the use of Technology Enabled Care (TEC), across Perth and Kinross to reduce reliance on institutional care;
- Providing a rapid, multi-disciplinary response for older people if their health deteriorates to prevent admission to hospital or a care home;
- If hospital admission is required, supporting people to return home as soon as possible once they are clinically fit; and
- Designing and implementing safe, sustainable, patient and outcomes focused systems of urgent care access, pathways and treatment for Perth & Kinross residents in the in-hour and out of hour period in collaboration with NHS Tayside.

PROGRESS TO DATE: STRATEGIC DELIVERY PLAN PHASE 1

1 EARLY INTERVENTION/ WORKING WITH COMMUNITIES

Older people have been encouraged to adopt healthier lifestyles by improving access to leisure, sport and community activities. This helps reduce isolation and loneliness and mitigates against the three major causes of death; cancer, heart disease and stroke. It also reduces the risk of isolation, depression, developing diabetes and excessive alcohol intake, all of which are significant risk factors for older people. Examples include

- Deployment of six Social Prescribers, linked to GP Practices, to help people access community-based groups and activities in their area;
- Development of pathways for Older People to engage in regular physical activity including buddy walking, health walking groups, easy exercise classes (Cardiac, Strength, and Balance, Chronic Pain) as well as an activity referral scheme for people living with long term conditions through supervised gym sessions;
- Offering a 12 week tailored exercise programme to people in their own home, with a written plan for the person to follow with encouragement from care staff and relatives. 37 referrals have been received to date with over 80 sessions taking place;
- All Home Assessment Recovery Team (HART) clients receive a Care about Walking booklet and record charts;
- Senior Home Assessment Recovery Carers have been trained to deliver strength and balance exercises;
- Day Centres/Day Opportunities run by Third Sector in Pitlochry, Bankfoot and Kinross;
- Lunch clubs supported across Perth and Kinross;
- A befriending service linked to the Timebank in Stanley;
- Working with Paths for All (PFA), to create opportunities for walking and strength and balance activities in 16 Care Homes;
- Investment in Live Active Leisure to provide exercise programmes in 11 care homes with 815 residents attending the sessions (virtual and now in person);
- Four hundred residents from 30 care homes participating in Go4Gold;
- A range of supports are available for unpaid carers to help them continue in their caring role including respite, a sitting service, replacement care, telephone helplines and alternative therapies; and
- Increased capacity for counselling to address excessive alcohol consumption.

2 SHIFTING THE BALANCE OF CARE

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

Over the last three years there has been a focus on developing integrated models of care to provide health and social care support in local communities where people live. This includes providing alternatives to admission to hospital and care homes.

The key mechanism for delivering this has been the implementation of the Locality Integrated Care Service (LInCs) in each of the three localities in Perth and Kinross. These are multi-disciplinary teams of staff from professional groups across health and social care who provide rapid support to older people who are frail and deteriorating at home. The aim is to help the older person to improve their level of independence and prevent them having to be admitted to hospital or a care home. Over 700 people have been referred with 72% being supported to remain at home.

Other developments include:

- Commenced a redesign of the Care At Home model to improve access to support across Perth and Kinross, especially in rural areas.
- The continued roll out of Self Directed Support and ensuring all four options are available across Perth and Kinross.
- Increased uptake of Telecare and started implementation of a digital end to end service.
- Increased use of Home Health Monitoring such as using Flo to monitor people's blood pressure.
- Implemented the Advanced Nurse Practitioner role to assess and proactively manage frail adults with complex needs to help prevent further deterioration and to ensure that the right care is provided in the right place by the right person. The Advanced Nurse Practitioners have supported over 1,000 individuals working with General Practice, the Locality Integrated Care Teams, Care Homes and Inpatient Services
- Commenced a review of Psychiatry of Old Age Services to support older people with mental health issues to receive the right care, at the right time in the right place.
- Opened eight Community Care and Treatment Services across Perth & Kinross to provide care closer to the person's home.
- Implemented a Specialist Community Respiratory Team to improve the quality of life and outcomes for people living with COPD and asthma by preventing further deterioration and complications of their condition. Currently around 130 individuals have been supported through this service
- Invested in the development of a COPD App that can be downloaded on to a phone or laptop. It provides information and advice on services available locally as well as self management techniques. There are currently 55 active users with over 1,000 user interactions.

3 IMPROVING CAPACITY AND FLOW

When there is alternative to an admission to hospital, action has been taken to improve the experience of people to ensure they have access to the right treatment at the right time and to enable them to return home as soon as they are fit to do so.

Developments include:

- Developed an Integrated Discharge Hub in PRI to support effective discharge planning
- Improvements in Tay Ward, PRI focusing on environment, person centred care, ward admission criteria and discharge pathways and implementing a rehab area on the ward to ensure full MDT and carer engagement in the rehab journey.
- Commenced redesign of the Stroke Unit in PRI to deliver an effective rehabilitation model with additional allied health professional resource.
- Development of a frailty model in PRI and improving the pathway to community services to reduce occupied bed days.
- Investment in a Transitional Care Nurse for Psychiatry Old Age inpatient Services to support complex discharges
- Review of Hospital Discharge Team to improve efficiency by creating mini teams aligned to wards and introducing self allocation for workers
- A Third Sector Home From Hospital Service

IMPACT OF PHASE 1

Hospitals

The actions above, together with improvements implemented when the HSCP was first formed, have contributed to a significant reduction in occupied bed days in hospital since 2017. From analysing the Large Hospital Set Aside data for Occupied Bed Days based on the three specialty areas of General Medicine, Geriatric Medicine and Respiratory, there has been a year-on-year reduction in occupied bed days for the period 2017/8 to 2019/20 (2020/21 activity data is not yet available).

Table 1 below illustrates the movement over the 3 years:

Table 1

	Occupied Beds Days
2017/18	40,222
2018/19	38,696
2019/20	34,859
Reduction in Beds days over 3 years	5,363

This reduction of 5,363 bed days equates to approximately 15 beds in total and a cost of £1.5m. This has been achieved in a period that saw considerable growth in the over 75s population. From 2018 to 2020, there was a 4.6% increase in the over 75s population. If the above developments had not

been implemented there would have been a significant increase in the number of beds days occupied due to demographics.

Table 2 highlights the demographic growth and cost that has been avoided.

Table 2

Over 75 Population Increase	4.6%
Occupied Beds Days Avoided	1,850
Number of Beds	5
Demographic Growth Cost Avoided	£0.5m

Perth & Kinross has seen not only a reduction in occupied bed days leading to a reduction in cost of £1.5m but has also avoided the demographic growth cost of £0.5m over the same period.

Care Homes

Table 3 shows the number of older people from Perth and Kinross in permanent, care home placements at the end of 2018 and the number in September 2021. The figure shows that the number of placements has increased slightly. However, the number of over 75's in Perth and Kinross has increased during this time by 7.2%. When this demographic growth is taken into account, the expected number of older people in a care home by September 2021 would be 1,001. Therefore, there are 55 fewer older people living in a care home than would have been expected.

Table 3

Year	Number of Older People Care Home Placements
2018	941
2021	954

It is likely the actions above, especially those in sections 1 and 2, have contributed to this reduction in the number of older people living in a care home.

Achieving this significant shift in the balance of care away from hospital and care homes by supporting more older people to remain living at home has required substantial investment from the HSCP.

NEXT STEPS: STRATEGIC DELIVERY PLAN PHASES 2 & 3

Over the next 3 years we will continue to build on the significant progress already made in supporting people to adopt healthy lifestyles to mitigate some of the effects of aging, supporting people to remain in their own homes for as long as possible, offering a range of supports for older people in their communities and, where hospital admission is necessary, ensure people receive the right support at the right time and are able to return home as soon as they are ready.

This will include learning from the experience of responding to the Covid pandemic and taking account of any ongoing impact. There is evidence of increased demand. Capacity and flow has been significantly affected by the growing number of frail, older people living with multiple, complex and fluctuating conditions who are presenting to hospitals and GP Practices in a deconditioned state requiring enhanced clinical assessment, social care support and rehabilitation input. It is likely these complex presentations are, at least partly, caused by the pandemic and people having restricted access to health, social care and community services and supports during lockdown.

Other priority areas for action include improving access to Care at Home support, especially in rural areas and increasing the range of support for people with a form of dementia.

We will continue to develop early intervention/self management approaches, managing unscheduled care by avoiding admissions to hospital and care homes where appropriate, and integrating pathways of care across primary, secondary and community care. To support this, we will develop skills and practice across our workforce to ensure the adoption of a human rights approach to assessment, treatment, care and support with a clear focus on prevention, early intervention and tackling inequalities aimed at supporting Public Health Scotland's public health priorities.

The Older People Strategic Delivery Plan also aligns to the actions contained within the Carers' Strategy which aims to support those with a caring role to care in good health and wellbeing and to have a life alongside caring.

1 EARLY INTERVENTION KEY ACTIONS 2022-25

Over the next three years we will further strengthen our alliances with community partners and Third and Independent Sectors to improve lives and opportunities through a stronger focus on prevention, early intervention, and targeted actions on the wider determinants of health. We will increase opportunities and access for older people and carers to participate in leisure, sport, and community activity. Evidence shows that if older people are able to participate in social and leisure activities, this can make them more resilient as they age, reduce risks of dementia, widen social circles to reduce the feeling of social isolation, and help prevent falls. This can delay frailty, the stage at which someone becomes more at risk of illness and disability or become dependent on others for care.

PHASE 2

These actions have been considered and are included within the financial framework:

- Work with Community Planning Partnership and Public Health to adopt and promote healthy lifestyle choices and improve physical wellbeing to delay impact of aging

- Continue to arrange annual Go4Gold Care Home Games Challenge event in Bells Sports Centre whilst also running a separate virtual event for residents unable to attend the live event.
- Live Active Wellbeing Service to develop an exercise pathway continuum from working one to one with care at home to offering gentle exercise groups, health walks, wellbeing classes, to community strength and balance groups and social outlets.
- Continue to develop and widen the spread of the Care About Physical Activity (CAPA) model across all care services including hospital inpatient settings, care at home services, Home Assessment Recovery clients, Sheltered Housing, care homes, unpaid carers and prison.
- In partnership with Paths for All continue to develop dementia friendly walking initiatives including strength and balance exercises to care homes, HART, care at home, sheltered housing and hospital inpatient services.
- Implement two Care at Home Wellbeing Teams as a test of change, to enable more flexible, person-centred approaches to care to improve working conditions for carers, and to incentivise better outcomes for individuals.
- Recruit to a Volunteer and Community Circles Co-ordinator posts to increase the number of volunteers available and the range of activities that can be undertaken by volunteers.
- Invest in the Volunteer App which is a platform to make volunteering as easy as clicking a button.
- Review and develop third Sector contribution to Older People Services in response to demographic pressures and identified need
- Continue to promote and support psychological wellbeing resources for care home staff
- Implement an Enhanced Care Home Team to support and mentor care homes in sustained improvements in high quality personalised care delivery.
- Promote Age Friendly communities
- Two Activity Workers to support older people to be active while they are in hospital
- Identify older people most at risk of fuel poverty and signpost to supports
- Establish a Foodshare network to coordinate activity to address food poverty

PHASE 3

Further actions under consideration, but not yet included within the Financial Framework are:

- In partnership with Alzheimer's Scotland, review existing post diagnostic support for people diagnosed with dementia to increase access and opportunities.
- Develop chronic pain education which is targeted at each level of the Chronic Pain model from public awareness, people living with chronic pain, staff education to specialist services

- Embed the non-pharmacology chronic pain management pathway into GP practices and across the services supporting people with chronic pain.
- Increase capacity in Falls Service to support the development and delivery of falls prevention initiatives, falls education, early identification, and effective assessment, treatment and rehabilitation for older people who are at risk of falling or who have fallen.
- Recruit to a MacMillan support Facilitator to provide practical, personal and emotional support to adults living with cancer and their families / carers to improve the cancer journey and support more people to die in their own homes if that is their wish.

2 SHIFTING THE BALANCE OF CARE KEY ACTIONS 2022-25

Interface Care

Emergency (including urgent or unscheduled) care remains a challenge for health and care systems and is in part related to increased demand. The impact of COVID-19 has further highlighted the necessity to manage individuals closer to home and minimise the need for admission to hospital or long term care. 'Interface Care' requires an integrated whole system approach across health and social care, in partnership with Third and Independent sectors to provide a range of community based short-term targeted specialist care and support services. These services will offer alternatives to hospital admission or care home admission and supports timely discharge to support people to live healthy, independent lives at home or in a homely setting.

PHASE 2

These actions have been considered and are included within the Financial framework:

- Building resilience into our Locality Integrated Care Teams to provide an enhanced 7 day service and increased overnight support and harmonise health and social care geographical boundaries to improve integrated working in localities.
- Reviewing and improving the co-ordination of health and social care supports out of hours
- Increasing capacity within Social Work Teams to reduce waiting times for assessment, support Adults with Incapacity/Adult Support and Protection work including large scale investigations and the wider statutory duties undertaken by Mental Health Officers and Social Workers.
- Implementing a Hospital at Home Service to offer acute level care in a person's own home or homely environment.
- Implementing the recommendations from the review of Care at Home Services to address consistent high levels of unmet need in rural localities by:
 - Developing neighbourhood self managing Care at Home Wellbeing Teams who take a sequenced approach to care starting with self care and technology, then considers aids and adaptations, thinking about support from family, friends and what is happening in the community, before looking at paid support
 - Promoting a more alliance based commissioning model for external commissioned Care at Home Services.

- Increasing staffing capacity in the Community Alarm service to meet the growing demand and implement end to end digital telecare service.
- Reviewing the 'ACE' clinic in Simpson Day Clinic PRI to provide rapid access to same day medical review and investigations

PHASE 3

Further actions under consideration, but not yet included within the Financial Framework are:

- Developing alternative solutions to support people living with dementia who have complex needs in more appropriate settings, in partnership with Alzheimer's Scotland and other key partners
- Reviewing and stabilising rehabilitation beds across Perth & Kinross and agree an optimum nursing and AHP model that can be safely staffed
- Implementing a sustainable model for Medicine for the Elderly/ Community Hospitals taking into account wider community models.
- Facilitating cross boundary working between NHS Tayside's Neurological Services and P&K HSCP Locality Integrated Care Teams for neurological patients
- Improving the community Falls Pathway by making better connections with Locality Integrated Care Services (LInCS) and Care Homes
- Identifying and delivering palliative care training to the health and social care workforce in partnership with Specialist Palliative Care Services

Urgent Care

The redesign of urgent care is a national programme which represents a significant change in the provision of safe and effective urgent care in the in-hour and out-of-hour period. The redesign ensures individuals are seen in the most appropriate care environment. This will be done by managing people more effectively, closer to their home and by optimising existing pre-hospital care.

The national vision is for a "collaboration across the whole health and social care system to design and implement a safe, sustainable, patient and outcomes focused system of urgent care access, pathways and treatments that delivers better health, care and life outcomes for individuals, staff, families and the wider community".

The strategic aim is: "Right Care, in the Right Place, at the Right Time"

To support this vision and aim, Perth & Kinross Health & Social Care Partnership in collaboration with NHS Tayside will implement the following phases:

PHASE 2

These actions have been considered and are included within the Financial framework:

- Develop a co-located and integrated urgent care service with a single point of contact, 7 days a week in the in-hour period. The integrated urgent care service will include the following developments:
 - Build an operational management structure to support on the development and delivery of urgent care services in Perth & Kinross
 - Develop a GP resilience Team to provide a more proactive approach to supporting GP practices in Perth & Kinross.

PHASE 3

Further actions under consideration, but not yet included within the Financial Framework are:

- Build on the existing Advanced Nurse Practitioner model to enhance integration and co-ordination between primary and secondary care.
- Develop an Urgent Home Visiting Service with a single point of contact for General Practitioners to refer all patients that require an urgent review.
- Enhance the Specialist Community Respiratory Team to provide urgent response for deteriorating patients

3 IMPROVING CAPACITY & FLOW KEY ACTIONS 2022-25

Optimising Capacity & Flow considers a whole system solution to improving the journey from being an acute inpatient to going home or to a homely setting. Perth & Kinross Health & Social Care Partnership will adopt and embed a 'Home First' approach focusing on recovery which ensures assessment for longer-term care and support needs is undertaken in the most appropriate setting and at the right time for the person. The aim is to define best practice, centred around preventing delay and ensuring individuals stay in hospital only as long as is clinically and functionally necessary.

Perth & Kinross Health & Social Care Partnership will support this is the following phases:

PHASE 2

These actions have been considered and are included within the Financial framework:

- Implementing the recommendations from the Discharge without Delay self assessment
 - Introducing flexible Interim / Short term Assessment Rehabilitation Beds (STAR) in care homes for people requiring intensive rehabilitation / reablement in a homely environment prior to returning home from hospital
 - Improving the patient journey from admission to hospital to discharge to community by ensuring a whole system approach to discharge planning, embracing a 'Home First' approach.
- Implementing the reviewed Frailty Pathway making connections with Locality Integrated Care Services

- Reviewing the Discharge Hub and Hospital Discharge Team, enhance integration and improve effectiveness and efficiency

PHASE 3

Further actions under consideration, but not yet included within the Financial Framework are:

Planning and implementing Older peoples mental health transformation proposal, supporting a gap analysis to establish the extent of the challenge and taking in to account the following factors in relation to quality and sustainability for Older Peoples Mental Health Services for Perth & Kinross,

- Increasing mental health needs driven by population ageing and growth combined with the relationships between age and dementia prevalence
- Issues such a social isolation and carer workload further exacerbated by Covid
- A substantial shift from predominately bed-based models toward provision in community settings leading to increased inpatient complexity.
- Supply and capacity models are not linked systematically to demographics
- In-patient over utilisation, exacerbated by process and capacity issues in accessing appropriate community solutions for people with complex needs.

5. STRATEGIC ENABLERS

The Older People Strategic Delivery Plan will be driven by the key components set out above, however they will need to be supported by a series of strategic enablers which are essential supports that will help us to achieve our strategic directions over the next three years.

5.1 Workforce Plan

A Perth and Kinross H&SC Workforce plan is being developed which will include the workforce requirements for the OPSDP.

5.2 Capital Planning

The capital plan implications are included in the finance section.

5.3 Consultation and Engagement

A consultation and engagement programme will be required to promote the contents of the Strategic Delivery Plan for staff and the wider public involvement.

5.4 Performance Framework

The Performance Framework is included under section 7.

5.5 Housing Contribution

Perth & Kinross Council's Housing Contribution Statement (HCS), developed in partnership with Housing and Health and Social Care strategic planners and operational practitioners, acknowledges people's right to live at home or within a homely setting; that suitable, quality housing contributes to reducing health inequalities; and recognises Housing's key role within health and social care integration.

Through the HCS, we will continue to work jointly to ensure the Strategic Delivery Plan for Older People 2022-2025 is achieved. Housing has an

important influence on health inequalities through affordability, housing quality, fuel poverty, and the role of housing in community life. The Statement clearly articulates the links between Housing, Health and Social Care and highlights the shared outcomes and service priorities identified in both the Strategic Plan and the Local Housing Strategy (LHS).

To meet our joint aims and outcomes in relation to prevention and the ability to provide person-centred support we must make best use of available resources. There are many effective housing solutions that can prevent costly health and social care responses. The assessment of housing need and demand highlights many challenges that need to be collectively addressed by the Health and Social Care Partnership and Housing Partners to support people to live at home or in a homely setting for as long as possible

6. FINANCIAL FRAMEWORK

REVENUE

We have developed below a Financial Framework for the Older Peoples Services to support the development of an affordable Strategic Delivery Plan. This sets out the current recurring budget for services within scope of Older Peoples Strategic Planning, the future proposed investment, efficiency savings deliverable and funding available to support investment.

Overall, a recurring budget of £72.8m currently underpins services across Perth & Kinross.

Current Recurring Budget 2021/22

Service	Funded From	Recurring Budget £000
Allied Health Professionals	Health Core Budget / PCIF	4,415
Inpatient - Medicine for the Elderly	Health Core Budget	4,378
Inpatient - Community Hospitals	Health Core Budget	4,808
Psychiatry of Old Age Services	Health Core Budget	6,493
Community Services	Health Core Budget / PCIF	7,665
Community Services	Social Care Core Budget	21,529
Care Home Placements	Social Care Core Budget	23,471
Total Current Recurring Budget		72,759

The investment required to meet demand, ensure effective capacity and flow over the next 3 years, and deliver on wider strategy objectives is set out below, along with efficiency savings planned from transformation and the significant recurring Scottish Government funding that is being made available for 2022/23 that ensures the affordability of our Year 1 Plans.

Recurring - Social Care	Year 1 2022/23	Year 2 2023/24	Year 3 2024/25	Total 3 Years
	£'000	£'000	£'000	£'000
Care at Home Current Demand Pressure	1,100	-	-	1,100
Care at Home Wellbeing Teams	661	507	507	1,675
Care at Home Alliance Based Commissioning	1,296	-	-	1,296
Care at Home Capacity and Resilience	556			556
Community Alarm Investment in Capacity	532	-	-	532
Enhanced LInCS	427	-	-	427
Social Work Capacity Investment	657	-	-	657
Live Active Leisure Wellbeing Service	60	-	-	60
Phase 3 of OP Health & Social Care Strategic Delivery Plan	852	-	-	852
Sub-Total Social Care Investment	6,141	507	507	7,155
<i>Funding / Disinvestment</i>				
Scottish Government Funding	5,641	-	-	5,641
Strategic Disinvestment - Phase 2	500	-	-	500
Sub-Total Social Care Funding / Disinvestment	6,141	-	-	6,141
Total Social Care Recurring Shortfall / (Surplus)	0	507	507	1,014
Recurring - Health	Year 1 2022/23	Year 2 2023/24	Year 3 2024/25	Total 3 Years
	£'000	£'000	£'000	£'000
AHP Current Staffing Demand Pressure	196	-	-	196
Hospital at Home	525	175	-	700
Enhanced LInCS	773	-	-	773

Recurring - Social Care	Year 1 2022/23	Year 2 2023/24	Year 3 2024/25	Total 3 Years
	£'000	£'000	£'000	£'000
Urgent Care	307	-	-	307
Frailty Interim Care	-	-	228	228
Enhanced Care Home Support	211	-	-	211
Shifting the Balance of Care	-	-	1,000	1,000
Sub-Total Health Investment	2,012	175	1,228	3,415
<i>Funding / Disinvestment</i>				
Scottish Government Funding	2,012	-	-	2,012
NHST Proposed LHSA	-	-	1,000	1,000
Sub-Total Health Funding / Disinvestment	2,012	-	1,000	3,012
Total Health Recurring Shortfall / (Surplus)	0	175	228	403
Total Health & Social Care Recurring Shortfall / (Surplus)	0	682	735	1,417

The scale of investment required reflects that the Perth and Kinross over 75 population has grown significantly over the last two years and is expected to increase by a further 11% in the next 3 years. If no further investment is made, or no further action is taken, this could lead to an increase of nearly 4,000 additional occupied bed days, equating to an additional 11 hospital beds. The cost of this would be in excess of £1.1m. The financial framework assumes that in Year 3, following successful measurement of the success of our plans in shifting the balance of care, NHS Tayside will transfer £1m of recurring resources as part of their commitment to supporting the aims of integration.

As detailed on other sections of this report above, the substantial planned additional investment in 2022/23 builds upon our Phase 1 investment (funded from a significant savings programme) and will support the further expansion of community services, enabling the move from institutional care to supporting older people in the community.

In support of the strategic direction, referred to under “Interface Care Key Actions” above, the PKHSCP will offer alternatives to hospital admission or care home admission and supports timely discharge to support people to live healthy, independent lives at home or in a homely setting. The financial framework therefore includes £0.500m of strategic disinvestment from Care Home placements in order to support the overall investment detailed above.

There remains a shortfall across Health and Social Care of £0.682m in Years 2 and £0.735m in Year 3 (an assumed £1m transfer of shifting the balance funding from NHS Tayside). The need for net investment in Older Peoples services in future years is a key discussion with NHS Tayside and Perth &

Kinross Council. The extent of demographic demand in Perth & Kinross means additional investment is likely.

CAPITAL

Capital Investment will be required to deliver on strategic objectives. Perth & Kinross Health & Social Care Partnership currently provides analogue community alarm devices to around 4,000 clients with a further 1,400 in Telecare. BT Openreach have announced that the analogue telephone network will be terminated by 2025 and replaced with digital networks.

The Health & Social Care Partnership has been working in conjunction with the Local Authority Digital Office Programme, who are employed by the Scottish Government to support Local Authorities through the migration from an analogue to digital network and infrastructure, to transition to a fully digital community alarm and telecare service. The final stage in this transition to the digital network requires the use of fully compatible digital units to replace all existing analogue equipment.


















A Strategic Business Case has been developed and anticipates that the cost of transferring all clients from analogue to digital, as well as dealing with increased demand, will be £6 million over six years. In February 2022, Perth & Kinross Council approved this funding as part of the Capital Budget.

Final Draft Version

7. PERFORMANCE FRAMEWORK

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

The table below demonstrates how we will measure our progress towards the outcomes we seek to deliver. It is our intention that these performance measures will be used, along with supporting narrative and wider contextual information, to provide the necessary assurance that appropriate progress is being made. Where this isn't the case, or isn't possible, we will set-out what further actions we seek to take.

		NATIONAL HEALTH and WELLBEING OUTCOMES								
STRATEGIC OUTCOMES	KPI	1	2	3	4	5	6	7	8	9
People who provide unpaid care are supported to maintain or improve their quality of life and look after their own health and wellbeing.	% increase in unpaid carers that feel the service has supported them to look after their own health.									
	% increase in carers who feel supported to continue in their caring role.									
	% of carers who feel supported to continue in their caring role.									
Older people are supported to maintain or improve their quality of life and look after their own health and wellbeing	% increase in service users who feel that the service has supported them to look after their own health.									
	% increase in service users who feel the service helped them live as independently as possible and maintain their quality of life.									
	% increase in service users who felt safe and supported.									
Older People are supported to live actively and independently at home or in a community setting	Rate of emergency occupied bed days									
	Crisis Admissions to Care Homes 65+									
	% increase in service users who feel the service helped them live as independently as possible and maintain their quality of life.									
	Falls rate per 1,000 population (65+)									
	Proportion of last 6 months of life spent at home or in a community setting (18+)									
Resources are used effectively and efficiently	Percentage of health and care resource spent on hospital stays where the patient was admitted as an emergency									
People are safe from harm	% increase in service users who feel the health or social care support received ensure they felt safe and supported									
	Falls rate per 1,000 population (65+)									
Timelier discharge from hospital	Reduction in the length of delay for older people in emergency occupied bed days									
Health & Social Care workforce feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	% of staff attending and completing training courses.									
	% increase in staff who provide positive feedback regarding engaging with the work they do.									



PERTH & KINROSS INTEGRATION JOINT BOARD

30 March 2022

CARE AT HOME RESILIENCY

Report by Acting Head of Service ASWSC Commissioning
(Report No. G/22/55)

PURPOSE OF REPORT

In writing this report it is important to acknowledge the strengths that exist within our local Care at Home provision, this is a challenging and demanding area of social care delivery. Both our internal and external deliverers of Care at Home, work tirelessly to ensure the needs of those they care, and support are met. However, within Perth and Kinross and since we externalised our Care at Home provision, we have continued to see a level of unmet need.

The Care at Home resiliency project has sought to explore why this unmet need continues and to review both our internal and external provision in order to improve our ability to meet this need but also to ensure we look at the overall model of delivery, to ensure we are delivering outcome-based support and care, to ensure we are optimising the range of partners involved in this delivery model and to ensure that the workforce feel engaged, valued and rewarded for the work they do.

The proposals within this paper are aimed at empowering people to have greater control over their lives, have stronger connections in their community and have access to the support they need within their local community.

1. RECOMMENDATIONS

It is recommended that the IJB –

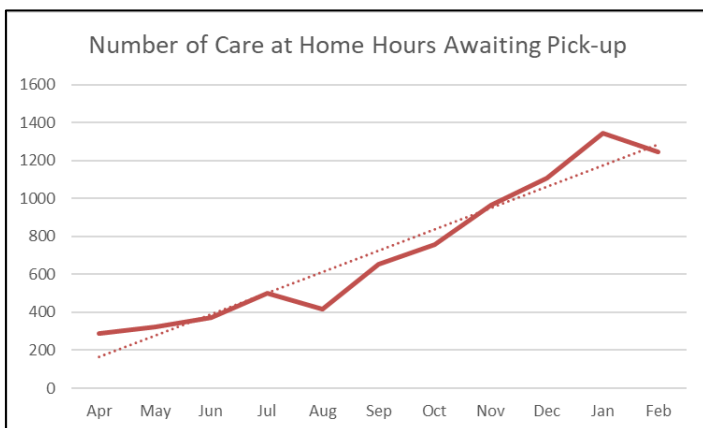
- Note the content of the report;
- Approve the developments set out in this report.

2. CURRENT POSITION

- 2.1** The Care at Home Resiliency project has been working to address the key challenges that have persistently presented within the current Care at Home model and are related to Rurality, Recruitment and Flexibility. These are not new to Care at Home, but Covid has further impacted on these existing challenges, and we have seen an increase in referrals within our Reablement and long-term Care at Home provision. This has been due to a variety of factors including a decrease in care home admissions and increased dependency of people due to decreased activity and reduced community supports during lockdown.

The pandemic has undeniably impacted on the project's ability to compare and contrast methods of working and improvements implemented by the Resilience Project. There does continue to be a level of unmet need within Care at Home but given the increased demand, as a consequence of the Pandemic, the project feels secure in asserting that the level of need would have been far greater without the improvements to processes, referral pathways and SWITCH investment. The ability to support people to remain at home rather than be admitted to a care home is a key achievement as demonstrated in charts 1 & 2 below:

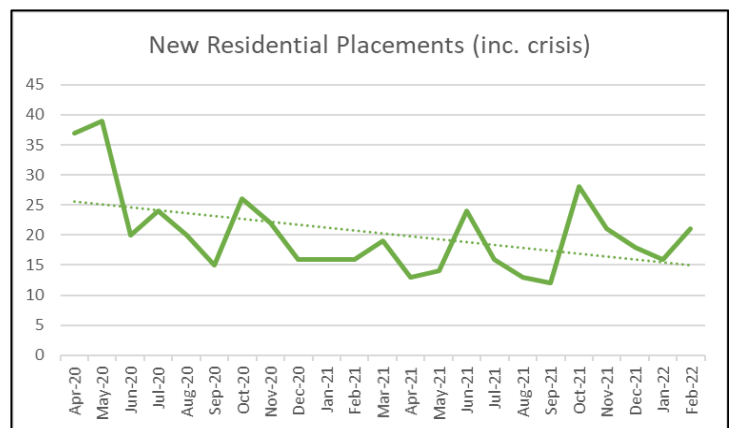
Chart 1



Source: QMO Spreadsheets

This graph shows a sharp increase in the care at home hours awaiting pick up. This includes people who are having CAH delivered by HART. In November 2021, 49% of the hours delivered by HART were for long term care at home.

Chart 2



Source: Funding Panel Administrator

This graph shows a steady decline in admissions to residential homes, which is an identified benefit of the project - to keep people at home for longer

It was initially anticipated that the project would achieve £200k savings through redesign, however this has not been possible, as referred to earlier, the Pandemic resulted in an increase in need for Care at Home services.

- 2.2** The project centred around three workstreams -

Workstream 1 - Internal review:

Aim: *To streamline in-house processes and create a single management structure for the quality monitoring of care at home to provide equity and consistency across the three localities.*

Quality Monitoring Officers now regularly attend the daily huddles at PRI, improving discharge pathways by providing early information and highlighting areas of risk. The assessment process across all localities and referring teams has been reviewed to ensure consistency of approach and that choice and control for any individual accessing Care at Home is at the core of our assessment activity. Waiting lists have been reviewed with all quality monitoring officers now using the same template which ensures easier reporting into the project performance framework, with information readily available on request.

Workstream 2 - Immediate Covid Response:

Aim: *To implement an immediate solution to manage unmet need in the community and hospital.*

An internal care at home team was introduced - SWITCH (Supporting with Transition to Care at Home). This temporary team provided a mixture of care at home and reablement, increasing capacity for our HART team to focus on early intervention and prevention support as intended. This amongst other measures, as detailed below, has increased capacity and reduced pressure on services, and allowed us time to pursue additional developments.

- Creation of robust links between Integrated Hospital Discharge Team, HART and Care at Home (Implementation phase)
- Continue to ensure TEC and Digital solutions are integral to support service users and their families
- Transform approach to provision of care through development of a matching unit and flexible care visits (Implementation phase)
- Ensure physical activity is integral to support service users and their families

Workstream 3 - Long term redesign:

Aim: *To design a flexible, responsive, outcome-based approach to supporting people at home.*

We have engaged with people in local communities, hosting information and development sessions to create a new approach to providing care at home services in Perth and Kinross. Five themes were highlighted, Community Links, Learning and Training, Recruitment and Retention, Personal Assistants and Self-employed Carers and Support Networks for Providers, each with its own working group, actions, and key developments.

- 2.3** Workstream 3 represents the key area of Care at Home development for the Health and Social Care Partnership. We have considered a variety of different models and explored how they could be implemented within Perth and Kinross. There is no one model that exclusively will meet the needs of our population and whilst we know that our existing Commissioned Care at Home is appropriate and meets the needs of many individuals, it isn't able to on its own to fulfil our current requirements.

The original three workstreams concluded in October 2021 and the ongoing work was split in to three working groups - **Strengthen the Foundations**; *To continue to develop proactive and preventative care to ensure integrated support for people at home*, **Supporting the Workforce to Thrive**; *To nurture and strengthen the social care workforce so they feel engaged, valued, and rewarded* and **Fit for the Future**; *To transform the way we plan and deliver social care support*. These working groups form the ongoing commitment to Care at Home.

The rurality of Perth and Kinross is extremely challenging with regards recruitment and retention, this is where, in the majority, we experience unmet need. We are clear that if we want to ensure we work in a proactive and person-centred manner that enables more people live in their own homes for longer, that investing in more of the same will be ineffective in achieving this. Through our community engagement activity, trialling of different models and learning gained from other areas we understand that Community based approaches work well.

The model we believe would work best within Perth and Kinross is that of the Wellbeing Team approach, small, self-managing teams, that operate in local neighbourhoods, they are values-led at every step, focussed on co-production, supporting people to make decisions about their life and support and committed to the wellbeing, both of the people they support and the members of the team.

Not only do Wellbeing Teams work well for the individuals receiving care and support but we know that where Self-Managed Teams exist in other areas they report a more flexible approach, improved quality of work life and increased job satisfaction, this is vital to our ability to recruit and retain high quality staff.

2.4 A series of co-production groups have been held, with a wide range of stakeholders interested and engaged in the project, and included organisations already providing services within rural locations, including but not limited to, community groups, private providers, care homes, Live Active, GP representation, Care and Wellbeing CiC, PKAVS, NHS Healthy Communities, social work, and Alzheimer's Scotland. These groups provide a forum to:

- Discuss care at home in its entirety, at a local level, including how early intervention and prevention/community supports are linked, so that people can remain at home for longer.
- Share what kind of informal and formal support is currently available in the community.
- Find out if local people know about support options and how to access them.
- Agree what can be adapted and how this is done for older people.
- Represent the voice of the clients with Care at Home Providers sharing case studies and helping match people into opportunities, as well as identifying any gaps.

- Think about care at home models, such as a [Boleskine](#), [Buurtzorg](#) approach, where we support a local solution with local communities in more detail.

- 2.5** The Scottish Government allocated £62 million for 2021/22, to build capacity in care at home community-based services. This recurring funding was aimed at fulfilling unmet need, and to deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

The HSCP have used part of this allocation to improve pay and conditions for our External Care at Home providers and ensured a more equitable pay rate across Care at Home provision as a whole, in addition this funding has been aligned to the new Care at Home model (Wellbeing Teams), both of these financial investments will improve capacity and meet current and future demographic pressures.

- 2.6** Other actions/developments were considered by the project such as autonomous decision-making regards Care Home placements by HART staff, provision of broadband/device as part of care package, 15-minute project, volunteering, enhanced carers, and Community brokerage all of which have been closed or fall under the responsibility of groups/teams out with the project governance structure.

KEY DEVELOPMENTS

- 3.1 Wellbeing team approach** for unmet need in rural locations. This approach will bring, more flexibility of service provision, increased quality of work life, less absenteeism and employee turnover, increased job satisfaction and organisational commitment. This team will provide a culture of team responsibility, shift the decision making closer to the front line. A team that is committed to wellbeing of the people they support and its team members. In addition to a traditional personal-care delivery CAH model, this team would also look at technology, aids and adaptations, support from family, friends, the wider community, as well as other services and paid support.
- 3.2 Improved Reputation of Social Care.** The value and reputation placed upon Social Care is low and this affects recruitment. To turn this around, the project secured funding for a 2-year Digital Marketing Graduate whose primary aim will be to circulate positive messages and real local stories around the benefits of social care on all social media platforms.
- 3.3 Recruitment and Retention** is a huge barrier for successful Care at Home Delivery. The project has developed a number of pathways into care to provide more consistency of approach across all providers.
- 3.4 Young Workforce** - The project is developing the young workforce through secondary schools, Perth College UHI and Youth Services to promote careers and offer more work placements, through foundation apprenticeships and work experience.

- 3.5 Employability** - The Economic Wellbeing Plan highlighted a number of proposed projects including one to address the serious recruitment issues being faced in the Care Sector. A “Get into Care” academy will be launched to provide a partnership approach to be delivered by Local training organisations who have a previous track record of successfully delivering Health and Social Care training. There will be a flexible training grant to support individuals to address other training needs and barriers. Individuals will be supported with job searches and employers supported to recruit via Recruitment Incentives
- 3.6 Flexible Response.** The project has and will support a move away from task and time activities by providing a more flexible approach that supports relationships and wellbeing of service users and care staff.

CONCLUSION

Social care does not stand alone and impacts across many areas of our communities, improvement plans and developments. **(appendix 1)** Great inroads into effective collaborative working across all stakeholders for the benefit of people using services have been made but employing people remains difficult. As a partnership we need to further challenge the way people think about social care and the value placed upon the social care workforce within our own services and outwith. If we can support the workforce to thrive and have partners and stakeholders working together then the ultimate goal of providing quality person centred care for service users will be achieved. The HSCP will continue working with partners to develop and design a flexible, responsive, human rights, outcome-based approach to supporting people at home. The work of the team is ongoing, and activity will be absorbed within business as usual with all relevant officers and teams contributing as required.

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

This report is relevant to the HSCP key strategic objective 2: *Early Intervention and Prevention*. Phase 2 is relevant to objective 1: *Working Together with Our Communities*. The intention to use the principles of co-production is relevant to strategic objective 3: *Person-Centred Health, Care and Support* and strategic objective 5: *Making the Best Use of People, Facilities and Resources*. It is intended that strategic objective 4: *Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living* will be advanced by ensuring service provision is equitable across all locality areas in Perth and Kinross.

2. Resource Implications

2.1 Financial

The Chief Finance Officer has been consulted and has indicated agreement with the proposals. The total yearly costs of the Wellbeing Team amounts to £848,005.

2.2 Workforce

A values-based recruitment plan has been drafted and agreed by Perth and Kinross Council Human Resources Manager.

3. Assessments

3.1 Equality Impact Assessment

Proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

Assessed as **relevant** and the following positive outcomes expected following implementation:

- The proposal to work with Live Active leisure and the Falls Service manager will promote physical activity, recreational and leisure activities.
- Working with community stakeholders we will support people interested in becoming self-employed carers and/or personal assistants, including expansion of training opportunities in rural Perthshire.
- The proposals will promote human rights, wellbeing, independent living and equity.
- The proposals include measures to increase and improve access for people from minority ethnic groups.
- We will use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross. Our model will be creatively designed using the principles of co-production. Service provision will be equitable across all locality areas in Perth and Kinross ensuring people's wellbeing.
- Employment opportunities and careers in care will be promoted along with career pathways in Reablement and care at home.
- Social inclusion will be promoted through the process of co-production.
- Perth and Kinross residents will be enabled to stay safely in their own homes for longer.
- Working alongside the Developing the Young workforce team to create a presence in schools, giving young people information on how they can get into careers in care and the positive aspects of care roles.
- Technology enabled care (TEC) options will be promoted enabling more people to have the choice to remain independent within their own homes for longer.
- Staff travel will be reduced through community employment opportunities; people working in the areas they live in.

3.2 Risk

A full risk register has been prepared for these proposals.

3.3 Other assessments

Performance

A whole-system cause-and-effect analysis has illustrated the complex interdependency of variables affecting our ability to sustainably provide for people's needs at home. While some aspects of this system can be directly or indirectly influenced, many causal variables are beyond our scope of control.

As such our evaluation measurements will predominantly focus on process measures that can be directly attributed to the project redesign objectives and user experience.

Benefits

4. Consultation – Patient/Service User first priority

4.1 External

- Clients/Unpaid Carers/Families
- Members of the public
- Private Care Providers
- Education Establishments e.g., schools, colleges, universities
- Community Groups
- Care and Wellbeing Community Interest Company
- Support Choices
- Ward based professionals

4.2 Internal

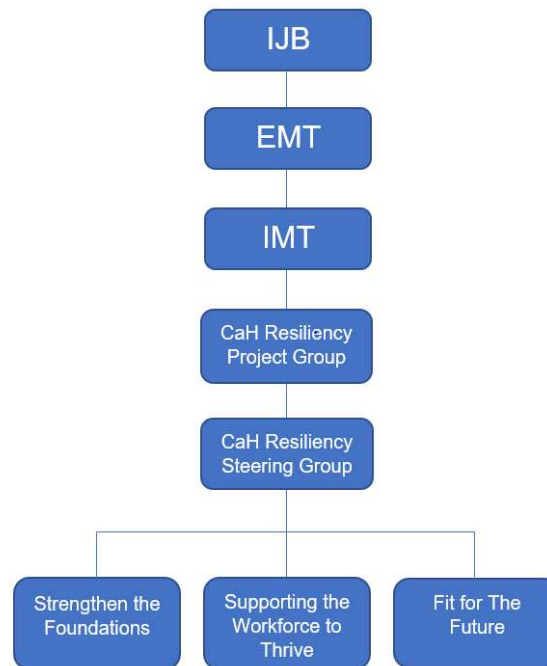
- HSCP social care staff
- Executive management team (EMT)
- Integrated management team (IMT)
- PKC HR
- HSCP Finance
- PKC Skills and Employment Initiatives
- PKC Learning and Development

4.3 Impact of Recommendation

The impact of this recommendation on service users, carers and the third sector will be to support people to live well, to have more purpose, have control over the support they get, and feel like they are part of their community. Keeping people active at home and in their communities is key to living independently for as long as possible.

5. **Legal and Governance**

Governance Structure



6. **Directions**

Not applicable.

7. **Communication**

- 7.1 A Communication and Engagement plan has been completed and is available upon request.

8. **Background Papers/References**

Not applicable

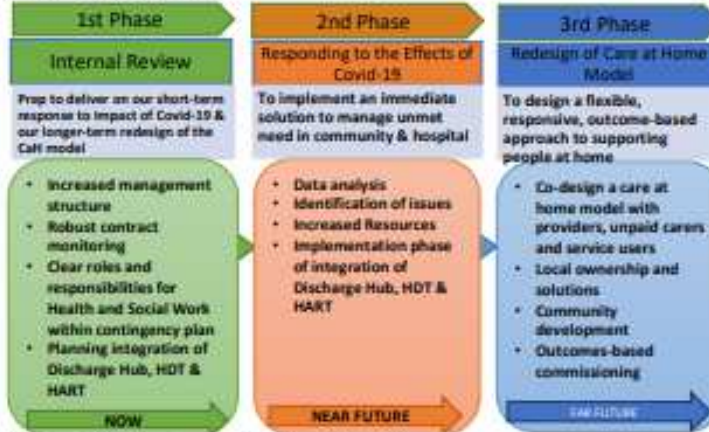
9. **Appendices**

Appendix 1 – Objectives/Process/Outcomes

Objectives

- Create a single management structure for quality monitoring of care at home
- Develop a comprehensive pandemic contingency plan
- Engage with providers regularly at a policy and commissioning level to ensure adherence to service specification through development of a matching unit and flexible care visits
- Creation of a peripatetic internal care at home team
- Complete test of change to expand self-management by HART+
- Creation of robust links between Integrated Hospital Discharge Team, HART and Care at Home
- Ensure physical activity is integral to support service users and their families
- Continue to ensure TEC and Digital solutions are integral to support service users and their families
- Create a greater choice of services within SDS options 1 and 2
- Creation of group/s which support co-production and can identify the needs of the community
- Develop community brokerage models
- Create a shared co-design space
- Use SS5C open badges to collect, manage and share evidence of learning
- Map training requirements for all providers of care at home services
- Creation and delivery of Key Aspects of Care workshop
- Create a shared resource of training information
- Promote careers in care
- Streamline and improve advertising for all care providers
- Review how urban/rural rates are applied
- Use technology tools to support staff wellbeing
- Support PAs and self-employed carers in the community
- Create bank arrangements for Personal Assistants
- Create referral pathway to the CIC to support people arranging option 1 packages
- Improve emotional support for carers
- Establish social care provider networks of mutual support

Process / Key Actions



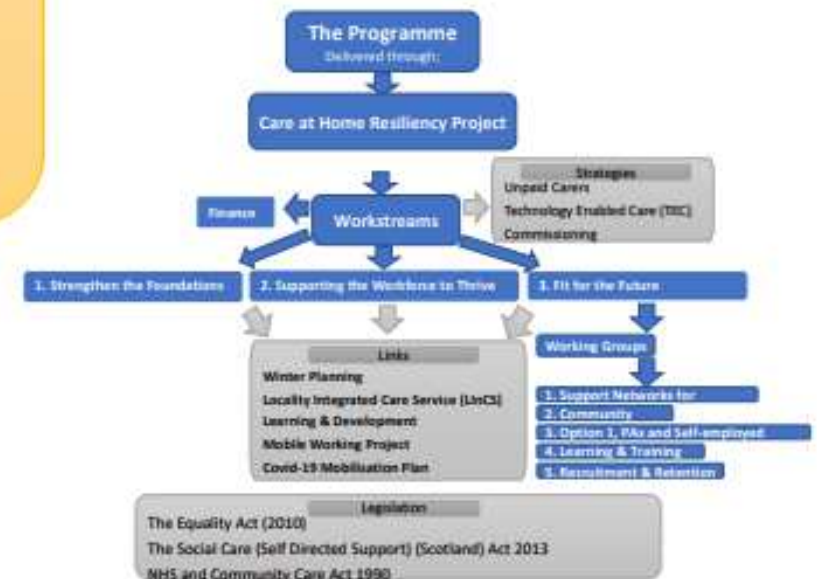
Integration Planning and Delivery Principles

- ❖ Are integrated from the point of view of service-users
- ❖ Take account of the particular needs of different service-users
- ❖ Takes account of the particular needs of service-users in different parts of the area in which the service is being provided
- ❖ Take account of the particular characteristics and circumstances of different service-users
- ❖ Respects the rights of service-users
- ❖ Take account of the dignity of service-users
- ❖ Take account of the participation by service-users in the community in which service-users live
- ❖ Protects and improves the safety of service-users
- ❖ Improves the quality of the service
- ❖ Are 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)
- ❖ Best anticipates needs and prevents them arising



Outcomes/Outputs

- ✓ Increased ability to react to changes required as a result of robust monitoring
- ✓ Closer and more collaborative working with the independent sector
- ✓ Increased ability to monitor and respond to locality-based issues with delivering care at home
- ✓ Increased ability to respond to changes in need due to pandemic surges or demographic changes
- ✓ Increased resource and capacity to have a more permanent impact on reducing unmet need in the hospital and community
- ✓ Creation of an environment where discharge to assess can operate effectively
- ✓ Person centred approach to care delivery
- ✓ Smaller teams with increased consistency of staff
- ✓ Increased ability to support capacity and flow from hospital to community
- ✓ Provision of an integrated, coordinated approach and response to referrals for discharges
- ✓ Improved clarity and quality of leadership around discharge





PERTH & KINROSS INTEGRATION JOINT BOARD

30 March 2022

3 YEAR BUDGET 2022: 2025

**Report by Head of Finance and Corporate Services
(Report No. G/22/56)**

PURPOSE POF REPORT

The purpose of this report is to seek approval from Perth & Kinross Integration Joint Board (PKIJB) to the 2022/23 Revenue Budget and the indicative revenue budgets for 2023/24 and 2024/25.

1. RECOMMENDATIONS

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

- 1.1 Approves the Revenue Budget for 2022/23;
- 1.2 Notes the indicative budgets for 2023/24 and 2024/25;
- 1.3 Approves the use of unearmarked reserves for 2022/23;
- 1.4 Request that the Interim Chief Officer issues the necessary Directions to NHS Tayside (NHST) and Perth & Kinross Council (PKC).
- 1.5 Endorse the principles set out to support the Inpatient Mental Health Financial Position from 2022/23.

2. BACKGROUND

- 2.1 In March 2021, the IJB approved a 1 Year Budget for 2021/22. This recognised the limited capacity of Heads of Service to develop long term proposals that considered the implications of Covid 19, and the opportunities to reshape services and lock in benefits achieved. The IJB agreed that these needed to be properly considered in the context of the objectives of the Strategic Commissioning Plan, as part of a wider strategic planning process. Perth & Kinross Health and Social Care Partnership (PKHSCP) committed to bring forward strategic plans to support the development of a fully refreshed 3 year budget 2022:2025.

2.2 This work has now been undertaken and significant elements of this 3 year budget have been developed from financial frameworks underpinning each of the following:-

- Community Mental Health and Wellbeing Strategy - December IJB (Report G/21/146)
- Autism / Learning Disability Strategic Delivery Plan – February IJB (Report G/22/8)
- Older People Strategic Delivery Plan – March IJB (Report G/22/54)

2.3 The financial frameworks take account of additional funding from the Scottish Government for Health and Social Care - see below. For 2022/23, each of the strategic financial frameworks are in balance. However, for Learning Disabilities /Autism and Older People, Years 2 and 3 are not yet in balance. Further work will be required to determine the potential shift in resources achievable, as part of both Large Hospital Set Aside discussions and as part of the development of the Tayside wide financial framework for Mental Health.

2.4 Work has also been undertaken to quantify unavoidable pay and price pressures, essential investment, and savings opportunities across all other aspects of the budget not within the scope of refreshed strategic delivery plans.

2.5 For Prescribing, a financial plan incorporating price and volume growth has been developed for 2022/23. This sets out a shortfall of £0.786m, mainly driven by the carry forward deficit. A refreshed Strategic Delivery Plan for Prescribing will be developed during 2022/23 and will consider the refreshed aims and objectives of the Quality Safety and Efficiency in Prescribing (QSEP) programme.

2.6 A strategic delivery plan is being developed for Primary Care. Therefore, the 2022/23 budget assumes the costs to implement the GMS contract for next year will be coverable by confirmed SG additional funding. However, the indicative budget for 2023/24 sets out the shortfall that will arise from full implementation of the GMS contract, as reported in regular submissions to the Scottish Government. The Primary Care Strategic Delivery Plan will consider this gap, along with the positive impact of other investment being made through the Older People and Community Mental Health Strategic Delivery Plans, as there may be cross over in commitments and objectives, resulting in a reduction of the shortfall projected.

It is hoped that as part of the development of the Strategic Delivery Plan for Primary Care, there may be an opportunity to resolve the historic sharing of Tayside wide costs in relation to 2c practices and therefore release a significant financial benefit to be reinvested.

2.7 For Alcohol and Drug Services, additional investment proposed is in line with the agreed Alcohol and Drug Partnership investment plans and the available additional Scottish Government funding for nationally agreed priorities.

- 2.8 For Carers, additional recurring investment of £0.496m is included in the proposed 2022/23 Budget. This reflects in full the final allocation of funding from the Scottish Government to PKIJB for implementation of the Carers Act. The prioritization of this investment has been overseen by the PKHSCP Carers Strategy Group.
- 2.9 The proposed budget for Corporate Support and Management Capacity contains investment approved by the IJB in February 2022 (Report G/22/13), ensuring a sustainable level of support moving forward.
- 2.10 For Prison Health Care Services, hosted by PKHSCP, the 2022/23 budget recognises costs for the new Bella Female Custody Unit within Dundee. The Scottish Government has confirmed funding to cover 83% of the costs with the balance, in respect of medicines, be met by NHS Tayside Public Health, Tayside IJBs and Fife IJB.
- 2.11 For other Tayside Hosted Services, no formal investment /disinvestment proposals have been received at this stage.
- 2.12 Unavoidable Pay and Price Pressures include pay uplifts for NHS Tayside and Perth & Kinross Council employees. The planning assumptions for pay uplift pressures and potential offsetting income in Years 2 and 3 create a shortfall in the Health budget of £0.119m in 2023/24 and £0.126m in 2024/25.
- 2.13 Further Pay and Price pressures relate to Scottish Government commitments towards the Living Wage, Free Personal Care, the National Care Home Contract and the Carers Act. The pressures reflect the Scottish Governments commitment to increase the Free Personal Care allowance by 10% and to further extend adult social care pay to commissioned services.
- 2.14 During 2022/23 it is anticipated that a number of costs associated with Covid response and remobilisation will continue. This includes PPE, provider sustainability payments and some staff costs. A full forecast has been submitted to the Scottish Government at the end of Quarter 3. Forecast additional costs, that cannot be appropriately aligned to other SG funding allocations for 2022/23, are to be met through additional non-recurring Covid Funding. This funding has been allocated by the Scottish Government in 2021/22 to be carried forward for use in 2022/23 and future years. Estimated total costs for 2022/23 are £2.634m, however this is subject to significant change. These costs are not included in the proposed budget for 2022/23 and will continue to be monitored and funded separately.
- 2.15 The proposed budget takes account of additional recurring investment made by the Scottish Government into health and social care within the 2022/23 Budget Settlement. The implications for the PKIJB Budget have been significant and are summarised below. Appendix 3 provides further details.
- A 2% uplift for Health Budgets;
 - A share of £124m Care at Home Capacity funding;
 - A share of £20.5m, for the fifth and final year of additional Carers Act funding;

- A share of £15m Free Personal Care Funding to implement the Scottish Government's decision to uplift Free Personal Care by 10% in 2022/23;
- A share of £174.5m for Living Wage and Adult Social Care Pay Uplifts already implemented;
- A share of £200m Social Care funding, partially ring-fenced to implement further pay uplift for adult social care workers in commissioned services;
- A share of £40m for Multi Disciplinary Teams working;
- A share of £30m for Band 3 & 4 Health and Care Support Staff;
- A share of £22m for additional Adult Care Social Work Capacity.

2.16 In preparing the 2022/23:2024/25 Revenue Budget, the IJB has undertaken engagement with members. IJB Budget Review Group meetings and Budget Development sessions were held for members on 17th November 2021, 19th January 2022, 22nd February 2022, and 16th March 2022. This level of engagement has allowed robust discussion, consideration, and understanding of the development of the budget and in particular the financial implications of the strategic plans that underpin it. An interim update on the development of the budget was provided to the IJB on 1st December 2021 (Report G/21/150).

2.17 The budgets proposed for 2022:2025 continue to present health and social care services separately. Whilst this is contrary to the way in which strategic delivery plans have been developed and services provided, this is in line with the financial risk sharing arrangements that remain in place and the way in which budgets are discussed as part of partner body budget processes.

3. 2022/23 HEALTH AND SOCIAL CARE BUDGET

3.1 2022/23 Social Care Budget

3.1.1 The proposed 2022/23 Financial Plan for Social Care is set out at Appendix 1. This represents a balanced recurring position. The in year shortfall of £0.972m is made up of the £0.708m shortfall in income arising from the delay in review of contributions policy. Perth & Kinross Council has approved non-recurring funding for 2022/23 to offset this slippage. The remaining £0.264m non-recurring shortfall relates to one off costs which are proposed to be met by use of IJB un-ear-marked reserves.

3.2 Perth & Kinross Council Requisition 2022/23

Based on the 2022/23 Financial Plan attached in Appendix 1, the following budget has been requisitioned from by Perth & Kinross Council through their budget process. The £17.347m recurring uplift to the budget relates to the pass through of Scottish Government Funding, allocated for adult social care through local authorities.

Table 1: 2021/22 Budget Requisition: Perth & Kinross Council

	Social Care
	£m
Recurring Budget 2021/22	59.833
Scottish Government Funding	17.347
Recurring Requisition 2022/23	77.180
Non Recurring Requisition 2022/23	1.346
Total Requisition 2022/23	78.526

The non-recurring resources requested relate to the shortfall in income arising from Perth & Kinross Councils decision to delay the review of the Contributions Policy (£0.708m). Along with the pass through of Scottish Government 2022/23 Interim Care funding (£0.638m).

This requisition is in line with the budget approved by Perth and Kinross Council at their Budget meeting on the 23rd February 2022.

3.3 2022/23 Health Budget

- 3.3.1 The proposed 2022/23 Financial Plan for Health is set out at Appendix 2. For 2022/23, a recurring shortfall of £0.786m is set out. This relates entirely to Prescribing. It is proposed this is offset by use of un-earmarked reserves in 2022/23 whilst the Strategic Delivery Plan for prescribing is developed.

3.4 NHS Tayside Requisition 2022/23

- 3.4.1 Based on the 2022/23 Financial Plan attached in Appendix 2, the following budget will be requisitioned from NHS Tayside:-

Table 2: 2021/22 Budget Requisition: NHS Tayside

	Health
	£m
Recurring Budget 2021/22	143.001
Scottish Government Funding	2.004
Scottish Government Pay/Non Pay Uplift	2.096
Recurring Requisition 2022/23	147.101
Non-Recurring Requisition 2022/23	0
Total Requisition 2022/23	147.101

- 3.4.2 The increase to the recurring budget is made up of a £2.004m pass through of Scottish Government funding for Multi Disciplinary Teams and Band 3 & 4 Health and Care Support Staff. In additional NHS Tayside are expected to pass through the PKHSCP proportionate share of the 2% uplift to baseline, as set out in the Scottish Government Budget Settlement.

PKIJB is awaiting formal confirmation of the pass through of funding from NHS Tayside.

4. INDICATIVE BUDGET 2023/24 AND 2024/25

- 4.1 The Draft budgets for Years 2 and 3 have been prepared on the same basis as Year 1. However, due to the uncertainty over funding for future years, together with the unknown impact of significant investment made in year 1, the budgets are regarded as indicative at this stage.
- 4.2 For pay and price related pressures, uplifts have been assumed to be similar to that of 2022/23 and investment pressures have been informed by the strategic delivery plans. Assumptions around future income have been the most challenging to quantify and carry the greatest financial risk. In Social Care, Scottish Government funding has been assumed to meet all pay related costs; however no additionality funding has been included. Within Health, Scottish Government pay and non pay uplift has been assumed at 2%, consistent with that confirmed for 2022/23.
- 4.3 The Draft 3 Year Recurring Financial Plan for Social Care is set out below:

Table 3: Social Care 2022/23:2024/25 Recurring Financial Plan

Area	2022/23	2023/24	2024/25	Total 3 Year
	Recurring Shortfall / (Surplus)			
	£m	£m	£m	£m
Older People Services	-	0.5075	0.507	1.014
Mental Health Services	-	-	-	-
Learning Disabilities & Autism Support	-	0.681	0.561	1.242
Alcohol & Drug Partnership	-	-	-	-
Corporate Support	-	-	-	-
Unavoidable Pay/Price Pressure	-	-	-	-
Asylum Support	-	-	-	-
Totals	-	1.188	1.068	2.256

- 4.3.1 The level of Scottish Government recurring funding in 2022/23 has ensured the significant investment required, as part of approved strategic delivery plans and in relation to significant unavoidable pay price pressures and management capacity, is affordable on a recurring basis. However, in 2023/24 and 2024/25. the projected growth in demand in learning disabilities and older people is driving a gap. This will require to be considered with partners and against any additional Scottish Government funding, that may be available in future years, for demand growth.

4.4 The Draft 3 year Recurring Financial Plan for Health is set out below:-

Table 4: Health 2022/23:2024/25 Recurring Financial Plan

Area	2022/23	2023/24	2024/25	Total 3 Year
	Recurring Shortfall / (Surplus)			
	£m	£m	£m	£m
Older People Services	-	0.175	0.228	0.403
Mental Health Services	-	-	0.041	0.041
Learning Disabilities & Autism Support	-	0.052	0.052	0.104
Alcohol & Drug Partnership	-	-	-	-
Corporate Support	-	-	-	-
Unavoidable Pay/Price Pressure	-	0.119	0.126	0.245
Primary Care	-	3.230	-	3.230
Prescribing	0.786	-	-	0.786
Totals	0.786	3.576	0.447	4.809

4.4.1 Whilst a recurring gap is presented for 2022/23, this relates to prescribing and work is underway to develop future year plans to address sustainability.

4.4.2 For 2023/24 and 2024/25, over and above gaps on pay/prices and the demand pressures set out in the Older People and Learning Disabilities Strategic Delivery Plans, the biggest challenge relates to Primary Care. Regular submissions to the Scottish Government have formally advised that full implementation of the GMS contract is not affordable within available resources, and costs are expected to be £3.230m in excess of budget. Therefore, this has been included as a gap in 2023/24 pending development of the Primary Care Strategic Delivery plan, which will consider options for ensuring sustainable Primary care Services.

4.5. Recurring Savings

4.5.1 Table 5 below sets out the recurring savings included within the 2022/23:2024/25 budgets:-

Table 5

Area	Description	Saving 2022/23 £m	Saving 2023/24 £m	Saving 2024/25 £m
Older People Services	Care Home Placements	0.500	-	-
Learning Disabilities & Autism	Transformation of Complex Care	0.439	0.405	0.405
Corporate Support	Prepaid Cards	0.040	-	-
Prescribing	Tayside wide efficiencies	0.031	-	-
Income/other offsets		0.270	-	-
	Totals	1.280	0.405	0.405

Delivery of savings will be carefully monitored and reported to the IJB throughout the year.

5. INPATIENT MENTAL HEALTH

- 5.1 From 6th June 2020, at the direction of the Scottish Government, Inpatient Mental Health Services moved from being a fully delegated hosted service to a “large hospital set aside” type arrangement. Operational management responsibility sits with a Director of NHS Tayside rather than an IJB Chief Officer, whilst strategic planning responsibility remains with the 3 IJB’s.

In keeping with this fundamental change in governance arrangements, and following a due diligence exercise undertaken by the NHS Tayside Director of Finance, the responsibility for managing the in year financial position transferred to NHS Tayside. This is consistent with the current treatment of the other large hospital set aside budgets in Tayside where the IJB’s retain responsibility for the strategic planning of the service.

The 3 Tayside CFO’s have been working with the NHS Tayside Director of Finance to look at appropriate ways in which the 3 IJB’s can provide non-recurring support whilst a longer term financial framework is being developed. A number of principles have been developed to support these discussions as follows:-

- In line with Scottish Government guidance, all Covid related costs incurred should be supported by SG Non-Recurring Covid funding;
- Non-recurring funding to embed community based essential service developments aimed at delivering sustainable services and shifting the balance of care will be funded in the short –term by the 3 Tayside IJB’s through accessing £3m shifting the balance of care reserves funding held by the IJB’s ahead of agreed disinvestment from bed based services or identification of alternative recurring funding routes;
- In line with the governance arrangements now in place, NHS Tayside will continue to be responsible for any net operational overspend;
- It is incumbent on all parties to work together at pace to develop a Strategic Delivery Plan for Mental Health Services across Tayside that is financially sustainable.

The IJB is asked to endorse these principles.

6. RISKS

- 6.1 The following are considered to be key areas of risk, where future shifts in demand or cost may materially impact on forecast levels of expenditure:-

- Care Home Placements
- Complex Care Packages
- Medical /Nursing Supplementary Staff Costs
- Approved new medicines for Primary Care
- 2c Practice Costs across Tayside

Regular reports on risk will be provided to the IJB as part of regular financial reporting throughout the year.

7. IJB RESERVES

- 7.1 A full update on 2022/23 reserves will be provided to the next meeting of the Integration Joint Board. This timescale takes account of the appropriate treatment of significant additional non-recurring funding being allocated by the Scottish Government to all Integration Authorities in 2021/22 for Covid 19 related costs. National discussions in this regard are at a critical stage.
- 7.2 IJB Un-Earmarked Reserves in 2022/23 are forecast as follows alongside the proposed utilisation as set above:-

Table 6

2022/23	Health	Social Care
	£m	£m
Forecast Unearmarked Balance	1.260	3.394
Proposed Utilisation 2022/23 Budget:		
Get into Care	-	(0.157)
Business Improvement Service Manager backfill	-	(0.077)
Prescribing Non-Recurring Support	(0.786)	-
Net Balance 2022/23 (1.7%)	0.474	3.160

The IJB are asked to approve the use of un-earmarked reserves as outlined above. The balance of un-earmarked reserves remaining equates to 1.7%. The IJB Reserves strategy sets out target unearmarked reserves of 2%.

8. CONCLUSION

- 8.1 Recognising the importance of medium term financial planning, PKHS CP, in March 2021, committed to an accelerated strategic review. This would consider how the positive service changes made in response to Covid could support sustainable service delivery in line with strategic plan objectives moving forward. This essential work has now been undertaken across key care programmes and underpins the development of the 3 Year Budget 2022/23:2024/25.
- 9.2 Uncertainties remain across the planning landscape and plans will be under constant review. However, our ability to present a 3 year budget underpinned by approved strategic plans, gives PKHS CP the best chance of delivering sustainable services that are fit for the future. Whilst a balanced budget cannot yet be set out for 2023/24 and 2024/25, the scale of the challenge is clear, and work continues with all partners to identify the ways in which financial balance can be delivered in the medium term.
- 9.3 The IJB is asked to approve this budget for 2022/23 and note the indicative financial budgets for 2023/24 and 2024/25.

Author(s)

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

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 Strategic Commissioning Plan

The development of the 3 Year Budget 2022: 2025 has been underpinned by detailed financial frameworks included in IJB Strategic Plans for Older People, Learning Disabilities/Autism and Community Mental Health & Wellbeing.

2. Resource Implications

2.1 Financial

The report sets out the overall financial implications of proposed investment, disinvestment and income over the 3 year period.

2.2 Workforce

The workforce implications of proposed investment are significant and where applicable have been set out in the underpinning Strategic Delivery Plans. The 3 Year Workforce Plan currently being developed for approval by the IJB in June will set out in detail the full workforce implications of the 3 Year Budget.

3. Assessments

3.1 Equability Impact Assessments

The necessary equality impact assessments underpinning proposed strategic investment and disinvestment has been undertaken as part of strategy development.

3.2 Risk

The IJB's Strategic Risk Register identifies availability of sufficient financial resources as a significant risk to the delivery of the IJB's strategic objectives.

The Budget proposed for 2022/23 includes significant additional recurring investment across almost all services. It is expected that a reassessment of the strategic risk in relation to financial resources will be positively impacted. Following consideration by the IJB of the budget proposals, the risk will be fully reassessed.

4. Consultation – Patient/Service User first priority

4.1 External

The Strategic Delivery Plans that underpin the Budget 2022: 2025 have been considered in full by the Patient Service User representatives on relevant strategy groups and by the IJB Strategic Planning Group.

A full update on the development of the Budget 2022:2025 was provided to the IJB Board in December 2021.

4.2 Internal

The PKHSCP Executive Management Team have provided oversight of the development of the budget proposals.

The proposed budget has been considered as part of both NHS Tayside and Perth & Kinross Council budget process for 2022/23. A number of IJB Budget Review Group Meetings have been held to which all IJB Members are invited.

5. Directions

Directions require to be issued to NHS Tayside and Perth & Kinross Council in respect of the 2022/23 Budget.

6. Appendices

- Appendix 1 Social Care 2022/23 Budget Summary
- Appendix 2 Health 2022/23 Budget Summary
- Appendix 3 Scottish Government Funding 2022/23

SOCIAL CARE	Year 1	Year 1	Year 1	Year 1	Shortfall / (Surplus)	Year 1	Year 1	Year 1
	Investment	Saving	Budget Transfer	SG Income	Net	IJB Reserves	Recurring	N/R
Programme/Area	£'000	£'000	£'000	£'000	£'000	Utilisation £'000	Requisition PKC £000	Requisition PKC £000
Older Peoples Services	6,141	500	0	5,641	0	0	0	0
Mental Health Services	278	0	0	278	0	0	0	0
Learning Disabilities /Autism Support	1,334	439	0	865	30	30	0	0
Alcohol & Drug Partnership	371	0	0	371	0	0	0	0
Corporate Support/Non IJB Budgets	1,534	0	169	424	942	234	0	708
Asylum Support	66	0	0	66	0	0	0	0
Unavoidable Pay/Price Pressures	8,334	40	786	7,508	0	0	0	0
Total	18,058	979	955	15,153	972	264	0	708

HEALTH	Year 1	Year 1	Year 1	Year 1	Shortfall / (Surplus)	Year 1	Year 1	Year 1
	Investment £'000	Saving £'000	Budget Transfer £'000	SG Income / Uplift Funding £'000	Net £'000	IJB Reserves Utilisation £'000	Recurring Requisition NHST £000*	N/R Requisition NHST £000
Programme/Area								
Older Peoples Services	2,012	0	0	2,012	0	0	0	0
Mental Health Services	739	0	121	618	0	0	0	0
Learning Disabilities /Autism Support	527	0	0	527	0	0	0	0
Alcohol & Drug Partnership	337	0	0	337	0	0	0	0
Corporate Support/Non IJB Budgets	622	0	109	514	0	0	0	0
Unavoidable Pay/Price Pressures	2,044	270	0	1,774	0	0	0	0
Prison Healthcare	645	0	0	645	0	0	0	0
Primary Care	200	0	0	200	0	0	0	0
Prescribing	2,025	31	477	732	786	786	0	0
Total	9,151	301	707	7,358	786	786	0	0

Scottish Government Funding 2022/23

Fund	National Funding £m	Perth & Kinross IJB Budget £m	Recurring or Non- Recurring
Free Personal Care	15.0	1.0	Recurring
Interim Care	20.0	0.6	Non-Recurring
Carers Act	20.5	0.5	Recurring
Social Work Capacity	22.0	0.7	Recurring
Health and Care Support Staff	30.0	0.3	Recurring
Multi Disciplinary Working	40.0	1.3	Recurring
Care at Home Capacity	124.0	4.0	Recurring
2021/22 Living Wage and Adult Social Care Pay uplift	174.5	5.1	Recurring
2022/23 Adult Social Care Pay Uplift and Unringfenced			
Additionality	200.0	6.0	Recurring
Totals	646.0	19.5	

PERTH & KINROSS INTEGRATION JOINT BOARD

REPORTING FORWARD PLANNER 2022-23

(Report No. G/22/57)

9.1

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

Item	Responsibility	16 Feb 2022	30 Mar 2022	01 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Year End Financial Position	Head of Finance & Corporate Services			✓						
Budget 22/23	Head of Finance & Corporate Services		✓							
Finance – Reserve Policy Review	Head of Finance & Corporate Services		✓					✓		
Audited Annual Accounts	Head of Finance & Corporate Services					✓				
Audit & Performance Committee Verbal Update & Minutes	APC Chair/ Head of Finance & Corporate Services	✓ _v	✓ _v		✓ _v	✓ _v	✓ _v		✓ _v	
Audit & Performance Committee Annual Report 2020/21	APC Chair/ Head of Finance & Corporate Services				✓					
P&K HSCP Annual Performance Report 2020/21	Head of Finance & Corporate Services				✓					
Strategy Planning Group – verbal updates & Minutes	Chief Officer	✓	✓ _v	✓ _v	✓ _v	✓ _v	✓ _v	✓ _v	✓ _v	
Building Management Capacity & Resilience in HSCP	Chief Officer	✓								
Primary Care Improvement Plan	Associate Medical Director			✓						
P&K HSCP Quality Safety & Efficiency in Prescribing (QSEP)	Associate Medical Director				✓					Deferred from December 2021 until July/Aug 2022 – progress delayed due to covid pandemic

Item	Responsibility	16 Feb 2022	30 Mar 2022	01 June 2022	31 Aug 2022	26 Oct 2022	14 Dec 2022	15 Feb 2023	29 Mar 2023	Comments (for decision/information)
Strategic Delivery Plan – Older People	Head of Health		✓							
Strategic Delivery Plan – Learning Disabilities & Autism	Head of Adult Social Work & Social Care (KO)	✓								
Care at Home Review	Head of Adult Social Work & Social Care		✓							
3 year Workforce Plan	Head of Adult Social Work & Social Care (KO/FL)			✓						
Adult Support & Protection Annual Report 2020/21	Chair P&K Adult Support & Protection	✓								For information
Appointment Sub Committee for Chief Officer recruitment	Standards Officer	✓								
Update on the Redesign of Substance use Services in P&K	Chair of the Alcohol & Drug Partnership			✓						6 monthly review requested at IJB 01 December 2021
Review of Inpatient Rehabilitation Beds	Head of Health			✓						Review requested to be provided in May/June 2022
Update on Pitlochry Community Hospital – Inpatient Unit		✓								
Children & Young People Mental Health Strategy										To be issued to IJB Members for Information outwith IJB meeting (Feb 2022)
Model Code of Conduct	Acting Democratic Services Manager			✓						
Primary Care Premises	Associate Medical Director			tbc						



PERTH & KINROSS INTEGRATION JOINT BOARD

DEVELOPMENT SESSION WORK PLAN 2022-23

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

IJB Development Sessions Item	Responsibility	26 Jan 2022	16 Mar 2022	13 April 2022	15 June 2022	14 Sept 2022	16 Nov 2022	25 Jan 2023		
Finance	Head of Finance & Corporate Services						✓			
Strategic Delivery Plan – Older Peoples	Head of Health		✓							
IJB Strategic Risk	Head of Finance & Corporate Services			✓						
Public Protection	Chief Social Work Officer			Tbc						
Equality & Diversity	Sarah Rodger/David McPhee/Scott Hendry			tbc						
Care Home Activity & Partnership Working	Interim Head of ASWSC (Commissioning)				tbc					
Social Prescribing	Consultant Public Health Pharmacy/Associate MD					tbc				
Primary Care Sustainability, Workload & GP Premises	Associate MD	✓								

