



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

24 July 2020

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held via Microsoft Teams on **Friday, 31 July 2020 at 09:30**.

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

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

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

Voting Members

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

Non-Voting Members

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

Stakeholder Members

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

Perth and Kinross Integration Joint Board

Friday, 31 July 2020

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 OF PREVIOUS MEETINGS OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD**
 - (i) Minute of special meeting of 21 April 2020 (copy to follow)
 - (ii) Minute of meeting of 29 May 2020 (copy to follow)

- 4 ACTION POINTS UPDATE** **5 - 6**
(copy herewith G/20/75)

- 5 MATTERS ARISING**
 - (i) **Finance Update**
Verbal Update by Chief Financial Officer

- 6 HSCP COVID-19 PANDEMIC; REMOBILISATION** **7 - 30**
(10.00am)
Report by Chief Officer / Director - Integrated Health and Social Care (copy herewith G/20/76)

- 7 AUDIT AND PERFORMANCE COMMITTEE UPDATE**
(10.45am)
 - (i) Verbal Update by Councillor Purves, Chair of the Audit and Performance Committee

 - (ii) **Appointment of Internal Auditors 2020-21**

At the meeting of the Audit and Performance Committee held on 22 June 2020 the Committee were asked to approve the recommendation to the Integration Joint Board that Jackie Clark be appointed as Chief Internal Auditor to the Perth and Kinross IJB. A copy of the report can be viewed [here](#).

The Board is asked to approve the appointment of Jackie Clark as Chief Internal Auditor.

BREAK (11.00AM - 11.15AM)

- 8 UPDATE ON DEVELOPMENTS IN MENTAL HEALTH SERVICES 31 - 46**
(11.15am)
Report by Chief Officer / Director - Integrated Health and Social
Care (copy herewith G/20/77)
- 9 REVIEW OF STANDING ORDERS AND GOVERNANCE 47 - 48**
(11.45am)
Note of Meeting of Working Group held on 30 June 2020 for
information (copy herewith G/20/78)
- 10 IJB REPORTING FORWARD PLANNER 49 - 52**
(12.15pm)
(copy herewith G/20/79)
- 11 FUTURE IJB MEETINGS**
23 September 2020
9 December 2020

Future IJB Briefing / Development Sessions
19 August 2020
28 October 2020



ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
31 July 2020

Report No: G/20/75

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
118	26 June 2019	9.1	P&K Alcohol & Drug Partnership	Update report to be submitted including framework and data in 6-9 months time.	C Mailer/KO	April 2020 Sept 2020	rescheduled due to Covid19 Pandemic priorities
124	06 Nov 2019	4	Update on Redesign of Community Mental Health Services and Support in P&K	Chief Officer to provide the IJB with the Community Mental Health Strategy once produced.	G Paterson	June 2020 October 2020	rescheduled due to Covid19 Pandemic priorities
127	06 Nov 2019	11	Carer & Young Carers Strategy 2019-22	Chief Officer to provide annual report with updates on performance and progress in delivering the Action Plan	D Fraser	Dec 2020 Feb 2021	rescheduled due to Covid19 Pandemic priorities
129	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer instructed to provide annual report to IJB on progress in implementing the Strategic Commissioning Plan	G Paterson	Dec 2020	
130	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer to submit the Terms of Reference for Strategy Groups at future IJB Meeting.	G Paterson	Dec 2020	
135	17 Dec 2019	11	Review of Inpatient Rehabilitation Beds	Head of Health to submit a completed business case and optional appraisal for approval	E Devine	June 2020 Feb 2021	rescheduled due to Covid19 Pandemic priorities
136	12 Feb 2020	3	Public Protection	Public Protection Presentation to be arranged for a Briefing Session later this year.	J Pepper	Sept 2020	
137	12 Feb 2020	4	Primary Care	Primary Care Improvement Plan	L Jackson-Hall/H Dougall	Sept 2020	



ACTION POINTS UPDATE
Perth & Kinross Integration Joint Board
31 July 2020

Report No: G/20/75

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
138	12 Feb 2020	7.3	Strategy for Adults with a Physical Disability	Update to submitted in 6 months	D Fraser	Sept 2020 Dec 2020	rescheduled due to Covid19 Pandemic priorities
139	12 Feb 2020	8.2	Joint Inspection of Adult Services – Improvement Action Plan	Update to be presented	G Paterson	June 2020 Dec 2020 (tbc)	rescheduled due to Covid19 Pandemic priorities
140	29 May 2020	6.2	HSCP Covid 19 Pandemic Response	Report to be submitted to IJB re Strategic Risk Priorities.	G Paterson	Dec 2020	
141	29 May 2020	7.4	Standing Order/Governance	Joint Recommendations to be submitted to from SLWG for approval by IJB	G Paterson	Dec 2020	



Perth and Kinross Integration Joint Board

31 July 2020

HSCP COVID-19 PANDEMIC; REMOBILISATION

Report by Chief Officer / Director – Integrated Health & Social Care
(Report No. G/20/76)

PURPOSE OF REPORT

This report provides the Integration Joint Board (IJB) with an update on how the Health and Social Care Partnership (HSCP) is responding to COVID-19's impact across health and social care and is remobilising services in light of Scottish Government guidance.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to note;

- the key developments that have been progressed by the HSCP to respond to the immediate challenge of the COVID-19 pandemic.
- the 'remobilisation' plans that are now being advanced in order to enhance and sustain our services, given the continuing presence and risk of COVID-19.

2. BACKGROUND

- 2.1 Since reporting to the IJB in May 2020 on the Health and Social Care Partnership's response to the pandemic, it has become widely recognised that we will be living with COVID-19 for some time to come.

The Scottish Government has recognised the implications of this in its 'COVID-19 Framework for decision making; Scotland's route map through and out of the crisis.' (<https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/>). This describes the four phases that we will progress through as the government eases the lockdown while continuing to take the necessary measures to suppress the virus.

More recently, specific guidance was issued on how the NHS in Scotland, including health and social care services, should begin to remobilise. (<https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/>)

- 2.2 In this context, the Health and Social Care Partnership we are now delivering our continued response to the pandemic, maintaining preparations should there be a second surge, while reviewing and remobilising key services.
- 2.3 In remobilising services we are committed to capitalising on the positives that have come out of our response to the pandemic to date. For example, in relation to; the adaptability of staff; integrated working across organisations; swift decision-making; responsive services; use of digital; community resilience. As a Health and Social Care Partnership we had committed to an improvement journey this year, to address the recommendations of the Joint Inspection and of earlier audit reports. So, in considering how we respond to the pandemic now, in the medium-term, and by capitalising on these positive, our ambition is to achieve those improvements and to build a better Health and Social Care Partnership.
- 2.4 This report provides IJB Members with an update on the activity that is underway in this regard, recognising this is a dynamic situation and the plans are, by implication, iterative.

3. REMOBILISATION

- 3.1 While the prevalence of the pandemic has reduced, we cannot underestimate the impact it has had on communities, families and individuals in Perth and Kinross (see benchmark data summarised at Appendix One). Although fewer cases are presenting, it is essential that we do not become complacent about the risks from COVID-19. It also important to recognise the impact that COVID-19 is continuing to have on the way we work. The precautionary measures of physical distancing, use of PPE, home-working, Protect and Test all have implications for how services now operate, how we prioritise activity, for our interaction with service users and patients, the way we work as teams, with partners, and for how we connect with and support our staff.
- 3.2 As we transition into this 'new normal', colleagues across the HSCP are reviewing, refining and remobilising services to ensure that that they meet the needs of service users, patients and carers and can be delivered safely and effectively. Much of our activity is captured in the second iteration of our Mobilisation Plan which was submitted to the Scottish Government last month. We are currently working on 'Mobilisation Plan 3', which the Scottish Government has requested should take us through to the end of the financial year.
- 3.3 To inform IJB members on some of the developments that are underway and on how we intend to consolidate the progress we have made, the following section of this report summarises the key elements of our current Mobilisation Plan;

Hospital Capacity and Flow; We have introduced additional capacity in our inpatient areas and have improved patient flow by taking several measures to facilitate early discharge. This includes an enhanced multi-disciplinary approach to discharge planning, developments to our Discharge Hub, seven-day working, supported by active engagement with the Care Homes sector and the commissioning of third sector support through the RVS 'Home from Hospital' service.

We have tested the role of a Clinical Fellow in our Community Hospitals and Medicine for the Elderly (MFE) inpatient beds in PRI, to support capacity and flow through the system. This has supported MFE Consultants to embrace a whole-system approach to care by becoming more community-focussed supporting inpatients, communities and care homes.

Learning from the Covid Assessment Hub we developed at PRI, we are working in partnership with secondary care colleagues to explore the enhancement of the PRI 'Front Door Model'. The formation of a hub there will offer improved triage, rapid assessment and testing in relation to COVID, Flu and Respiratory Syncytial Virus (RSV) so that patients are placed on the most appropriate pathway, avoiding unnecessary admissions to hospital.

Intermediate Care Capacity; In preparation for a surge in demand through COVID-19, we remobilised Beechgrove Care Home and created additional bed space at Parkdale Home. We made provision for increased staffing in anticipation that the pandemic would result in significant rates of absence.

Moving forward, we intend to retain the additional bed capacity in Parkdale in case of a second surge in COVID-19 and in preparation for winter.

Supporting the Care Home Sector; We have put in place a local oversight group that meets daily to review the 'RAG' status of each of the 40 Care Homes in Perth and Kinross. The detail of how this operates and links to other parts of the system can be found in Appendix Two.

We have also delivered on the Scottish Government's request that every care home receives a joint visit with health and senior social care staff, to provide assurance on standards of care, infection prevention and control and professional practice. Visits have taken place in 38 out of 40 Care Homes in Perth and Kinross (the other two homes have been under close monitoring by the Care Inspectorate). These have been supportive visits that provided an opportunity to discuss any areas of concern and provide clinical advice, information and guidance on how best to protect their residents from COVID-19 and how to respond and support their residents in those situations where people had tested positive.

These approaches combined to provide care homes with; access to Public Health colleagues; supplies of PPE; support with staffing; access to testing; information and advice on best practice on infection prevention and control. Recognising the benefits of this approach and the significant role the sector

provide, we now intend to invest in a Care Home Support Team by enhancing capacity in our Contracts and Commissioning Team and aligning social work and clinical leadership support to this.

Care Providers' Viability; In the context of national agreements we have developed a local criteria and process to support independent sector care providers to meet additional Covid-related costs, for example in relation to agency cover, staff shielding, PPE, overtime, loss of income through reduced occupancy, infection prevention and control.

We have received 67 claims, of which 28 have been paid (£89,700), 26 are pending (£266,100). The further 13 claims are for sick pay (£125,750) and these are now to be processed through the Social Care Support Fund.

Digital First; Physical distancing, restrictions on travel and home-working have been the catalyst for us embracing a range of digital solutions.

- The significant increase in consultations being delivered by 'Near Me Video Call' has enabled services to continue to be provided without exposure to COVID-19 and has significantly reduced footfall into health and social care premises.
- Weekly Zoom calls with care home providers has enabled us to connect with the sector, to provide information, advice and support and input from involve clinical colleagues.
- Use of Microsoft Teams has supported the daily meetings within the HSCP command structure and enabled us to connect, engage, plan and respond to the challenges that we have been presented with over the past four months.
- The lockdown restrictions have led to increased use of telecare and the promotion of Apps that can assist people to monitor their own health.

With partners, we are looking to optimise and embed our use of technology to deliver more services, more efficiently and effectively. However, we recognise that these approaches will not work for everyone in every situation and in some cases and with some interventions we need to continue to offer personal contact or visits in person.

Enhanced Community Services; We had been developing the Locality Integrated Care Service (LInCS) model to support patients who have a change in their function or a deteriorating condition, that impacts on their ability to manage at home.

In response to the pandemic, we have redeployed staff from other services, and this has enabled us to accelerate the implementation of LInCS which is now embedded into the three localities of Perth and Kinross. This has created opportunities to provide a rapid response locally, by a multi-disciplinary team,

including the third sector, to prevent further deterioration, admission to hospital or to a care home.

We have also redeployed staff from other services and specialties to support the District Nursing Teams to deliver enhanced care at home to people with complex needs or who are being cared for at end of life.

Outpatients; Face-to-face contact had been stepped down during COVID-19 with only urgent cases being seen in person. Patients have been supported through 'Near Me' or by telephone consultations. Learning from this, MFE consultants will be testing how to transfer the current Falls Clinics at Simpson Day Hospital in PRI, to virtual assessments within a patient's own home facilitated by 'Near Me' technology, during a home visit by an Advanced Nurse Practitioner.

General Practice; Whilst continuing to deliver core services throughout the COVID-19 pandemic, primary care concurrently both reconfigured their operating models for their ongoing services and supported entirely novel approaches for COVID-19 care.

General practice has continued to operate throughout the COVID-19 pandemic. Whilst it was safe and prudent to pause some elements, many other responsibilities took their place including; support to shielding patients; managing the increase in work in those affected by bereavement; care home support; adverse circumstances impacting on health such as through those losing their jobs, de-conditioning and loneliness. In some cases, ways of current working have been, and continue to be, redesigned by the entire primary care team in order to be dynamic to need.

The Scottish Government's Remobilising General Practice - Resource Pack outlines the requirements to support practices in both remodelling, piloting and safely re-starting of GMS and enhanced services, which were on hold.

New ways of working are being enabled by digital technology to support both triage but also long-term condition care. Most GP practices now operate a triage system for all primary care requests for contact. This allows patients to gain access to the most appropriate advice, service or clinician much more effectively and also allows safer streaming of patients who may be at higher likelihood of presenting with Covid-19 symptoms to be given advice on accessing clinical "hot rooms" in GP practices that are set up in such a way as to reduce risk of contact-infection to other patients or staff.

COVID Assessment Centre (CAC) and Telephone Triage Service (TTS); Health boards were required to set up a Telephone Triage Service in March, to receive calls from the national advice line. A pan-Tayside service was established at Kings Cross Out of Hours base in Dundee. GP's taking these calls who then felt that a patient might require a face to face referred patients to the local COVID Assessment Centres, that had been quickly established in Angus, Dundee and P&K.

With numbers reducing the CAC has been scaled back and more recently has centralised in Dundee, allowing attention to be given to existing and rising demands in other parts of the health and social care system. Plans are being developed to reactivate the local CAC should we experience a surge in COVID-19 cases.

Community Care; We continue to look at the most effective way of delivering community services through the lens of COVID-19. We are making best use of digital technology to enable access to services and to reduce waiting times, as well as supporting staff to embrace new ways of working, while remaining connected to their teams and their line manager.

We are continuing with a planned review of pathways for older people with mental health problems and reviewing how the Care Home Liaison Team interfaces with the new LInCS model and with the enhanced support that we have provided to care homes during the pandemic.

We have plans to enhance support to unpaid carers, including Black and Minority Ethnic (BME) carers and to develop options for respite care.

We will invest to create additional capacity to support community development, to align our work to that of the Community Planning Partnership and build on the community resilience and spirit that has been demonstrated throughout the pandemic.

Social Care; We redeployed staff into Care at Home services to sustain delivery at the point when staffing absences were anticipated. We continue to maintain a bank of staff who can be re-tasked to support social care in the event of a second surge in COVID cases.

We have engaged effectively with local Care at Home providers to ensure that they are supported to provide safe and sustainable services during the pandemic. We intend to accelerate our review of how best to deliver or commission Care at Home to those parts of rural Perthshire where recruitment challenges continue to limit service provision.

We are supporting commissioned services to plan their recovery, to remobilise and to operate safely in meeting the needs of service users. We will increase support to third sector organisations to support their recovery and to enable them to sustain and expand their service offers in the face of the pandemic, recognising the economic impact on families, as well as the health and social care impacts.

In response to the pandemic we suspended day care, day opportunities and supported employment services, in place of which we made contact remotely and provided individual support, when required. We have now initiated virtual day care and are developing an outreach model to provide people with connections, activity and support and provide carers with respite.

Mental Health; Our Community Mental Health Teams have continued to provide critical services throughout the pandemic, albeit the operating conditions and risks have influenced how these contacts have taken place.

As well as looking at how we remobilise teams and services, we have several actions and proposals for increasing capacity and service provision, which anticipate an increase in the number of people with anxiety, distress and depression as a result of COVID-19;

- We are proposing to increase the numbers of Primary Care Mental Health Nurses, as well as the developing Mental Health ANP posts in Locality Teams.
- We are working with other HSCPs in Tayside and the third sector to develop a proposal to roll out 'Distress Brief Interventions' (DBI) across Tayside. DBI is a short, early intervention for people in distress who do not need emergency medical treatment. It can be delivered in a range of settings, including acute hospital emergency departments and GP practices, by specially trained staff who assist people to manage difficult emotions and problems at an early stage, to come up with a 'distress plan' that helps prevent further crisis.
- The HSCP currently commissions mental health support services from several third sector organisations (Support in Mind; PLUS Perth; Cruse; Independent Advocacy; Mindspace; Perth Six Circle; Community Integrated Care; Richmond Fellowship; RASAC; Samaritans; PKAVS). We are engaging with these providers to look at how we can support them to respond and remobilise in the face of the pandemic. We want to support them to find new ways to continue to deliver their services, to respond to additional demand, and to look to reach other areas in Perth and Kinross where access is difficult, networks are dispersed, or services are lacking.
- With partners, we are developing a proposal to deliver a new approach to mental health support through the formation of a Mental Health HUB. This would be a 'One Stop Shop' for people requiring support, advice, or access to therapeutic intervention, from multiple organisations. It would be available 24 hours, 7 days per week and run collaboratively by the third sector, statutory services and volunteers. The HUB would offer a preventative and recovery-focused approach by providing accessible, social and community-based interventions to people locally and from surrounding areas.
- The HSCP has collaborated with Dundee University to deliver a series of suicide prevention webinars for anyone who is supporting people of all ages within the public and voluntary sectors, including community groups or organisations. These have focused on healthy minds, responding to people in distress, crisis, self-harm and suicide prevention. Over 190 people have joined 7 webinars, with a further planned 8 planned in July and August. Evaluation of the webinars has been very positive. The webinars contribute towards our aim of improving community resilience,

embedding early intervention and prevention and improving suicide prevention across Perth and Kinross.

- Given the need to maintain physical distancing we are exploring the potential for Computerised Cognitive Behaviour Therapy (cCBT), where evidence-based treatments are accessible through interactive, self-help programmes that can be completed over the internet, at a time and location convenient for the person, without the need to meet a therapist. A new cCBT platform called Silvercloud has been tested in Tayside and is being rolled out, with an expanded range of packages being made available.

Drug and Alcohol Services; Substance Misuse services have continued throughout the pandemic. People are supported virtually wherever possible, by telephone, Microsoft Teams, or 'Near Me'. Face to face visits have been carried out, when necessary, considering risk and vulnerability.

Statutory and Third Sector agencies have worked together to deliver Opiate Replacement Therapy to people who are not able to go to the pharmacy themselves due to the pandemic. Virtual meetings are taking place across agencies to ensure continued, coordinated service delivery to people with substance use issues and their families.

Dentistry (Hosted Service); On advice from the Chief Dental Officer dental services were gradually stood-down through March, before all but emergency cases were suspended on 20 March 2020. The Public Dental Services (PDS) across Scotland were tasked with setting up Urgent Dental Care Centres (UDCC) to manage urgent and emergency care for the population of their board area. On 23 March 2020 UDCCs opened in Springfield, Dundee Dental Hospital, Kings Cross and Broxden. Throughout lockdown, these were the sole providers of dental care and more than 6,000 patients had their emergency dental care provided in there.

Recovery and remobilisation have been incremental and in accordance with the national exit strategy. Following guidance in late May, dentists in independent practice began to see urgent and emergency patients in their practices from 22 June 2020. From 13 July 2020 Primary Care dentists have been offering routine procedures.

Podiatry (Hosted Service); Throughout the pandemic NHS Tayside Podiatry service has continued to provide urgent and critical care to those patients who have foot wounds and those at risk of tissue breakdown, ensuring care and support is directed to those most at need. Using telephone and digital platforms, the three Podiatry teams have been in contact with all high-risk patients to offer support and advice regarding their foot health and offering face to face contacts for essential or priority care. An emergency appointment system is also available to anyone requiring immediate access to a Podiatrist should they experience an acute episode of foot pain.

The increased use of technology enabled care with partner organisations and providers of personal care has enabled the podiatry service to deliver foot health care education sessions remotely and provide individual Near Me consultations. The service is exploring how this could be further applied e.g. within prison health care.

Following the successful utilisation of podiatry staff redeployed to community nursing teams across Tayside, discussion is taking place to establish a plan to maintain their newly acquired skills in order to ensure readiness for further redeployment should a surge in COVID-19 cases recur.

Prisoner Healthcare; Non-essential clinics in Prison Healthcare were suspended during the pandemic, with all self-referrals triaged to ensure that urgent patients were being appointed to either a telephone or a face to face consultation. Routine mental health and substance misuse appointments continued.

A plan is being developed with the Scottish Prison Service (SPS), on how to maintain physical distancing as the health centre begins to provide more services. Planning is also underway for responding to winter, in relation to both flu vaccinations and how best to provide appropriate isolation areas for people who are showing symptoms of coughs, colds or flu to help prevent spread.

5. FINANCIAL IMPLICATIONS

- 5.1 From the outset of the COVID19 pandemic, HSCP's have been required to submit estimations of the anticipated additional costs within their mobilisation plans and also within regular financial submissions to the Scottish Government via NHS Boards.
- 5.2 HSCP's are currently undertaking detailed Quarter 1 Year End Forecasts which will provide more robust forecast of the financial implications in 2020/21. Whilst awaiting the outcome of the Quarter 1 Financial Review, costs are highly speculative relying on a significant level of estimation.
- 5.3 The following table sets out the current estimates for 2020/21. This is based on a number of assumptions around capacity and staffing requirements and around the additional costs that may be incurred by Third Party Care Providers. Of the £9.4m additional costs currently forecast £7.1m relate to Social Care and £2.3m to Health Services.

	20/21 Projection
	£m
Third Party Care Providers Additional Costs	4.9
Slippage in savings delivery	1.4
Loss of Income	0.5
Supporting flow-additional inpatient bed capacity	0.5
Additional Payments to GP Practices	0.5

Additional staffing costs	0.4
Supporting flow- additional care home capacity	0.2
Care Home Additional Responsibilities	0.2
Mental Health & Drug & Alcohol Support	0.2
Service Management Capacity and Communications	0.2
Other equipment, IT, property and PPE	0.2
Supporting Flow – Discharge Capacity	0.1
Additional Payments Pharmacists	0.1
Increase in GP Prescribing	0.1
Additional Care at Home	0.1
Offsetting Cost Reductions	(0.2)
Total	9.4

5.4 An initial allocation has been made by the Scottish Government on 12 May 2020 of £50m to Integration Authorities as an initial advance to meet social care costs. PKHSCP's share of this allocation is £1.4m. This has now been received. In addition in year funding for the enhancement to the Scottish Living Wage has also been confirmed (£0.2m).

5.5 The Quarter 1 Financial Review currently underway will provide a more robust basis for estimating the financial implications and a formal submission in this respect will be made to the Scottish Government on the 14 August 2021. This will support further discussion and an anticipated further release of funding.

5.6 In particular the Quarter 1 review is expected to result in a significant reduction in the estimated costs of Third Party Care Providers. The current estimate is a worst case scenario based on the request by the Scottish Government that we build into our plans the potential for up to 25% in additional costs nationally.

6. CONCLUSION

6.1 The past five months have presented enormous challenges to the delivery of health and social care services, but throughout this period the HSCP has responded swiftly and effectively to adapt existing and introduce new services to mitigate the impact of the pandemic and support people with the greatest need. In doing so, we have aligned our activity with those of the NHS and Council, responded and mobilised with pace, worked across organisational boundaries, engaged with stakeholders, deployed staff to priority services and embraced digital technology and new ways of working.

6.2 In recognising now that we will be living with a responding to COVID-19 for many months to come, with the risks and operating conditions this brings, we are now transitioning from the 'response' to the 'remobilisation' phase. In doing so, we have a commitment to capitalise on the positives that have emerged through our response to the pandemic, with the ambition to build a better Health and Social Care Partnership.

6.3 This report provides IJB Members with detail of the actions being advanced by the HSCP in partnership with key stakeholders as we ‘remobilise’ and to seek to ensure that services are responsive to meet the needs of the people we support, given the added challenges presented by COVID-19.

Author(s)

Name	Designation	Contact Details
Gordon Paterson	Chief Officer/Director – Integrated Health & Social Care	g.paterson2@nhs.net

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

APPENDIX ONE

COVID-19 DATA FOR PERTH AND KINROSS IJB, 31ST JULY 2020

Table 1 Total Count of COVID-19 Deaths to week commencing 29th June. This table contains additional local authorities and a Scotland count for comparison and information only.

Source: National Records Scotland - All Ages																				
Count of Deaths where COVID-19 was mentioned on the death certificate																				
Week Number	1 to 9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
Week commencing Monday	30/12/19 to 24/02/20	02 Mar 20	09 Mar 20	16 Mar 20	23 Mar 20	30 Mar 20	06 Apr 20	13 Apr 20	20 Apr 20	27 Apr 20	04 May 20	11 May 20	18 May 20	25 May 20	01 Jun 20	08 Jun 20	15 Jun 20	22 Jun 20	29 Jun 20	Year to Date
Perth and Kinross	0	0	0	0	2	4	9	10	13	5	11	8	3	1	0	2	0	1	0	69
Dundee City	0	0	0	0	0	8	21	29	27	22	17	12	13	8	3	4	1	1	2	168
Angus	0	0	0	0	1	2	8	12	19	7	5	5	3	4	6	3	1	0	1	77
Stirling	0	0	0	0	0	11	12	11	5	5	5	2	2	0	1	1	0	0	0	55
Dumfries and	0	0	0	0	0	12	9	10	3	6	6	1	0	0	0	0	0	0	0	47
Scotland	0	0	0	10	62	282	610	650	659	526	415	336	230	131	89	69	49	35	17	4,170
																				per 10,000 pop

Table 2 demonstrates that Perth and Kinross continues to have a smaller ratio of deaths in Care Homes (20) versus Hospital (43) essentially a 1:2 ratio, than the Scotland figures of deaths in Care Homes (1,939) versus Hospital (1,937) essentially a 1:1 ratio. Other areas listed for comparison.

Source: National Records Scotland	COUNT of Deaths where COVID-19 was mentioned on the death certificate by Location					Count of Deaths from all causes				
	Care Home	Home / Non-institution	Hospital	Other institution	All locations	Care Home	Home / Non-institution	Hospital	Other institution	All locations
All Ages										
Perth and Kinross	20	6	43	0	69	298	286	423	22	1,029
Dundee City	84	16	68	0	168	268	345	508	1	1,122
Angus	51	6	20	0	77	222	264	327	0	813
Stirling	19	8	28	0	55	150	174	201	2	527
Dumfries and	9	1	37	0	47	212	370	521	0	1,103
Scotland	1,939	290	1,937	7	4,173	9,464	10,953	14,852	128	35,397

Table 3 enables a comparison between different Local Authorities / Partnerships. To date, Perth and Kinross continues to demonstrate a tendency to be at the lower end of COVID-19 deaths per 10,000 population when compared to other local authorities and with Scotland as a whole

Source: National Records Scotland	Deaths per 10,000 population where COVID-19 was mentioned on the death certificate by Location					Deaths per 10,000 population from all causes				
	Care Home	Home / Non-institution	Hospital	Other institution	All locations	Care Home	Home / Non-institution	Hospital	Other institution	All locations
All Ages										
Perth and Kinross	1.3	0.4	2.8	0.0	4.54	19.6	18.8	27.8	1.4	67.7
Dundee City	5.6	1.1	4.6	0.0	11.25	17.9	23.1	34.0	0.1	75.1
Angus	4.4	0.5	1.8	0.0	6.62	19.1	22.7	28.1	0.0	70.0
Stirling	2.0	0.8	3.0	0.0	5.84	15.9	18.5	21.3	0.2	55.9
Dumfries and	0.6	0.1	2.5	0.0	3.16	14.2	24.9	35.0	0.0	74.1
Scotland	3.5	0.5	3.5	0.0	7.64	17.3	20.0	27.2	0.2	64.8

Note: Other institutions include clinics, medical centres, prisons and schools.

Care Home Clinical and Care Professional Oversight Group

Supporting our Care Homes during Covid-19 Pandemic

Introduction

The nature of the Covid 19 pandemic means that care homes in particular need extra support to help them ensure the wellbeing of the people who live there, and the staff who care for them.

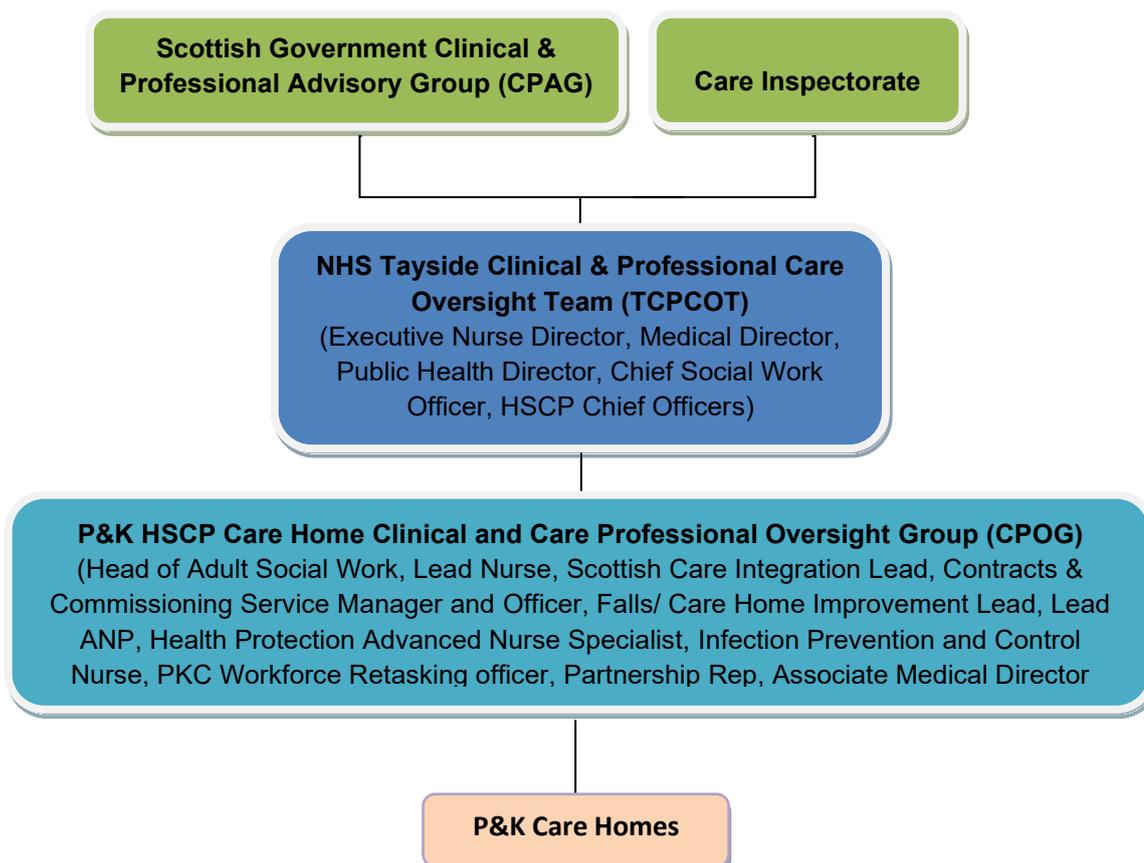
This document outlines the arrangements which P&K HSCP have put in place to provide the necessary assurance to the Tayside Clinical and Professional Care Oversight Team (TCPCOT) which is required to report weekly to the Scottish Government Care Home Clinical and Professional Advisory Group (CPAG) that appropriate clinical and care professionals are taking direct responsibility for the clinical support for each of our 40 care homes. Covid-19 is a public health crisis in our social care settings, and therefore clinical colleagues have a critical role to play in assuring the safety of people who live in care homes.

This framework will demonstrate the processes of assessing and determining the levels of support, guidance and expertise to manage the extreme challenges presented by Covid-19. Where required support teams will be identified to provide guidance on infection prevention and control, caring for residents with Covid and end of life care. Where care homes have additional workforce requirements and internal contingency plans have been exhausted, Health and Social Care staff will be mobilised to support this.

The below outlines areas covered within this paper:

- Governance and accountability structure
- P&K HSCP Care Home Clinical and Care Professional Oversight Group
- Daily Contact with Care Homes
- Support Visits to Care Homes
- Testing
- Workforce
- Personal Protective Equipment

Governance and Accountability Structure



Responsibilities

Nurse and Medical Directors

- Direct responsibility for the clinical support required for each care home in their Board area in collaboration with **Directors of Public Health**.
- Lead in providing practical expert advice and guidance on infection prevention and control.

NHS Tayside Clinical & Professional Care Oversight Team

- Daily discussion covering each home in their area and decisions on any additional direct clinical or IPC support needed (Reports on safety huddles and visits to be included in weekly DPH return to SG).
- Boards to ensure clinical resource is provided to care homes to ensure staff rotas are maintained to deliver safe and effective care.

Public Health

- Testing guidance for staff to be clarified urgently with clear routes and responsibilities set out to ensure staff are tested regardless of impact on staff rotas - including any guidance issued by HSCPs.
- Boards to take direct responsibility to ensure staff are tested.
- Boards will ensure that contact tracing is undertaken where required.
- Boards will ensure linked home testing is delivered.
- Testing requirements on all admissions.

Care Inspectorate and Healthcare Improvement Scotland

- Joint inspections will be undertaken as required by the Care Inspectorate and Healthcare Improvement Scotland working together to respond to priorities and concerns.

P&K HSCP Care Home Clinical and Care Professional Oversight Group

A Care Home Clinical and Care Professional Oversight Group has been established within the P&K HSCP and is jointly led by Sandra Gourlay, Lead Nurse and Diane Fraser, Head of Adult Social Work and Social Care supported by

Membership

- Diane Fraser, Head of Adult Social Work and Social Care, P&KHSCP
- Sandra Gourlay, Lead Nurse, P&KHSCP
- Zoe Robertson, Service Manager Policy and Commissioning, P&KHSCP
- Lynn Blair, Scottish Care. Independent Lead, Perth and Kinross
- Dave Henderson, Contract & Commissioning Officer, P&KHSCP
- Careen Mullen-Mckay, Lead Advanced Nurse Practitioner, P&KHSCP
- Carolyn Wilson, Falls Service / Care Home/Community Care Improvement Lead, P&KHSCP
- Fiona Easton, Programme and Improvement Manager, P&KHSCP
- Tina McMichael, Advanced Nurse Specialist (Health Protection)
- Allan Drummond / Lindsey Glover, Partnership Representatives
- Kerry Queen, Infection, Prevention and Control Nurse
- Amanda Welsh, Care Inspectorate
- Hamish Dougall, Clinical / Associate Medical Director, P&K HSCP

Role and Remit

On a day-to day basis responsible for ensuring care homes remain able to sustain services during this pandemic by meeting in a daily huddle and:

- Undertaking appropriate multi-agency risk assessments
- Providing clinical and care professional oversight.
- Identifying any issues related to infection prevention and control, care quality, staffing and testing.
- Developing and supporting implementation of solutions using an improvement methodology
- Making recommendations about the mobilisation of external staff from Perth and Kinross Council and NHS Tayside via the Health and Social Care Partnership to independent care homes. Ensuring this is provided effectively and in a timely manner to assist providers to maintain and sustain provision at appropriate levels and quality. Deployment of staff will follow the P&KHSCP process.
- Advising where care homes can access expert advice, taking account of up to date data and the latest guidance available and clinical expertise e.g. Consultant Geriatricians, Advanced Nurse Practitioners, District Nursing and GP's.
- A record of the daily huddle will be shared with the Chief Officer, Clinical Director and Chief Social Worker. Where there are significant concerns an additional group meeting will be convened.

Ongoing support to care homes is available through the usual support channels including Contract and Commissioning Team, Scottish Care Integration Lead, Falls Service/Care home Improvement Manager, Public Health and other health teams. Weekly care home ZOOM calls also provide an opportunity to discuss challenges, concerns and share good practice.

Daily Contact with Care Homes

Contract & Commissioning Team discuss daily with care homes through call/receive daily reporting template to identify suspected and confirmed Covid-19 residents, End of Life Care and staffing concerns.

Information presented daily to P&K HSCP CCPOG. Care homes of concern are discussed and plans agreed to mobilise support or monitor.

Care Home Support Visits

Care Support visits by Nursing and Social Care. Feedback given to care home manager with recommendations for improvement and identifying support requirements.

RAG report updated.
Any serious concerns reported immediately to P&K HSCP CCPOG and onward escalation as appropriate.

Daily Contact with Care Homes

A daily telephone discussion will be made by the Contract & Commissioning Team to every care home to obtain standard information on the status of the home in terms of residents, staff and resources. The information will be collected on the 'Care Home Covid Reporting Template'. These calls will be completed by 2.30pm and shared with the P&K HSCP CCPOG with decisions on any additional direct clinical or IPC support needed shared with the Nurse Director.



Safety+Huddle+v1.
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Support Visits to Care Homes

The Scottish Government have requested that every care home receive a joint visit with nursing and senior social care staff which will provide care assurance on standards of care, infection prevention and control and professional practice to assure the care provided in a care home is of the highest standard during Covid-19.

Within P&K HSCP these visits will be on a supportive basis where the visiting staff will work with the care home manager through an approved template and observe first hand the many challenges which care homes face daily. These face to face discussions will provide an opportunity to discuss any areas of concern they might have and provide clinical advice, information and guidance on how best to protect their residents from contracting Covid-19 or caring for them if they test positive. Being on site will enable the visiting staff to gain invaluable insight to better understand the practical day to day issues which care homes have to deal with and together collaborate over possible solutions. The visits will not only provide assurance of the care of the residents but also will provide reassurance to the manager and staff on the high quality level of care they are providing at this time. Where required, and in discussion with the manager a support plan will be compiled and support offered to the care home through Lynn Blair, the Scottish Care Integration Lead.

The Support Plan Template will be shared with care home managers in advance of the visit and managers will be invited to start completing the template, through self assessment, in preparation for the visit. This will enable care home managers to prepare.



Support Plan for
Care Homes during C

Structure

- The announced support visits will be carried out by two colleagues from P&K HSCP (health and senior social care staff).
- Visiting staff will bring their own PPE and wear it correctly to protect the staff and residents and themselves.
- The NHS Tayside's 'Covid-19 Care Assurance Support Visit Tool' will be shared with the care home manager well in advance of the visit – this will enable the care home manager to prepare for the visit and undertake a self assessment.
- This tool will be used during the discussions and observations of standard infection control precautions and the provision of fundamental care during COVID 19.
- Verbal feedback will be given to the nurse in charge at the end of the visit.
- A summary outcome will be shared with care home manager, P&K HSCP Care Home Clinical and Care Professional Oversight Group and NHS Tayside Clinical & Professional Care Oversight Team if escalation is required.
- A second visit will be undertaken to care homes where a support plan has been agreed to ensure improvements have been met
- Where improvements are still ongoing, these will be discussed with the care home manager and if required escalated to the Clinical and Care Professional Oversight Group, NHS Tayside Clinical & Professional Care Oversight Team and Care Inspectorate.

Staffing to Support

Health Staffing supporting the visits have included

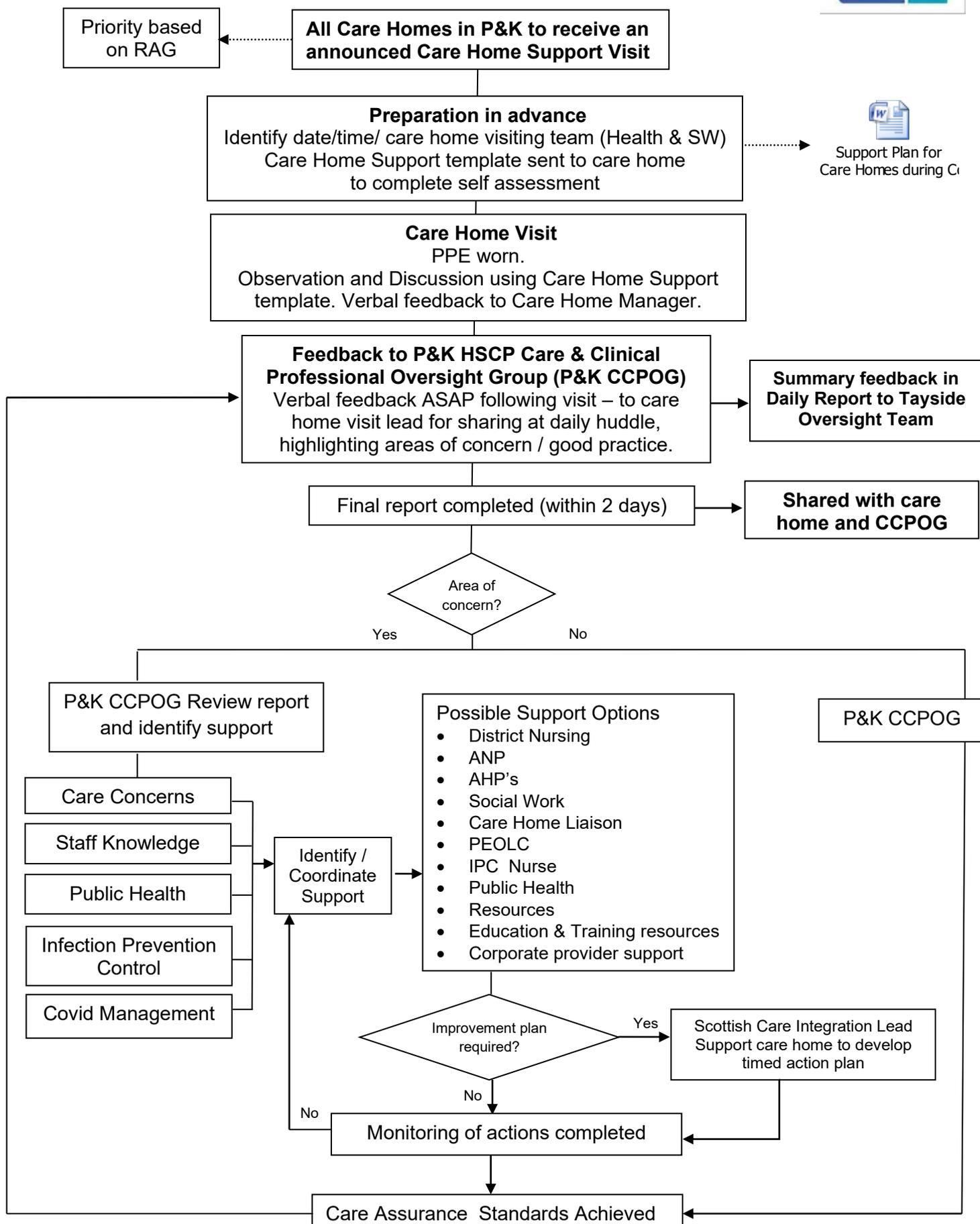
- Clinical and Professional Team Managers
- Advance Nurse Practitioners
- District Nursing
- Community Learning Disabilities Nurse
- Older People community Mental Health Team
- Senior Podiatrist
- Occupational Therapist

Social Care

- Senior Social Care staff.
- Adult Protection Coordinator
- Community Support Manager
- Community Facilitators
- Day Opportunities Co-ordinator

The following outlines the process for planning the care assurance visits and supporting mechanism for care homes including reporting.

Care Assurance Care Home Support Visits During Covid-19



Testing

From the 10th June, all staff working in care homes across Scotland are being offered testing on a weekly basis. The purpose of weekly testing is to reduce the risk of Covid-19 transmissions within the care home in order to protect staff and residents. The following describes the different testing routes which are available.

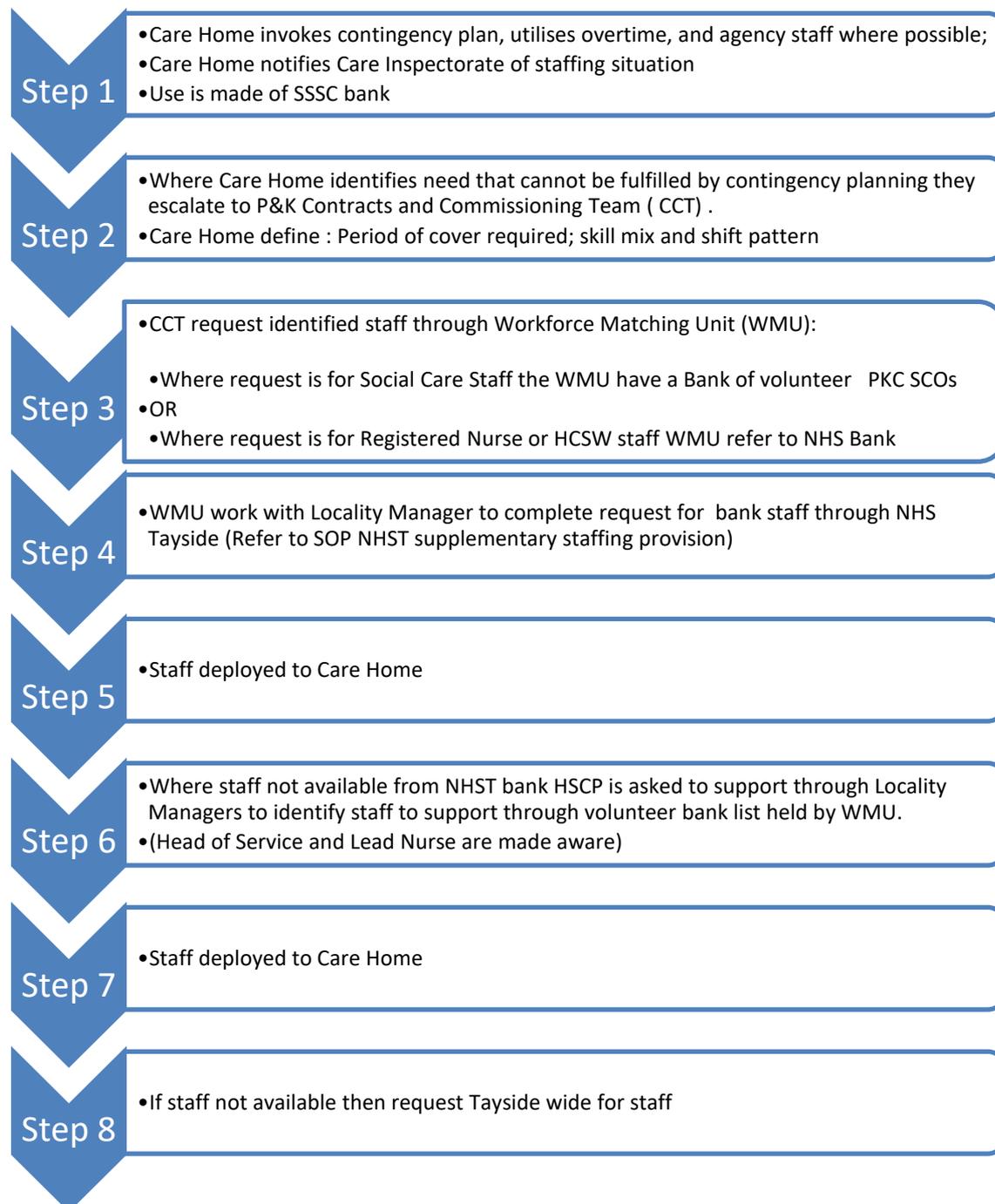
Care Home Status as determined by Health Protection Team	Staff Testing	Resident Testing
Non-Covid Affected (No new symptomatic individuals for 14 days from last possible exposure – i.e. staff and residents all currently asymptomatic)	Weekly (Surveillance) Testing – ALL staff* to be offered (not compulsory) on weekly basis via Social Care Portal: self/colleague swabbing. Staff who have previously tested positive should not be routinely swabbed. Results will be shared with the Care Home Manager.	One-off visit by NHS Tayside Community Testing Team by agreement with Health Protection. Target of at least 10-20% residents* (up to 10) to be offered tested. It is hoped that this will move across to the Social Care Portal soon, at which point weekly sample testing of least 10-20% of asymptomatic residents* can be offered.
Symptomatic individuals	If staff* or a family* member is symptomatic the Care Home Manager should refer the symptomatic person for testing via HSCP, to be carried out by NHS Tayside Community Testing Team. The Community Testing Team can test from age 1 year and older. Results will be shared with the Care Home Manager. Immediate self isolation required for symptomatic person and their household. Staff who have had a positive swab previously should be referred for testing <i>only</i> if they develop new symptoms.	Refer resident* for testing via Health Protection Team, testing carried out by NHS Tayside Community Testing Team. Immediate isolation of resident and appropriate infection prevention and control procedures in place in the Care Home.
Covid Affected Home (One or more cases among staff or residents)	On outbreak declaration - Enhanced (mass) Testing – ALL staff* offered testing via Health Protection Team, carried out by NHS Tayside Community Testing Team.	On confirmation of a positive result in a resident - Enhanced (mass) Testing – ALL residents* offered testing via Health Protection Team, carried out by NHS Tayside Community Testing Team.
	Additionally – ALL staff* in linked homes offered testing, via Health Protection Team carried out by NHS Tayside Community Testing Team.	Additionally – ALL residents* in linked homes offered testing via Health Protection Team, carried out by NHS Tayside Community Testing Team.

* All testing is subject to an individual's consent.

OTHER NATIONAL ROUTES – See <https://www.gov.scot/publications/coronavirus-covid-19-getting-tested/pages/arrange-a-test/>

Staffing Mobilisation Plan

Conducting testing of all staff and residents as part of outbreak management may have relatively rapid consequences in terms of identifying residents who need to be isolated and care staff who need to be excluded from work. All care homes must plan for the loss of significant numbers of regular staff who may fall ill and have to be excluded; this involves working closely with local health and social care agencies to develop robust contingency arrangements to replace staff at short notice.

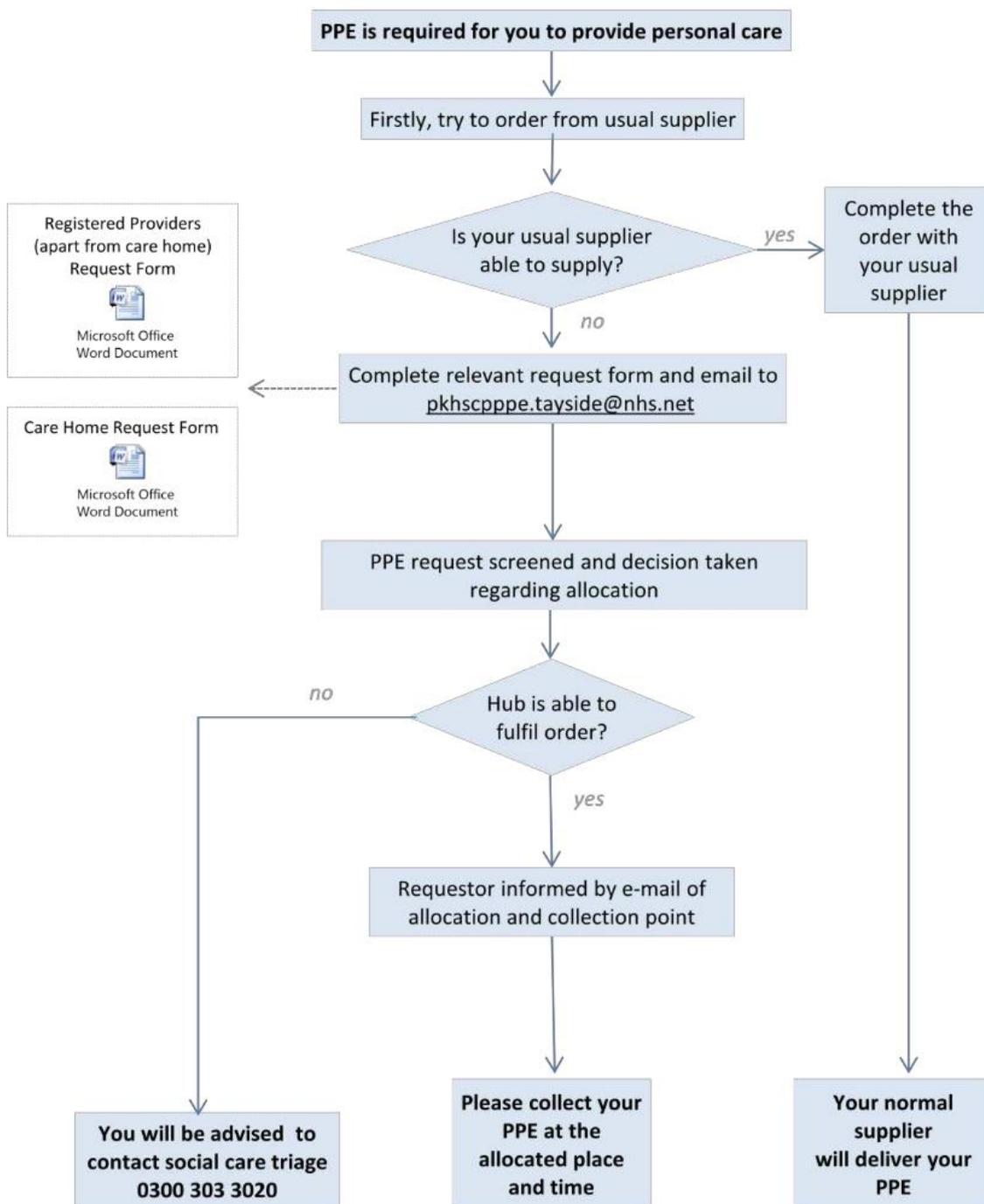


Personal Protective Equipment

In line with Scottish Government guidance, all care homes should source their own stocks of PPE through their usual supply route or by using alternative suppliers. When stocks are critically low and providers are unable to access PPE, there are ‘emergency’ PPE Hubs located in Perth, Blairgowrie and Auchterarder where up to one weeks supply of PPE can be issued. A steering group oversees the implementation of local pathways and request forms which support the control and distribution equitably of stock according to need and prioritisation. The following diagram outlines the pathways to be followed for emergency PPE



PPE Pathway – Registered Providers –Care at Home, Day Care, Supported Living , Care Homes



Implementation Plan

Week	Action
01/06/ 2020	Every care home contacted daily by Contract & Commissioning (C&C) Team and complete the care home reporting template
	Commence Care Home Visits to care Homes identified as RED on RAG scoring.
08/06/ 2020	Continue daily calls to care homes requiring them (e.g. Covid, Suspected Covid, Concerns).
	All other care homes to submit reporting template to C&C team daily.
	Care Home Visits to care homes identified as RED or AMBER on RAG scoring.
15/06/ 2020	Continue daily calls to care homes requiring them (e.g. Covid, Suspected Covid, Concerns).
	All other care homes to submit reporting template daily and report daily exceptions to C&C team.
	Care Home Visits to care Homes identified as AMBER on RAG scoring.
22/06/ 2020 onwards	Continue daily calls to care homes requiring them (e.g. Covid, Suspected Covid, Concerns).
	All other care homes to submit reporting template daily and report daily exceptions to C&C team.
	Care Home Visits to care Homes identified as GREEN on RAG scoring.



Perth and Kinross Integration Joint Board

31 July 2020

UPDATE ON DEVELOPMENTS IN MENTAL HEALTH SERVICES

Report by Chief Officer/Director- Integrated Health and Social Care
(Report No. G/20/77)

PURPOSE OF REPORT

This report provides the Integration Joint Board with an update on developments across Mental Health Services in Tayside and locally.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to;

- Note the developments that are being progressed locally and across Tayside in respect of mental health services.
- Approve the proposal to focus on the delivery of urgent action in response to COVID-19 this year and to thus defer the production and publication of a local Community Mental Health Strategy.

2. BACKGROUND

- 2.1 Perth and Kinross IJB have requested regular updates on developments in relation to Mental Health Services in Tayside. This reflects the IJB's responsibilities for strategic planning and commissioning and for hosting inpatient services. It also recognises that Mental Health Services in Tayside have been the subject of significant scrutiny over many years, which has highlighted the need for broader and more effective engagement, coordinated strategic planning and urgent operational improvements.

2.2 At the IJB in May, the new Interim Director for Mental Health, Kate Bell, presented information on the work that she has been coordinating and advancing. This informed the IJB on the production of a draft action plan 'Listen, Learn, Change' in response to the Independent Inquiry Report and on the scoping and plans for the development of a pan-Tayside Mental Health Strategy. This report provides an update on the progress achieved since and appraises Members of other recent developments in relation to Mental Health Services in Tayside.

3. 'LISTEN, LEARN, CHANGE'

3.1 As the IJB was advised in May, recognising the impact of Covid-19 the Scottish Government had agreed to receive a *draft* Action Plan in response to the Independent Inquiry Report. As a result, 'Listen, Learn, Change' was submitted to the Government and Minister on 1 June.

3.2 Since then the Programme Team have carried out further engagement to inform the ongoing development of the Action Plan. Evelyne Devine, Head of Health and Chris Lamont, Locality Manager are participating on behalf of the HSCP on the Integrated Mental Health Leadership Group. The HSCP also supported staff and third sector partners to participate in scoping events and to respond to the survey that was issued to inform the further development of 'Listen, Learn, Change'. The next iteration of which will be submitted to the Scottish Government at the end of July.

3.3 The Tayside Executive Partners have confirmed that the actions being advanced in response to the Independent Inquiry should be incorporated into the wider Tayside Mental Health and Wellbeing Change Programme.

4. TAYSIDE MENTAL HEALTH AND WELLBEING CHANGE PROGRAMME

4.1 To inform the Change Programme the Project Team have held 8 scoping sessions via Microsoft Teams involving around 175 stakeholders. The team have received very good feedback from a range of stakeholders on the format of the sessions with excellent investment and engagement from those who attended. From this around 40 people have volunteered to support the Programme. A report has been produced on the outputs from these scoping events, 'Making A Difference to Mental Health Services in Tayside' and this is attached as an appendix (**Appendix One**).

4.2 The proposed Mental Health and Wellbeing Change Programme has a range of different workstreams (**Appendix Two**), with projects sitting below them and links drawn to specific recommendations from the Independent Inquiry Report. The overarching aim is to progress this work, address these recommendations and develop an overarching Mental Health Strategy for Tayside before the end of 2020.

- 4.3 At the next stage of development, leads will be identified for the various workstreams and project plans developed, the resource implications for which are being considered. The Tayside Executive Partners have also asked that further consideration be given to the proposed governance arrangements, to reflect the responsibilities of the Integration Joint Boards across Tayside.

5. MINISTERIAL ANNOUNCEMENT

- 5.1 On 11 March, the Minister for Mental Health Clare Haughey advised parliament that the responsibility for the operational management of Inpatient General Adult Psychiatry would be led by NHS Tayside rather than an Integration Authority. At the recent meeting of the Perth and Kinross IJB's Audit and Performance Committee members queried the implications of this statement and the Chief Officer agreed to update the IJB.
- 5.2 Following discussions with the Scottish Government and the Tayside Executive Partners, it was agreed that the operational responsibility for Inpatient Mental Health and Learning Disability Services, as well as the Crisis Resolution and Home Treatment Teams would transfer to the new Interim Director for Mental Health Services in NHS Tayside, from Monday 15 June.
- 5.3 These operational management arrangements are now in place. In addition, NHS Tayside have formally confirmed that the budget for these services will transfer from Perth and Kinross IJB to NHS Tayside in 2020/21, subject to appropriate due diligence. Full financial information has been provided to support this process and we await confirmation from NHS Tayside of any further information required.
- 5.4 The transfer of responsibility will result in NHS Tayside's Financial Plan and year-end forecast for 2020/21 being updated to incorporate the implications of the transfer of these budgets and to address the significant gap in the Financial Plan. In parallel, the Integration Joint Boards will restate their financial plans by removing their share of this deficit.

6. HEALTHCARE INSPECTION SCOTLAND REVIEW REPORT

- 6.1 Healthcare Improvement Scotland (HIS) carried out a review of Adult Community Mental Health Services across Tayside from January to March 2020. It looked at community services with a particular focus on Community Mental Health Teams in each of the three areas, the Crisis Resolution and Home Treatment Team (CRHTT) based in Dundee and the Home Treatment Team (HTT) in Perth & Kinross
- 6.2 The HIS Review, the first of its kind in Scotland, considered how services are planned, how teams communicate and interface with other services and most importantly, people's experience of care from accessing and using the service. The final report from the Review was published on Thursday 16 July and can be found here
http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/programme_resources/tayside_mental_health_jul_20.aspx

6.3 NHS Tayside and the three Health and Social Care Partnerships in Angus, Dundee and Perth and Kinross have welcomed the Review and committed to ensure that the actions and recommendations set out in the report are progressed through the improvement work already under way across mental health services Tayside. This HIS review coincided with the publication of 'Trust and Respect' and some of the recommendations are consistent with Dr Strang's findings and are being addressed through the 'Listen, Learn, Change' to improve mental health services across Tayside.

7. PERTH AND KINROSS HSCP DEVELOPMENTS

7.1 Covid-19 Remobilisation; An earlier report on today's agenda outlines the HSCP's response to COVID-19 and the redesign and remobilisation of services. This includes developments in respect of Mental Health and Members are asked to refer to that report, in this regard.

7.2 Community Mental Health Strategy; At its meeting on the 6 November the IJB received a report on the redesign of community mental health services in Perth and Kinross and the proposed development of a Community Mental Health Strategy. Inevitably, the HSCP's plans in this regard have been impacted on by the pandemic and, as referenced above, the focus of our activity has been on delivering a swift response and on remobilisation. In this context and given the development of a Mental Health Strategy for Tayside, the HSCP intends to focus on delivering actions around urgent service development and response this year and proposes to revisit longer-term strategic plans in the next financial year.

7.3 Action 15; Members raised several queries at the May IJB and at the June Audit and Performance Committee on the services that have been commissioned through the Action 15 funding we have received from the Scottish Government. This funding is available over a four-year period with the aim of increasing capacity and delivering improvements in mental health services. It has been committed in order to increase the mental health workforce by 800 workers, with the Perth and Kinross share to be a minimum of 21.8 new workers by the end of the funding period in March 2022. A summary report on the commitments made in by Perth and Kinross HSCP is included as an appendix to this report (**Appendix Three**).

8. CONCLUSION

8.1 COVID-19 has had a significant impact on the delivery of services and on the progress that we had intended to make locally and across Tayside on achieving service improvements, more integrated working and on strategic development. Despite this, delivering improved mental health services remains a key priority for the statutory partners and wider stakeholders.

8.2 This report provides an update on developments that have been progressed over recent months and seeks to assure IJB Members of the priority that we continue to give to mental health service delivery and development. While COVID-19 has had an impact, it has also been a catalyst for some improvement and for developments, on which the HSCP are committed to continue to build.

Author(s)

Name	Designation	Contact Details
Gordon Paterson	Chief Officer	g.paterson2@nhs.net

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.



Making a difference to Mental Health services in Tayside

This report illustrates the changes to the Tayside Mental Health and Wellbeing Programme from as a result of Scoping Sessions held throughout June

SCOPING REPORT

This Scoping report 'Making a difference to Mental Health services in Tayside' contains the outputs of the eight scoping sessions coordinated by the Tayside Mental Health and Wellbeing Programme Team throughout June 2020. This report details the highlights of the deep and detailed discussions undertaken within the scoping sessions. It also details the key themes stakeholders fed back on current Mental Health Services within Tayside. Additionally, it shows feedback on the proposed governance structure for the Tayside Mental Health and Wellbeing Change Programme before showing the outcomes of the suggestions on how the Change Programme may need to change to incorporate feedback provided through scoping. The report concludes with a suggestion of how we will move forward together to ensure the co-production of a Strategy and Tayside Mental Health and Wellbeing Programme to deliver changes to the services as required in Trust and Respect and our action plan, Listen. Learn and Change 2020.

Stakeholders throughout Tayside were invited and engaged within the scoping sessions throughout June. Eight scoping sessions were held to which **over 600** people were invited to attend GPs, Consultants, Service Users, Third Sector representatives, NHS Tayside including clinical and administrative Staff, Health and Social Care Partnership staff, Staffside and more.

More than 175 people attended the scoping sessions throughout June



Making a difference to Mental Health services in Tayside

Together we discussed....

The scoping session planned to achieve three objectives, these objectives are detailed further below and were the focus of the discussion throughout all sessions.

1. Clear priorities for our mental health system wide work. This will support co-creation, co-production and joint delivery of a plan for next 3 years

When discussing the priorities of our mental health system-wide work the acceptance criteria from the 'The views of People with Lived Experience and Staff' report was highlighted along side the views of the **Employee Participation Group** from the Trust and Respect Report (Feb 2020).

A number of key areas were outlined as 'Must-Do's' as part of the programme:

Scottish Government Mental Health Strategy 2017 – 2027

Prevention and early intervention; Access to treatment, and joined up accessible services; The physical wellbeing of people with mental health problems; Rights, information use, and planning

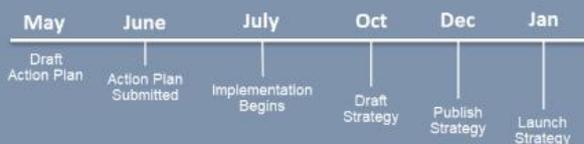


Person centred, Safe and Effective care

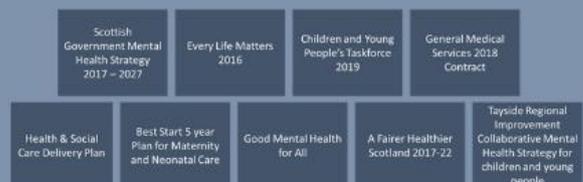
1. Working more effectively with families and carers,
2. Peer Support Workers,
3. Self management and self support,
4. Put a stop to discrimination,
5. Focus on the rights of people with mental illness,
6. Look at the whole person,
7. Use new Technology

2. Shared Understanding of all recommendations in the Independent Inquiry, the actions to be achieved in the change programme, and other national priorities

Key dates of the Independent inquiry were outlined through the 5 cross-cutting themes that sat across the 51 recommendations (2 national) within the Trust and Respect report.



National and Strategic Policies were outlined by which the Mental Health and Wellbeing Programme in Tayside will embed and or be aware of.



3. Collect outputs today to feed into the scoping report which will then refocus our strategy and change programme

All sessions completed a SWOT Analysis to understand our current service, working through what is within scope of the Strategy and Change Programme, consideration into areas of scope not already included and discussed roles and responsibilities for staff who plan to get involved.



Making a difference to Mental Health services in Tayside

Summary of Results...

Feedback from group exercises for all scoping sessions was analysed in order to identify key themes and trends to help inform how we move forward together.

Overview of Weaknesses, Threats, Strengths and Opportunities of the current Mental Health Service in Tayside

Weaknesses

W

- Lack of Communication between services
- Staffing Capacity
- Waiting Times
- Transition of Patients
- Loss of Public Confidence
- Leadership

Threats

T

- Resources (Clinical / Nursing / Community)
- Funding
- On-going Morale
- Post-COVID Demand
- National Policy Changes

Strengths

S

- Staff
- Willingness to embrace change
- Third sector support and interaction
- Engagement of staff, carers and service users

Opportunities

O

- Improving systems for patients, records and interactions)
- Improving Pathways
- Tayside wide collaboration
- Service Re-design

Is there anything within the current scoped structure for the Single Tayside Mental Health Strategy and Change Programme that should not be in scope?

Over 97% of all stakeholders who responded determined that all of the areas in scope within the initial scoped structure should be in scope for the Change Programme moving forward.

1. Mentally Healthy Environments and Communities 2. Mentally Healthy Infants, Children and Young People 3. Mentally Healthy Employment and Working Life 4. Mentally Healthy Later Life 5. Reducing the Prevalence of Common Mental Health Problems, Distress, Self-Harm and Suicide 6. Improving the Quality of Life of those Experiencing Mental Health Problems	Digital Technologies	In Patient Services	Adult Mental Health In Patient Services
	Prisoner Healthcare	Children and Adolescent Mental Health	Community Mental Health Teams
	Primary Mental Health Team	Neurodevelopmental Pathway	Crisis Care and Home Treatment
	Transforming Mental Health in Accident and Emergency	Universal Services	Emotionally Unstable Personality Disorder (EUPD)
	Suicide Prevention		Learning Disabilities
			Rehabilitation and Recovery
		Perinatal Mental Health	

Should anything else be in scope from a Tayside perspective?

Substance Misuse Services	Psychological Therapies	Impact of Mental Health on Physical Health
Adult Neuro-development	Forensic Mental Health/ Secure Care	Prescribing
Forensic Learning Disabilities	Autism	Eating Disorder

Many areas within Mental Health were suggested to be considered for being in scope, above are the areas that were raised on more than 5 occasions throughout the scoping sessions.

Making a difference to Mental Health services in Tayside

How we move forward together....

You said, we did



You said:

"It would be really positive if you allowed us to provide feedback in many different ways at different times so that everyone could be continually engaged."

We did:

In the scoping sessions we utilised the Menti system with the chatbox in Microsoft Teams and also provided a direct e-mail contact. Communications and engagement will be through more platforms moving forward

Roles in the programme



Over 40 additional stakeholders from every area of the Mental Health Service in Tayside put their name forward to be part of the change programme moving forward. The programme team will contact these people to further assess their capacity to get involved before finalising project teams.

Additional names can come through this email:

mentalhealth.tayside@nhs.net

Programme FAQs



Over 300 Actions/ Questions/ points to be considered were collated throughout the scoping sessions.

These are being collated and reviewed for response on an ongoing basis through an FAQ page.

The page will be built into our Mental Health and Wellbeing website pages as part of NHS Tayside.

To keep up with communications from the Mental Health and Wellbeing Programme you can follow us on our website:



www.nhstayside.scot.nhs.uk/MentalHealthandLearningDisabilityServices

Want to get in touch about the Programme?

e-mail the Mental Health and Wellbeing Programme on

mentalhealth.tayside@nhs.net



Tayside Mental Health and Wellbeing Programme

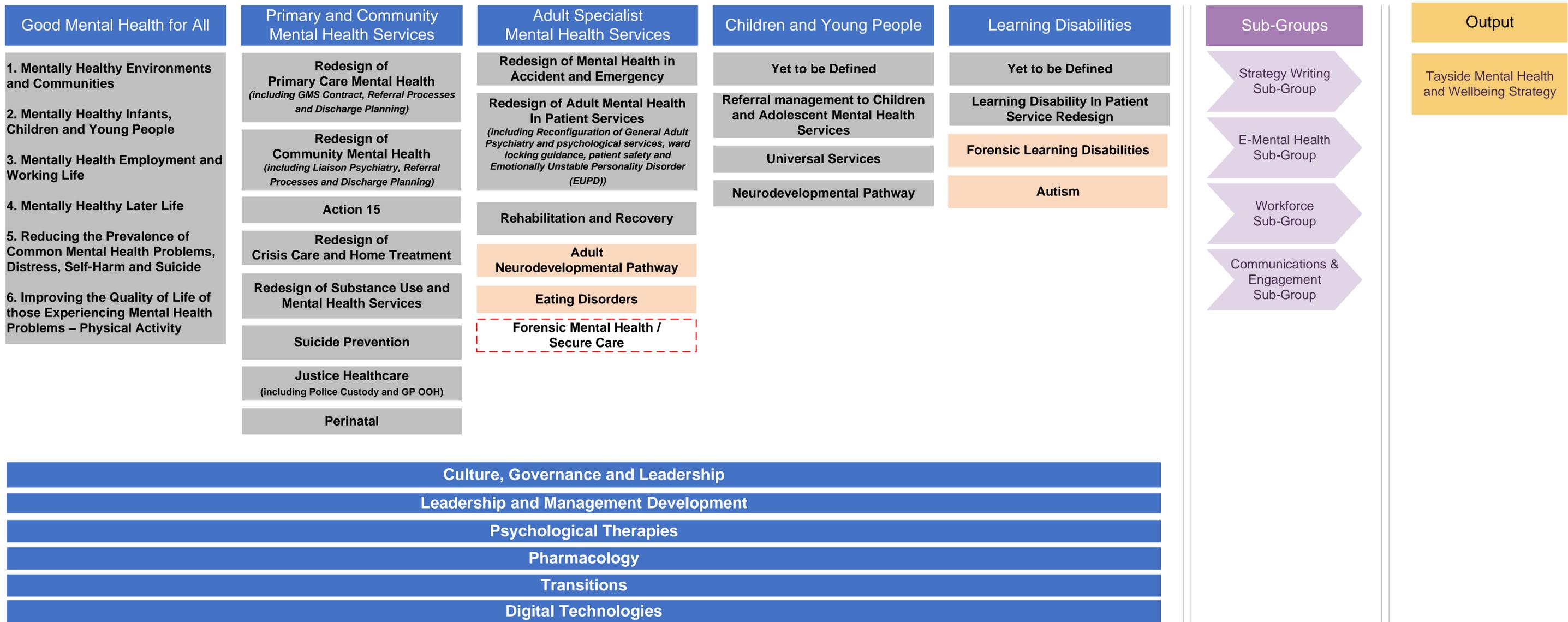
Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme

Tayside Executive Partners Strategic Leads Group



APPENDIX 2

Whole System Mental Health Change Programme



Key (Strategy Board Governance)

R – Responsible C – Consulted
 A – Accountable I – Informed

ACTION 15 – July 2020 summary update

Funding over a four-year period has been provided by the Scottish Government, nationally to enable the mental health workforce to increase by 800 workers, with the Perth and Kinross share to be a minimum of 21.8 new workers by the end of the funding period in March 2022.

Since the commencement of this initiative, funding across Perth and Kinross has been used to introduce the following new workers:

6 x Mental Health Nurses	One attached to each GP cluster to reduce the burden on GP's although it is known that some people want or still need to see a GP. The Mental Health Nurse role provides support and signposts patients to other services depending on the individuals needs such as to 3rd sector counselling services.
3 x Mental Health Workers	Locality based providing assistance to people requiring further support for self-management of symptoms and health behaviour change
0.5 Co-coordinator	Support and mentoring to volunteers for the Chaplaincy based listening service who are based around GP surgeries
2 x Mindspace Counselling	Increase capacity for counselling with a specific remit to increase access to services in rural areas rather than being Perth City centric.
1 x Mental Health Nurse	Aligned to the access team to provide specialist support when triaging referrals and responding to people in crisis
3 x Social Prescribers	Linked to GP practices working with the mental health nurses in each locality. Focus on early intervention and prevention for people with mental health; wellbeing and/or substance use issues using community-based supports.
1 x Creative Community Helper	Supporting creative outlets for those with interests in the arts as well as therapeutic influences for those wishing to maintain or improve their overall health and wellbeing.
1 x Co-ordinator	For the Lighthouse project that supports people in crisis, especially anyone experiencing suicidal thoughts, self-harm or any form of emotional distress.
2 x Occupational Therapists	Based in Perth Prison
1 x Mental Health Specialist	Anchor House 12 months funding for the Neuk for a MH specialist to support the team and Crisis Response.

The financial position at this time can be summarised as follows:-

Financial Year	2018/19	2019/20	2020/21	2021/22
Funding Allocation for the year	300,141	463,807	655,325	873,766
Carried forward budget	0	171,265	238,611	124,521
Total budget	300,141	635,072	893,936	998,287
Actual/Planned expenditure	128,876	396,461	769,415	741,880
Balance held by P&K IJB reserves	171,265	19,256	0	0
Balance held by Scottish Government	0	219,355	124,521	256,407
Total Balance	171,265	238,611	124,521	256,407

Discussions around the balance of allocated funding are being advanced, particularly in light of urgent Covid 19 related proprieties.

Note of Meeting of Perth and Kinross Integration Joint Board (IJB) Working Group – Review of Governance and Standing Orders

30 June 2020

Present: Ronnie Erskine, Councillor Xander McDade, Sandra Auld, Sarah Rodger (PKC), Adam Taylor (PKC) and Scott Hendry (PKC).

Key Themes / Proposed Scope of Review

- Purpose of IJB – do current structures work? Integration Scheme needs revised. Identity of IJB to be enhanced. Need best practice on performance reporting.
- Sub-Committees of IJB – more? less? Look at role and leadership (rotation model?) of current sub-committees. Should the Audit and Performance Committee continue to have a finance and performance remit? How does this sit with the Audit remit? Do we need stakeholder and/or care governance sub-committees?
- Role and membership of Budget Review Group. Relationships between finance officers of respective bodies.
- Public vs Private debate – which IJB business should be conducted in public and which in private in order to achieve a proper balance.
- Membership of IJB – more co-opted members? Representation from Carers Forum? More volunteers? Increased number and possible remuneration of public partners? Training and development for current members.
- Meeting / Agenda Planning – shorter meetings needed with tighter agendas, focussed on items for decision and assurance. Alternative venues? More IJB meetings needed? Purpose of reports, i.e. decisions and assurance. Chair training by external trainer? Public partners contribute to agenda items?
- Standing Orders – to cover emergency arrangements. Strengthen role of non-voting members as much as possible. Review membership term to align with appointments/election timescales.
- Stakeholder and public engagement. What do other IJB's do? What do other public bodies do? Best practice from Health and Social Care Alliance? Deputations at IJB meetings?

Timescales

IJB to sign off scope of review on 31 July 2020 and provide feedback. Timeline / prioritisation of key themes. Aim to complete review by November 2020.



PERTH & KINROSS INTEGRATION JOINT BOARD
FORWARD PLAN 2020-21

Report No: G/20/79

This work plan outlines the items the Integration Joint Board will be asked to consider as part of its schedule of work for the year. This plan will continue to be kept under regular review particularly in light of the implications of Covid-19. A number of reporting dates remain to be confirmed due to ongoing Covid-19 implications.

Item	Responsibility	31 July 2020	23 Sept 2020	09 Dec 2020	Feb 2021	March 2021
Finance & Governance						
Financial Update 2020/21 (Incl. COVID)	Chief Financial Officer	✓	✓	✓	✓	✓
3 Year Financial Plan & Budget	Chief Financial Officer					✓
Audit & Performance Committee Update	A&P Committee Chair/CFO	Verbal				
Standing Orders/Governance Annual Review	Chief Officer	Verbal		TBC		
Audit & Performance Committee Annual Report	A&P Committee Chair/CFO		✓			
IJB Reporting Forward Plan	Chief Officer	✓				
Developing Strategic Objectives						
Chief Officer Update (Incl. COVID)	Chief Officer	✓	✓	✓	✓	✓
Mental Health & Wellbeing	Chief Officer	✓				
Adults with a Physical Disability	Head of Adult Social Work & Social Care			✓		
Locality Integrated Care Service (LINCS)	Head of Health				✓	
Alcohol & Drug Partnership	Chair of P&K Alcohol & Drug Partnership		TBC			
Primary Care Improvement Plan	Associate Medical Director		✓			
Review of Inpatient Rehabilitation Beds	Head of Health				✓	
Winter Plan 2020/21	Head of Health			✓		
Primary Care Services Sustainability	Associate Medical Director				✓	
Carer Strategy Implementation Update	Head of Adult Social Work & Social Care				✓	
Care at Home Review	Head of Adult Social Work & Social Care					TBC
Complex Care	Head of Adult Social Work & Social Care					TBC
Performance						
Annual Performance Report	Chief Officer		✓			
Chief Social Work Officer Annual Report	Chief Social Work Officer					TBC
Adult Support & Protection Annual Report 2019/20	Chair P&K Adult Support & Protection					TBC

Item	Responsibility	31 July 2020	23 Sept 2020	09 Dec 2020	Feb 2021	March 2021
Child Protection Annual Report	Chair P&K Adult Support & Protection			TBC		



**PERTH & KINROSS INTEGRATION JOINT BOARD
DEVELOPMENT SESSION PLAN 2020-21**

This plan sets out the proposed development plan sessions for 2020/21. This plan will continue to be kept under regular review particularly in light of the implications of Covid-19. A number of reporting dates remain to be confirmed due to ongoing Covid-19 implications.

IJB Development Sessions	Responsibility	19 August 2020	28 Oct 2020	Dec 2020 (TBC)	Feb 2021 (TBC)
Item					
Social Prescribing	Consultant Public Health /Associate Medical Director			TBC	
Finance	Chief Financial Officer				✓
Standing Orders/Governance	Chief Officer		✓		
Review of Integration Scheme	Chief Officer		✓		
Clinical & Professional Care Governance Update	Associate Medical Director/Chief Social Work Officer	✓			
Community Mental Health Strategy	Head of Health/Director of Mental Health		TBC		

